



# International Student Insurance

Minneapolis  
— Community and  
Technical College,  
Fall 2019





## Who am I?

Emily Pinson,  
Student Insurance Advocate

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I can help you with...

- Benefit information about your policy.
- Questions you have regarding a medical bill or statement.
- Contacting the insurance if benefit or bill is unclear.

**phone:** 320.308.4855

**email:** [healthsvcs\\_sia@stcloudstate.edu](mailto:healthsvcs_sia@stcloudstate.edu)

# You + UHCSR

- Understanding Insurance
- ABC's of your Plan
  - Account
  - Benefits
  - Coverage & Cost
- Where to go for Health Care?
- Frequently Asked Questions (FAQs)
- More Information





# Understanding Insurance

# Examples of Insurance Types in U.S.

- **Health Insurance\***
- Dental
- Homeowner's/Renter's
- Automobile
- Life
- Travel
- Pet

*\*Health insurance* is the only required insurance coverage for international students attending a Minnesota State College or University.

# “What is Health Insurance?”

- Health insurance is a policy that covers the **risk of medical expenses** at the situation of any unfortunate crisis.
- Insurance gives you **access to a network** of medical providers and hospitals that have negotiated lower rates.



Fixing a broken arm  
can cost up to

**\$7,500**

The average cost of a 3-day  
hospital stay is around

**\$3,000**

The average cost of being in  
the hospital for heart failure is

**\$23,000+**

# “Why does my visa status require Health Insurance?”

- Accidents and illnesses can happen, at any time.
- Healthcare in the United States is expensive.
- While you’re attending a Minnesota State College or University, it’s important you can focus on completing your education – without worrying how to cover healthcare costs.
- If you were to get seriously hurt or ill, you could seek medical care with less worry of excessive financial stress.





# Insurance Types: Dental Insurance



\*Dental insurance **is not a requirement** for international students.  
The required health insurance policy **only includes benefits for injury to a tooth.**



# Insurance Types: Purchasing *Optional* Dental Insurance

- Open enrollment for the optional dental policy is only available for a limited time.
- If you'd like to purchase coverage, submit completed form and payment to UHCSR by September 14th, 2019.
- Visit [uhcsr.com/minnesota](https://uhcsr.com/minnesota)  
> Dental Policy > Dental Enrollment Form

\*Dental insurance **is not a requirement** for international students.

The required health insurance policy **only includes benefits for injury to a tooth.**

# Your only Insurance Requirement: *Health Insurance*



# UHCSR



- is a division of United Health Care
- When checking in for an appointment, please tell the receptionist you have United Healthcare *Student Resources*.

# Account

Access in 2 Ways!

# 1. Access your Account

[www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount)

### Login to My Account

Enter your username and password to continue...

