

# 2025-2026 International Student Health Plan • F-1, J-1, and M-1 VISA HOLDERS

## Plan Snapshot

# Bellevue University

Carry your insurance ID cards with you at all times.

This document represents an abbreviated overview of your plan of insurance. Terms, conditions, exclusions, and limitations to coverage may apply. Additional benefits may be covered. For a detailed listing of coverage, please see the Plan Certificate. If benefits listed below differ in any way from the Plan Certificate, the Plan Certificate will govern.

*Negotiated Rate is referred to as NR and Usual & Customary Charges are referred to as U&C in this schedule.*

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS	IN NETWORK	OUT OF NETWORK
<b>Maximum Benefit per Accident or Sickness</b>	\$500,000	
<b>Coinsurance</b>	90% of the Negotiated Rate (NR)	70% of Usual & Customary (U&C)
<b>Out-of-Pocket Maximum per Policy Year per Individual</b>	\$6,000	\$12,000
<b>Deductible</b>	\$0 per Covered Person per Policy Year	
COVERED EXPENSES	IN NETWORK	OUT OF NETWORK
<b>In-Patient Hospital Services</b> Room and Board at the semi-private room rate Intensive Care Unit or Coronary Care Unit Expenses Hospital Miscellaneous Expenses	90% of NR, \$50 Copay per visit 90% of NR 90% of NR	70% of U&C, \$70 Copay per visit 70% of U&C 70% of U&C
<b>Emergency Room and Emergency Room Treatment</b>	90% of NR, \$100 Copay per visit	70% of U&C, \$200 Copay per visit
<b>Out-Patient Hospital Miscellaneous Expenses</b>	90% of NR	70% of U&C
<b>Physician Services</b> Surgery Assistant Surgeon In-Hospital Visits Out-Patient Office Visits	90% of NR 90% of NR 90% of NR 90% of NR, \$20 Copay per visit	70% of U&C 70% of U&C 70% of U&C 70% of U&C, \$35 Copay per visit
<b>Out-Patient X-Rays or Laboratory Tests</b>	90% of NR	70% of U&C
<b>Out-Patient Physical Therapy</b>  Acupuncture or Chiropractic Maximum	90% of NR, \$20 Copay per visit  20 visit max per Policy Year, up to \$50 per visit	70% of U&C, \$35 Copay per visit  20 visit max per Policy Year, up to \$50 per visit
<b>In-Patient Physical Therapy</b>	90% of NR	70% of U&C
<b>Ambulance Services</b>	90% of NR	70% of Actual Charges
<b>Dental Services</b> <i>Injury to natural teeth only. Maximum Benefit is \$2,500 per Policy Year.</i>	90% of NR	70% of U&C
<b>Prescription Drugs</b> <i>Based on a 30-day supply per prescription. Maximum Benefit is \$3,000 per Policy Year. Prescriptions must be filled at an Express Scripts pharmacy.</i>	100% of Actual Charges after Copay per prescription: \$10 generic, \$25 brand, \$50 Specialty	No Benefit
<b>Intercollegiate, Club &amp; Interscholastic Athletic Sports Conditions</b> <i>\$5,000 maximum per Policy Year.</i>	90% of NR	70% of U&C
<b>Behavioral Health Services Expense Benefit - Mental and Nervous Disorders / Alcohol &amp; Drug Abuse</b>		
In-Patient Expenses (30 day maximum)	90% of NR	70% of U&C
Out-Patient Expenses (30 visit maximum)	90% of NR, \$20 Copay per visit	70% of U&C, \$35 Copay per visit
<b>Wellness Expense Benefit</b> <i>Maximum Benefit is \$250 per Policy Year.</i>	90% of NR	70% of U&C
<b>Pregnancy, Complications of Pregnancy, Maternity and Pre-Natal Expense</b> <i>Conception must occur while continuously covered under Participating Member's plan.</i>	90% of NR, \$20 Copay per visit	70% of U&C, \$35 Copay per visit
<b>Elective/Therapeutic Termination of Covered Pregnancy</b> <i>Maximum Benefit is \$1,000 per Policy Year.</i>	90% of NR, \$20 Copay per visit	70% of U&C, \$35 Copay per visit
<b>Urgent Care Facility</b>	90% of NR, \$20 Copay per visit	70% of U&C, \$35 Copay per visit
<b>Pre-Existing Condition Limitation</b> <i>\$10,000 maximum benefit during first 6 months of continuous coverage</i>	90% of NR	70% of U&C
<b>Trip Benefit</b> <i>\$1,500 maximum benefit</i>	Trip Delay Quarantine Benefit Amount: \$100 per day up to 15 days.	

**Questions Eligibility & Enrollment**  
Dissinger Reed  
(800) 476-4802

**Benefits or Claims Questions**  
Administrative Concepts, Inc. (ACI)  
(888) 585-9033

**Plan Materials & Information**  
<https://dissingerreed.com/bellevue-university/>

**Insurance ID Card**  
Your insurance ID card will be emailed from ACI after the start of the term. To request a copy of your ID card, visit <https://www.acitpa.com/smic-idcard>

**Find a Provider**  
The primary PPO network for this plan is **UnitedHealthcare Options PPO**. To locate a UnitedHealthcare Options PPO provider, visit <https://www.whyuhc.com/us1> Select "Search the network for your healthcare provider: Options PPO" and follow the prompts to find a provider near you.

**Find a Pharmacy**  
The In-Network Pharmacy Benefits Manager (PBM) is **Express Scripts**. To locate an Express Scripts pharmacy, visit <https://www.express-scripts.com/> or call (800) 400-0136

Bellevue University OPT students may enroll in the plan by visiting <https://dr.inboundstudenthealth.com>