



UNIVERSITY OF  
WEST GEORGIA

# 2025 - 2026 International Student Health Insurance Plan: University of West Georgia

## Who can enroll?

All International students, International visiting scholars, and ESL International students holding F or J visas are required to purchase this insurance plan, unless proof of comparable coverage is provided.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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. Home study and correspondence 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:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. 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.
  - 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.

## Coverage periods and plan costs

	Annual	Fall	Spring/Summer
Waiver dates	9/15/25	9/15/25	2/07/26
Coverage dates	8/01/25 - 7/31/26	8/01/25 - 12/31/25	1/01/26 - 7/31/26
Student	\$2,936.00	\$1,231.00	\$1,705.00
Spouse	\$3,229.00	\$1,354.00	\$1,875.00
One Child	\$3,229.00	\$1,354.00	\$1,875.00
Two or More Children	\$6,457.00	\$2,708.00	\$3,750.00
Spouse and Two or More Children	\$9,687.00	\$4,062.00	\$5,625.00

Rates are subject to regulatory approval and may change.  
25COL5051-1195-43

## Plan resources at your fingertips

Enroll or Waive coverage	<a href="https://uhcsr.com/westga">uhcsr.com/westga</a>
View benefits, submit a claim and download your ID card via My Account	<a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup>	<a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a>

Plan highlights

Metallic Level: Gold with actuarial value of 85.690%

Student Health Center Benefits:

- The Deductible will be waived for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.
- The Deductible will be waived for ambulance services when a referral is initiated by the Student Health Center.
- The Copay will be waived for generic drugs / \$5 Copay per prescription for brand-name drugs / \$10 Copay per prescription for non-formulary drugs / up to a 31-day supply per prescription if prescription is filled at the Student Health Center Pharmacy.

Student Health Center Referral Required:

This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$500 per Insured Person, per Policy Year \$1,250 For all Insureds in a Family, per Policy Year	\$800 per Insured Person, per Policy Year \$1,450 For all Insureds in a Family, 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>	\$6,350 per Insured Person, per Policy Year \$12,700 For all Insureds in a Family, per Policy Year	\$10,500 per Insured Person, per Policy Year \$33,500 For all Insureds in a Family, 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>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$25 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$25 Copay for generic drugs \$50 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge not subject to Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	100% of 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>	Physician's Visits: \$20 Copay per visit 100% of Allowed Amount not subject to Deductible  Other Outpatient Services: Allowed Amount after Deductible	Physician's Visits: 70% of Allowed Amount after Deductible  Other Outpatient Services: Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at 1-866-403-8267 or at customerservice@uhcsr.com/westga

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UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。