Username\*

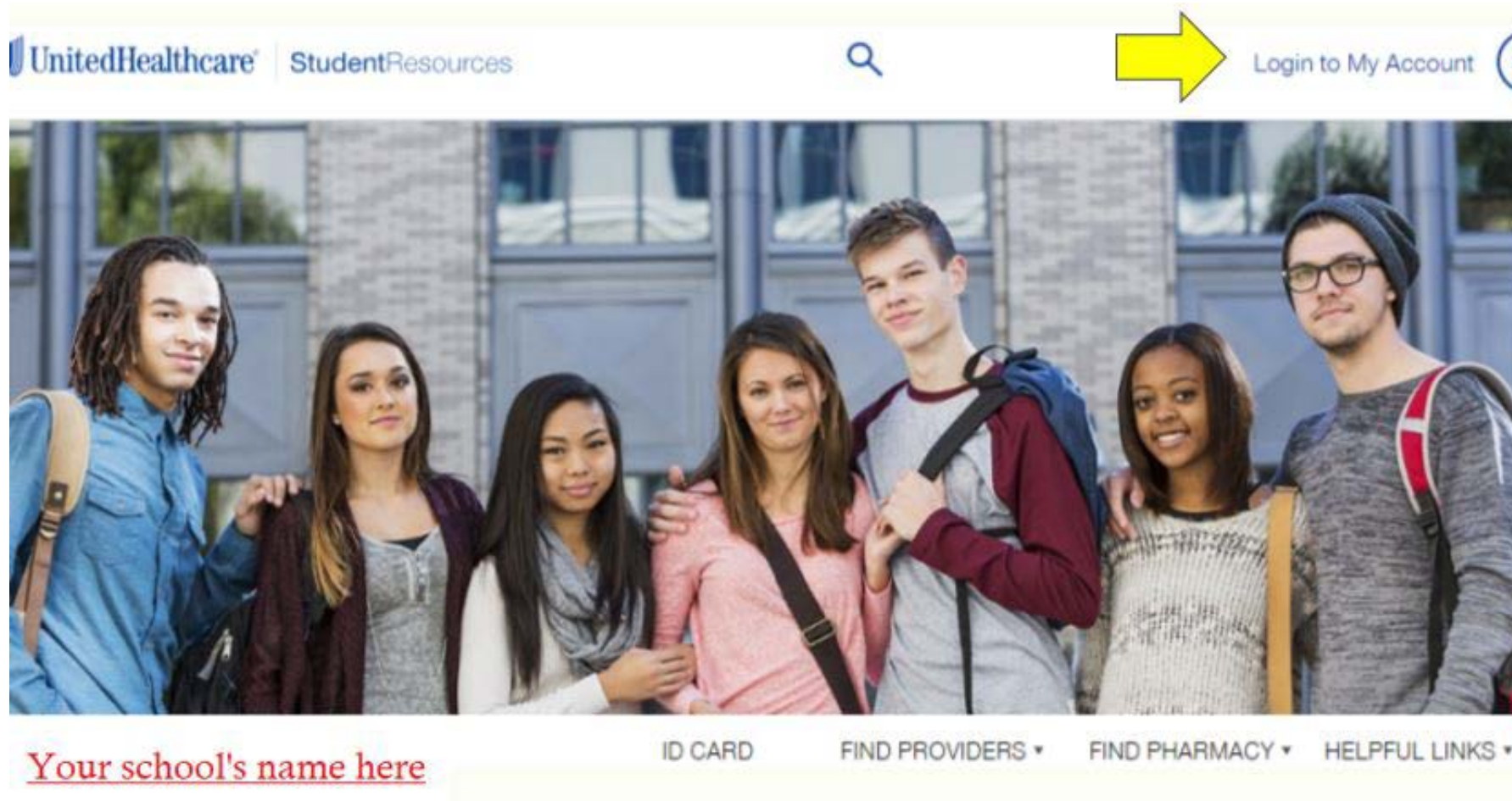
Password\* [?](#)

Did you forget your [Username](#) or [Password](#)?

[CREATE ACCOUNT](#)[SACM MEMBER  
CREATE ACCOUNT](#)[LOGIN](#)

## 2. Access your Account

[www.uhcsr.com/minnesota](http://www.uhcsr.com/minnesota)



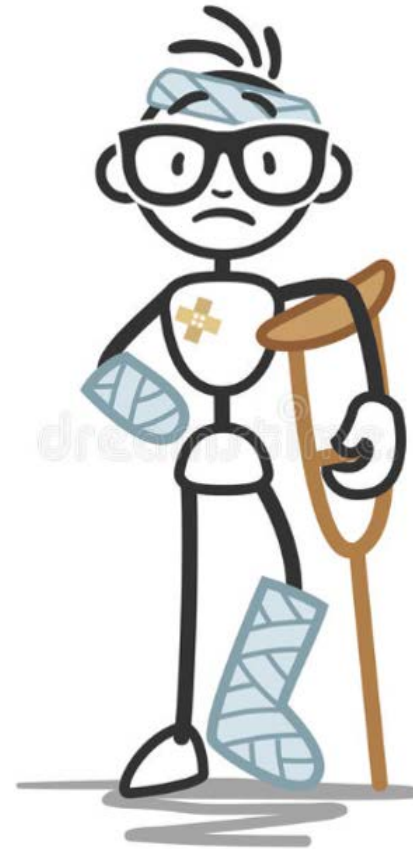




# Benefits

[www.uhcsr.com/minnesota](http://www.uhcsr.com/minnesota)

