



2024 - 2025

International Student Health Insurance Plan:

South Dakota Board of Regents

Who can enroll?

South Dakota Board of Regents (SDBOR) requires all International students to have health insurance as a condition of enrollment at a University. SDBOR requires that students purchase University-approved health insurance.

Eligible participants who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of International Visiting Scholars or those engaged in an Optional Practical Training Program. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

- If a Named Insured has Dependents on the date he or she is eligible for insurance.
- If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
- a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

U.S. citizens and residents are not eligible for coverage as a student or Dependent.

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account uhcsr.com/myaccount

Find an in-network provider [Choice Plus](#)

Find a prescription drug provider [Optum Rx](#)

Plan costs

	Annual 8/01/24 - 7/31/25	Fall 8/01/24 - 12/31/24	Spring/Summer 1/1/25 – 7/31/25
Student	\$1,092.00	\$457.75	\$634.25
Spouse	\$2,304.00	\$965.80	\$1,338.20
One Child	\$2,304.00	\$965.80	\$1,338.20

Plan highlights

Student Health Center Benefits:

- The Deductible will be waived for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.
- The Copays will be reduced to \$125 for Preferred Provider and \$250 for Out-of-Network Provider when treatment is referred by the Student Health Center for the following services: Medical Emergency Expenses.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	\$1,000,000 (Per Insured Person, Per Policy Year)	
Plan Deductible	\$500 per Insured Person, per Policy Year	\$1,000 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$5,000 per Insured Person, per Policy Year	
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	90% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs	\$10 Copay per prescription Tier 1 80% Coinsurance per prescription \$20 Copay per prescription Tier 2 80% Coinsurance per prescription \$20 Copay per prescription Tier 3 80% Coinsurance per prescription up to a 30-day supply per prescription per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$10 Copay per prescription generic drug \$20 Copay per prescription brand-name drug 80% billed charge up to a 30-day supply per prescription after Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.</i> (\$500 maximum per Policy Year)	100% of Allowed Amount	Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Outpatient Physician's Visits: \$20 not subject to Deductible Consultant Physician Fees: \$20 not subject to Deductible Medical Emergency: \$250 after Deductible	Outpatient Physician's Visits: \$50 not subject to Deductible Consultant Physician Fees: \$40 not subject to Deductible Medical Emergency: \$500 after Deductible
Intercollegiate and Interscholastic Sports Injury \$10,000 maximum per Policy Year	Allowed Amount after Deductible	Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at **1-888-251-6253**
or at **customerservice@uhcsrinternational.com**

© 2024 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2024-203705-93. Available through SR International and issued to ITA Global Trust Ltd. as Trustee of the International Student Health and Wellness under policy number 2024-203705-93. The Policy is a Non-Renewable One Year Term Policy. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to <https://www.uhcsrinternational.com/>. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

