2026 - 2027 International Student Health Insurance Plan: Riverside City College

Who can enroll?

International students or other persons with a current passport who: 1) are engaged in educational activities; 2) are temporarily located outside his/her home country as a non-resident alien; 3) have not obtained permanent residency status in the U.S.; and 4) are enrolled in an associate, bachelor, master or Ph.D. degree program at a university or other educational institution, with no less than 6 credit hours (unless such school's full-time status requires less) are required to enroll in this plan. The six credit hour requirement is waived for Summer if the applicant was enrolled in this plan as a full-time student in the immediately preceding Spring term. Participants engaged In Optional Practical Training (OPT) or Compulsory Practical Training (CPT) who follow a course of study; that is no longer than 12 months in duration; and maintain their valid Visa are eligible to enroll.

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, 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.

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 Cost

	Fall 07/15/26 - 01/14/27	Spring/Summer 01/15/27 - 07/14/27
Student	$895.50	$895.50
Spouse	$2,449.50	$2,449.50
Child	$1,239.00	$1,239.00

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	$150 per Insured Person, per Policy Year	$300 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	80% 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.	$5,000 (Per Insured Person, Per Policy Year) $10,000 (For all Insureds in a Family, Per Policy Year)	$10,000 (Per Insured Person, Per Policy Year) $20,000 (For all Insureds in a Family, Per Policy Year)
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.	$25 Copay per prescription for Tier 1 $60 Copay 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 $5,000 maximum per Policy Year	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.	100% of Allowed Amount $500 maximum, Per Policy Year	No Benefits
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: $30 not subject to Deductible Medical Emergency: $250 after Deductible Room and Board: $150 after Deductible	Physician's Visits: $30 not subject to Deductible Medical Emergency: $250 after Deductible Room and Board: $150 after Deductible

Questions about your plan?

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

United Healthcare