# ILLNESS & INJURY PLAN: with preventative benefits



# ill · ness

a disease or period of sickness affecting the body or mind

## Examples:

- Cough, Cold
- Flu
- Pink Eye
- Abdominal Pain
- Headache
- Nausea



# in · ju · ry

damage to the body by external force

## Examples:

- Concussion
- Broken nose
- Fractured foot
- Wound
- Lesion
- Sprain or Strain



# PREVENTIVE CARE BENEFITS

- Height
- Weight
- Blood pressure
- Health history
- Exam:
  - Head to toe, including oral exam and sexual development
- Immunizations
- Laboratory tests:
  - Tuberculosis
  - Sexually transmitted infection (STI)
- Screenings:
  - Developmental, social-emotional, & mental health screenings
  - Vision (not a vision exam)
  - Hearing
  - Tobacco, alcohol, drug use risk assessment

[www.healthcare.gov/preventive-care-adults](http://www.healthcare.gov/preventive-care-adults)

# PREVENTIVE CARE BENEFITS

## Specific for Women

- Well-woman visits for women under 65
- Cervical cancer screening
  - Pap test (also called a Pap smear) every 3 years for women 21 to 65
  - Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
- STD Screenings:
  - Chlamydia infection
  - Gonorrhea
  - HIV screening and counseling
  - Syphilis
- Breast cancer screenings & counseling
- Domestic and interpersonal violence screening and counseling for all women
- Sexually transmitted infections counseling for sexually active women
- Tobacco use screening and interventions
- Urinary incontinence screening for women yearly
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before

[healthcare.gov/preventive-care-women](https://healthcare.gov/preventive-care-women)



For more information on Preventative Care Benefits:



The image shows a blue web form titled "Get Preventive Health Care Resources FOR YOU OR SOMEONE YOU CARE ABOUT". The form has three main sections: "I WANT INFORMATION FOR", "SEX", and "AGE". In the "I WANT INFORMATION FOR" section, the radio button for "Me, My Child, Someone Else" is selected, while "My Patient" is unselected. The "SEX" section has two circular icons: a blue male icon labeled "Male" and a blue female icon labeled "Female". The "AGE" section has a white rectangular input field. At the bottom, there is an orange "SUBMIT" button and the CDC logo.

Get Preventive Health Care Resources  
FOR YOU OR SOMEONE YOU CARE ABOUT

I WANT INFORMATION FOR

☒ Me, My Child, Someone Else

☐ My Patient

SEX

Male Female

AGE

SUBMIT

CDC

- [cdc.gov/prevention](https://cdc.gov/prevention)
- [healthcare.gov/preventive-care-benefits](https://healthcare.gov/preventive-care-benefits)

# Coverage

[uhcsr.com/minnesota](https://uhcsr.com/minnesota)



August  
10<sup>th</sup>, 2019

—  
August  
9<sup>th</sup>, 2020

# Schedule of Benefits

Deductible : \$50 (for each injury or sickness)

Coinsurance Preferred Provider : **80% to \$2,500, then 100% thereafter**

Coinsurance Out-of-Network : **80% to \$2,500, then 100% thereafter**

Out-of-Pocket Maximum for insured Individual: **\$6,350, per insured person, per policy year**

Out-of-Pocket Maximum for insured Family: **\$12,700, per insured family, per policy year**

# de · duct i · ble

a specified amount of money that the insured (you) must pay before the insurance company (UHCSR) will pay a claim.

## Patient Responsibility:

Deductible: **\$50** (for *each* injury or sickness)

# Coinsurance

A percentage you and your insurance pay for your covered medical expenses after you've paid your deductible.

Insurance Responsibility: **80% to \$2,500\*** then 100% thereafter

Patient Responsibility: **20% to \$2,500\***

\*For each covered illness or injury, the patient will pay 20% up to \$2,500.  
The insurance company will pay the remaining balance.



