2026- 2027 International Student Health Insurance Plan: Foothill College

Who can enroll?

All eligible International Students of Foothill-DeAnza Community College District will be automatically enrolled in this International Student Accident and Sickness Insurance Plan.

An eligible International Student is a non-United States Citizens traveling outside their Home Country having their true, fixed and permanent home and principal establishment outside of the United States, and who holds a current and valid passport, while actively engaged in educational or research activities.

For purposed of this Eligible Class You are “actively engaged” in educational activities in you are one of the following:

1) F1 valid visa holder; or
2) Undergraduate student registered for and attending classes on a full-time basis; or
3) Student involved in education, educational activities, or research related activities.

Eligible International Students do not have the option to waive coverage.

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**

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 with the exception of International Visiting Scholars. 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.

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

Plan Cost

	Fall 08/15/26 - 12/14/26	Winter 12/15/26 - 04/14/27	Spring/Summer 04/15/27 - 08/14/27	Summer 06/15/27 - 08/14/27
Spouse	$1,297.50	$1,287.00	$1,297.50	$649.25
Each Child	$1,169.25	$1,159.50	$1,169.25	$585.00

Plan highlights

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider Benefit level when treatment is rendered at the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	$250,000 per Insured Person, per Policy Year	
Plan Deductible	$0 per Insured Person, per Policy Year	
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	100% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Out-of-Pocket Maximum 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.	$3,000 (Per Insured Person, Per Policy Year)	$6,000 (Per Insured Person, Per Policy Year)
Room and Board Expense	Allowed Amount	Allowed Amount
Outpatient Surgery If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.	Allowed Amount	Allowed Amount
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.	50% Coinsurance per prescription for Tier 1 50% Coinsurance per prescription for Tier 2 50% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	No Benefits
Preventive Care Services 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.	Allowed Amount $2,500 maximum per Policy Year combined with Immunizations.	Allowed Amount
Immunizations $2,500 maximum per Policy Year combined with Preventive Care	Allowed Amount	Allowed Amount
The following services have per service copays This list is not all inclusive. Please read the plan Certificate for complete listing of Copays.	Physician's Visits: $50 Urgent Care: $50 Medical Emergency: $100 The Copays will be reduced to $50 for Preferred Provider and $100 for Out-of-Network Provider when treatment is referred by the Student Health Center.	Physician's Visits: $100 Urgent Care: $100 Medical Emergency: $200 The Copays will be reduced to $50 for Preferred Provider and $100 for Out-of-Network Provider when treatment is referred by the Student Health Center.

Questions about your plan?

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

United Healthcare