

F-1 AND J-1 VISA HOLDERS

# 2019-2020 INTERNATIONAL STUDENT HEALTH PLAN Plan Benefits Summary

Merced College



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Carry your insurance ID card with you at all times. The Provider Network for this plan is **First Health**. Additional benefits may be covered. Limitations and exclusions may apply. Please see the Policy for full details of coverage. For additional information, please visit [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) or call **(800) 367-5830**.

*Preferred Allowance is referred to as PA in this schedule; Allowable Charges is referred to as AC in this schedule.*

Benefit	In Network	Out of Network
Maximum Benefit Per Policy Year	\$1 million per Insured Student / \$250,000 per Insured Dependent	
Pre-Existing Condition Benefit (First 6 Months of Policy)	\$5,000 Maximum	
Deductible (Per Person, Per Policy Year)	None	None
Student Health Center Copay (Per Visit)	\$0 for Eligible Benefits	
Outpatient Physician's Visits	100% of PA/ No Copay	80% of AC/ \$35 Copay Per Visit
Urgent Care	100% of PA/ \$20 Copay Per Visit	80% of AC/ \$35 Copay Per Visit
Emergency Room (Copay Waived if Admitted)	100% of PA/\$100 Copay Per Visit	80% of AC/ \$100 Copay Per Visit
Hospital Inpatient (Room & Board, Intensive Care, Hospital Miscellaneous)	100% of PA	80% of AC
Wellness Benefit (Routine Services, including routine physical exam, health examinations, sports physicals, gynecologic health screenings, and TB tests)	100% of PA up to \$1,000 Maximum	100% of AC up to \$1,000 Maximum
Ambulance (Air Up to \$10,000 Per Incident; Ground is not subject to \$10,000 Maximum)	100% of PA	80% of AC
Prescription Drugs (\$10,000 Maximum Benefit Per Policy Year) <i>Network is Southern Scripts. Prescriptions filled at Student Health Center Paid at 100%</i>	Copays: \$15 Generic/ \$50 Brand/ \$75 Specialty	Not Covered
Psychotherapy/ Mental Illness <i>Inpatient—30 Days Maximum Per Policy Year Outpatient —30 Visits Maximum Per Policy Year</i>	100% of PA 100% of PA/ \$20 Copay Per Visit	80% of AC 80% of AC/ \$35 Copay Per Visit
Alcoholism/ Drug Abuse <i>Inpatient—30 Days Maximum Per Policy Year Outpatient —10 Visits Maximum Per Policy Year</i>	100% of PA 100% of PA/ \$20 Copay Per Visit	80% of AC 80% of AC/ \$35 Copay Per Visit
Outpatient Surgery	100% of PA/ \$50 Copay	80% of AC/ \$70 Copay
Physiotherapy (20 Visits Maximum Per Policy Year)	100% of PA/ \$20 Copay Per Visit	80% of AC/ \$35 Copay Per Visit
Acupuncture (\$500 Maximum Per Policy Year)	\$50 Per Visit/ \$20 Copay Per Visit	\$50 Per Visit/ \$35 Copay Per Visit
Chiropractic (\$500 Maximum Per Policy Year)	\$50 Per Visit/ \$20 Copay Per Visit	\$50 Per Visit/ \$35 Copay Per Visit
Laboratory/ X-Rays/ Tests and Procedures	100% of PA	80% of AC
Consultant/ Specialist	100% of PA/ \$20 Copay Per Visit	80% of AC/ \$35 Copay Per Visit
Dental (Injury to Natural Teeth Only; Up to \$2,500 Maximum)	100% of PA	80% of AC
Pregnancy/ Complications of Pregnancy	100% of PA	80% of AC
<b>Other Benefits</b>		
Medical Evacuation/ Repatriation*	\$50,000 Limit Per Insured Person, Per Insured Event	
Repatriation of Remains or Burial*	\$50,000 Limit Per Insured Person, Per Insured Event	
Emergency Reunion*	\$5,000 when Hospitalized for more than 3 days	

*\*Services must be paid and arranged by On Call; no claims for reimbursement will be considered. See the On Call Plan Description for full terms and conditions of the services and benefits offered by On Call.*

This document represents an abbreviated overview of your plan of insurance. Terms, conditions, exclusions, and limitations to coverage may apply. For a detailed listing of plan benefits, limitations, and exclusions, please see the Policy. If there are any discrepancies between this document and the Policy, the Policy will govern.