# Out-of-Pocket Maximum

The most you pay during a policy period before your health insurance or plan begins to pay 100% of the allowed amount.

(This does not include what you paid for the insurance policy or health care your health insurance plan doesn't cover.)

Out-of-Pocket Maximum *for insured Individual (Patient Responsibility):*

**\$6,350**, per insured person, per policy year

Out-of-Pocket Maximum *for insured Family (Patient Responsibility):*

**\$12,700**, per insured family, per policy year

# What is the difference between “covered” and “non-covered”?

## – Covered Medical Service:

- An illness or injury visit that is paid, partially or fully, by your insurance plan and may only require a co-payment from the insured.

## – Non-Covered Medical Service:

- A service deemed *not* medically necessary;
- A visit or medication that is not paid for by your insurance plan and will be 100% the responsibility of the insured.

– [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) > My Benefits > Brochure Certificate > Exclusions

For more information on  
Insurance Terminology:



- [www.uhcsr.com/video](http://www.uhcsr.com/video)
- [www.uhcsr.com/faqs](http://www.uhcsr.com/faqs)
- [www.uhcsr.com/insurance101](http://www.uhcsr.com/insurance101)



# Examples of Visit Type, Cost

# What are the differences in visit type and cost?

Clinic = \$

Urgent  
Care = \$\$\$

Emergency  
Room =  
\$\$\$\$\$



# Clinic

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**Location:** Clinic, also known as General Family Practice

**Cost:** \$

**Hours of Operation:** Typically open weekdays, apprx. 8 am – 5 pm

**Why you would go to a Clinic:**

A place for the treatment of patients, sometimes at low cost or without charge.

**When would you use a Clinic:**

You have minor to moderate symptoms or  
you want to receive preventive care services.

# Urgent Care

- Location: Urgent Care, also known as an Urgency Center
- Cost: \$\$\$
- Hours of Operation: Open after clinics close – evenings and weekends

Why you would go to Urgent Care: a center primarily treating injuries or illnesses requiring immediate care, but not serious enough to require an ER visit.

- When would you use Urgent Care: you have symptoms that are moderate to severe on an evening or weekend.





# Emergency Room

- Location: Emergency Room, also known as Hospital
- Cost: \$\$\$\$\$ - *Average ER Visit in 2017 cost \$1,389.00.*
- Hours of Operation: Open 24 hours per day, 7 days per week
- Why you would go to the Emergency Room:  
Clinics and urgency centers are closed.
- When would you use the Emergency Room:  
You are experiencing symptoms that are  
life threatening, including illness/injury.

# What are the differences in visit type and cost?

Clinic= \$

Urgent  
Care= \$\$\$

Emergency  
Room =  
\$\$\$\$\$\$

20% can vary in cost  
depending on where  
you to go!



# Visit type and cost

## Ambulance: \$\$\$\$\$

\* These specially equipped vehicles bring sick or injured people to the Emergency Room.

\* The average ambulance ride is around \$900.

\* To ride in one is very expensive, but may be necessary for life-threatening illnesses or injuries.



*\* Please do not use an ambulance as a taxi!*

# Covered medical visits

Insurance Pays 100% on these visits



Preventative Care  
Services

Preventive  
Immunizations

[healthcare.gov/preventive-care-adults](https://healthcare.gov/preventive-care-adults)

# Immunizations

## Covered

- Flu – Influenza
- Hepatitis A
- Hepatitis B
- HPV\* – Human Papillomavirus
- Meningococcal
- *MMR – Measles, Mumps, Rubella*
- *Tdap – Tetanus, Diphtheria*
- Varicella

## Non-Covered

- **\*If patient is 26 years of age or older, HPV is not covered.**
- **Blood titers** – blood tests that check immunity status to vaccinations or diseases – are not covered.

## Covered medical visits: Insurance Pays 80% on these visits

Cough or Cold  
Symptoms

STD testing:  
Gonorrhea,  
Chlamydia, & HIV  
testing

Acne treatment  
and medication

You will pay \$50 for each  
ILLNESS/INJURY during  
the policy year.

Sutures/Stitches

Surgeries,  
including  
pregnancy and  
delivery

# Non-Covered Services

## Insurance Pays 0%

- **Over-the-counter drugs**
  - Medications that do ***not*** require a prescription
- **Dental care**
  - Unless injury to a natural tooth
  - Optional dental plan available for purchase
- **Lab work**
  - must be related to injury, illness, or preventive care benefits for coverage







# Examples of Medical Visits

# ONE ILLNESS OR INJURY DURING POLICY YEAR

## Abby has abdominal pain...

- Abby goes to an in-network clinic for abdominal pain. She will pay **\$50 (deductible)** to see a provider, when using the UHCSR website search.
- Abby will pay **20% of the final bill**, as insurance will pay 80%.

# TWO OR MORE ILLNESSES OR INJURIES DURING POLICY YEAR

## A week later, Abby is experiencing *ear pain*...

- Abby should use the UHCSR website search to verify the clinic is in-network *each time she needs medical care*.
- When she visits the in-network clinic for ear pain, she will be seen for a new illness during this policy year.
- Abby will pay **\$50**, for the **deductible** relating to ear pain because this medical visit is for a new illness.
- Abby will pay **20% of the final bill**, as insurance will pay 80%.

# PATIENT HAS CHRONIC ILLNESS DURING POLICY YEAR

## Dominic has diabetes.

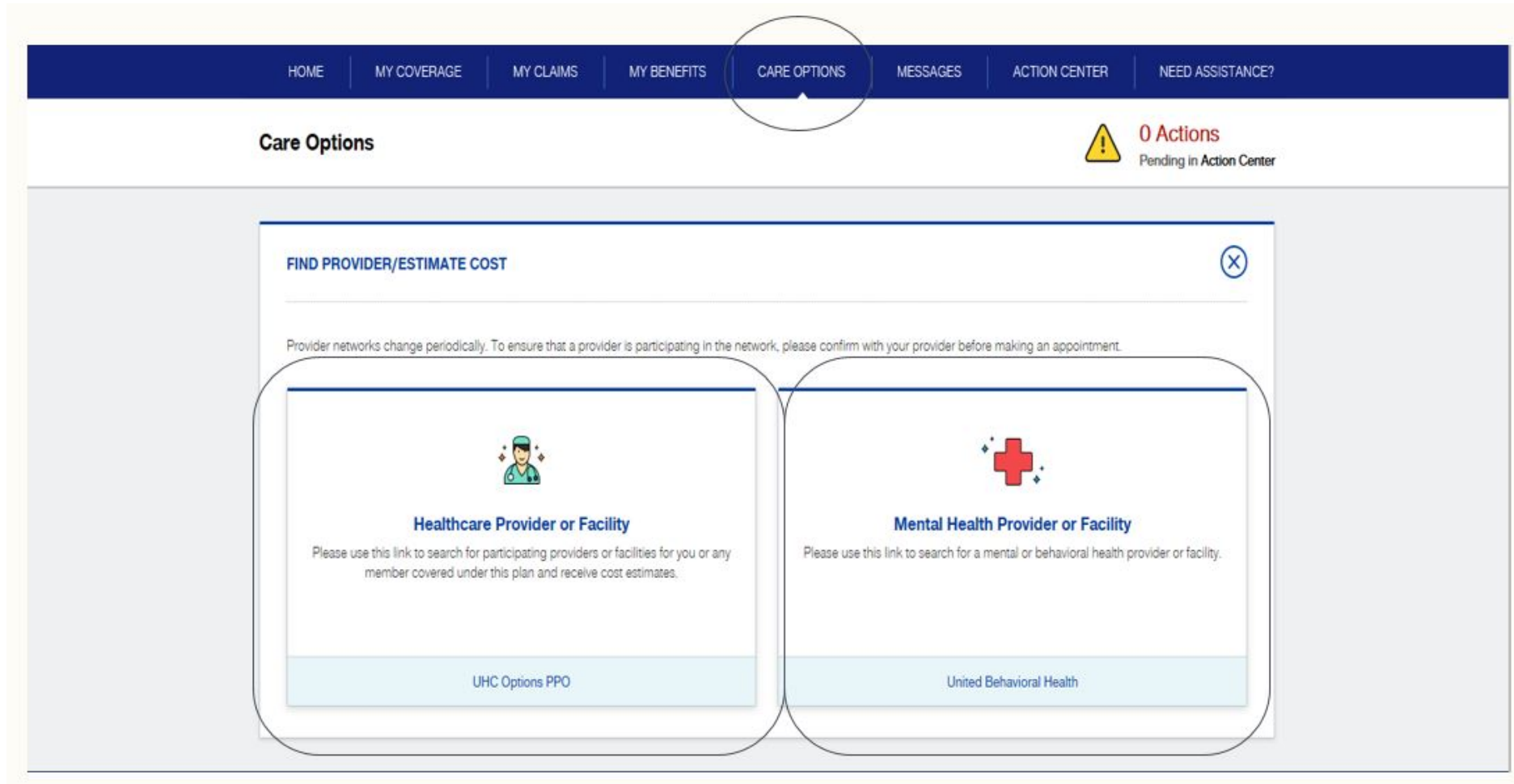
- Dominic meets with a medical provider, after using the provider search on the UHCSR website.
- He will pay **\$50**, for a **deductible relating to diabetes**.
- Dominic will pay **20% of the final bill**, as insurance will pay 80%.
- If Dominic returns to the in-network provider *for his diabetes* within the policy year (August – August), he will only need to **pay 20%** of each additional bill related to his diabetes diagnosis.



Where do I go for  
healthcare?

[uhcsr.com/minnesota](https://uhcsr.com/minnesota)

# Find Provider/Cost Estimate



[www.UHCSR.com/myaccount](http://www.UHCSR.com/myaccount) >>> Care Options

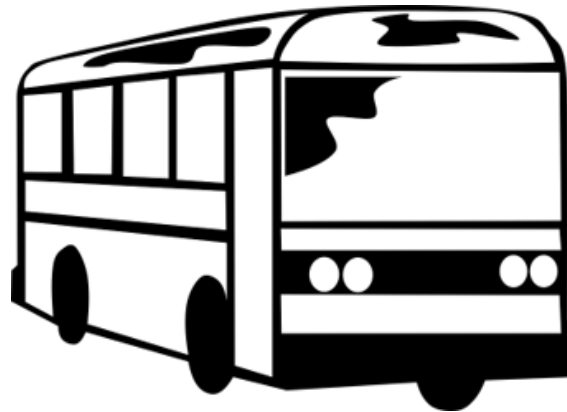
# In Person Health Care

## Campus Clinic

If your school has a clinic, consider using this clinic first for medical care.

The campus clinic may or may not require your insurance information. You should always keep your insurance card with you *in case of emergency!*

## Boynton Health



U of M Campus

## Network Providers





# In Person Health Care: Boynton Health

## Boynton Health



U of M Campus

### Office Visit:

- You will pay **\$10** for an office co-payment.

### Office Visit, Preventive Care Services **ONLY**:

- You will pay \$0. 100% will be covered by UHCSR.

### Prescriptions:

- If you receive an issued prescription, you will be responsible for one of the following rates:
- Tier 1- You pay \$15.00
- Tier 2- You pay \$30.00
- Tier 3- You pay 40% Co-insurance
- To determine the cost, please review your medication [tier-level](#).

Schedule at [www.boynton.umn.edu](http://www.boynton.umn.edu)

**Please call Patient Accounting  
prior to visiting Boynton Health.**

**1-612-624-6985**

# In Person Health Care: Network Providers

## Network Providers



### Office Visit, Illness or Injury:

- You will pay \$50 deductible + 20% of final bill.

### Office Visit, Preventive Care Services **ONLY**:

- You will pay \$0. 100% will be covered by UHCSR.

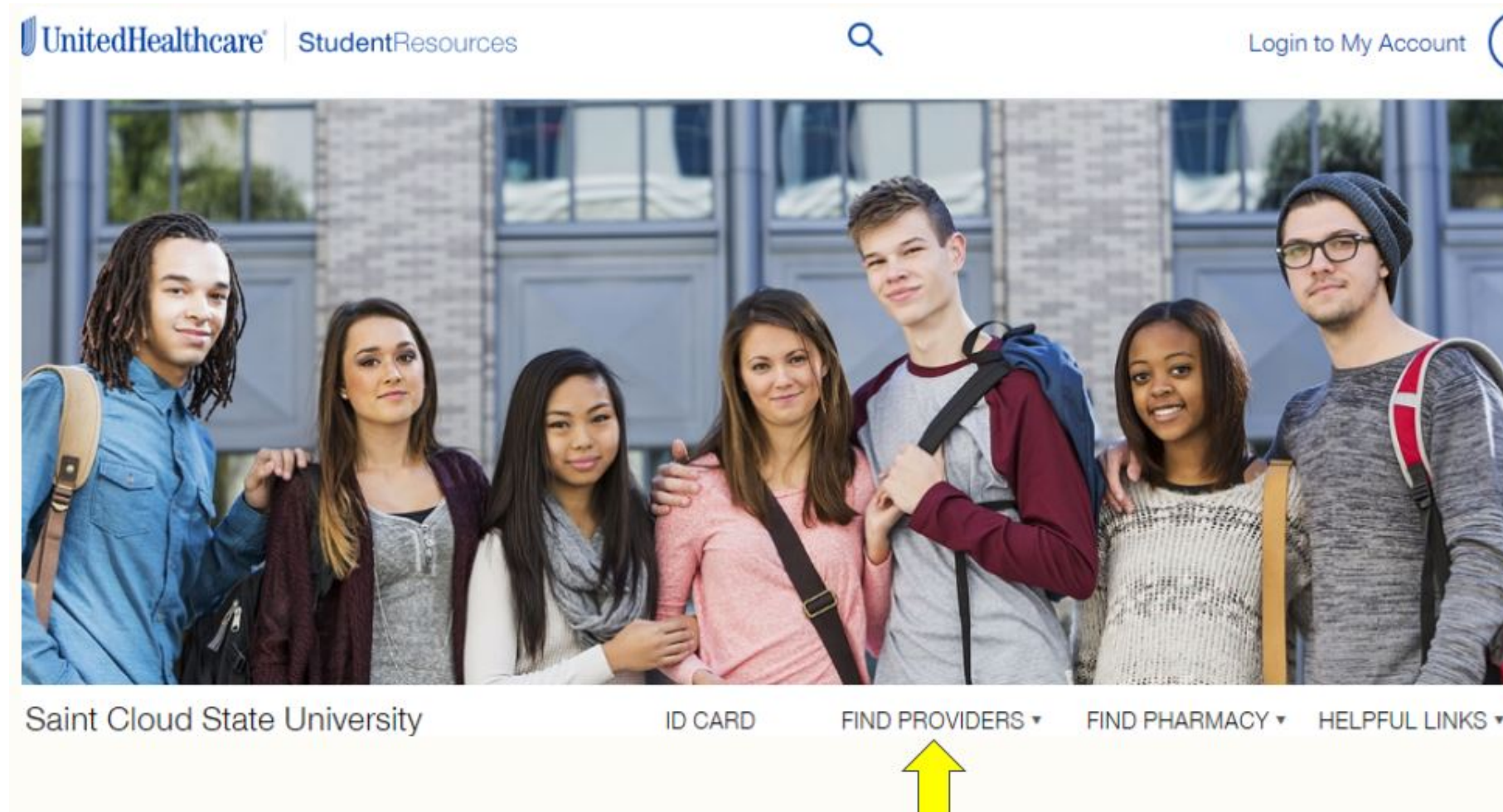
### Prescriptions:

- If you receive an issued prescription, you will be responsible for one of the following rates:
- Tier 1- You pay \$15.00
- Tier 2- You pay \$30.00
- Tier 3- You pay 40% Co-insurance
- To determine the cost, please review your medication [tier-level](#).

**[www.uhcsr.com/minnesota](http://www.uhcsr.com/minnesota)**

A “Network” is made up of facilities, providers, and suppliers contracted with your health plan to provide health care services.

# Getting In-Network Medical Care



[www.UHCSR.com/minnesota](http://www.UHCSR.com/minnesota)



# Health Care Off-Campus Using In-Network Providers

To find a network provider/clinic, visit:

[uhcsr.com/minnesota](https://uhcsr.com/minnesota)

- Select UHC options PPO
- Enter Search Criteria
- Select Specialty
- View Results



The screenshot shows the UnitedHealthcare 'FIND CARE' website. At the top right, there is a language dropdown menu set to 'ENGLISH'. Below the UnitedHealthcare logo, a blue button labeled 'FIND CARE' and a 'SAVED' link are visible. A dark grey bar below the logo contains the text 'OPTIONS PPO'. The main heading asks 'What can we help you find near 56301 ?' with a 'CHANGE LOCATION' link. Below this is a search bar with the placeholder text 'Doctor Name or Specialty, Facility Name, Clinic Name, Medical Group Name' and a blue 'SEARCH' button. At the bottom, a section titled 'FIND HEALTH CARE BY CATEGORY' features five blue icons with white text descriptions: 'People' (Doctors, medical groups, and other professionals by specialty), 'Places' (Hospitals, clinics, labs, imaging centers), 'Tests and Imaging' (Lab tests, screenings, X-rays, scans), 'Services and Treatments' (Office visits, tests, treatments, surgeries), and 'Care by Condition' (Find care for common concerns).

# Virtual Health Care

Useful for minor illnesses!



HealthiestYou Telehealth

# Where do I go for virtual Health Care?

## TELEHEALTH MEDICAL



### Telehealth Medical Benefits

Note: If available, please use the services of the Student Health Center first.

- ▶ Talk to a licensed physician 24 hours a day, 7 days a week
- ▶ Helpful for minor illnesses like allergies, sore throat, earaches, pink eye, etc.
- ▶ Pay no consultation fee.
- ▶ Save money and time.

**Office Visit:** \$0.00


### **Prescriptions:**


- If you receive an issued prescription, you will be responsible for one of the following rates:
- Tier 1- You pay \$15.00
- Tier 2- You pay \$30.00
- Tier 3- You pay 40% Co-insurance
- To determine the cost, please review your medication [tier-level](#).

[www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) >> Care Options



# Virtual Health Care Online


**TELEHEALTH MEDICAL**



### Telehealth Medical Benefits


Note: If available, please use the services of the Student Health Center first.

- ▶ Talk to a licensed physician 24 hours a day, 7 days a week
- ▶ Helpful for minor illnesses like allergies, sore throat, earaches, pink eye, etc.
- ▶ Pay no consultation fee.
- ▶ Save money and time.



### Self-Service Info

- ▶ Go online to register and schedule an appointment at [www.telehealth4students.com](http://www.telehealth4students.com)
- ▶ Download the HealthiestYou mobile app from the App store or Google Play



### Contact Details

Call HealthiestYou at (number is also on the front of your ID card)

**1-855-870-5858**

[>> www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) >> Care Options





# Frequently Asked Questions

By international students!

# “Why am I **REQUIRED** to purchase this plan?”



requires all International  
F-1 and J-1 Students,  
Scholars, Faculty, and  
Visitors at your school  
have this insurance plan.

## The only exception:

If your government is paying for your insurance, you are **exempt** from purchasing the Minnesota State-required plan. A letter from your embassy is required.

## Questions about the requirement?

Contact your  
International Student Advisor.

“Why was United Healthcare Student Resources chosen as the plan for International Students?”

- **Cost** – *You are covered for less than \$5.00/day!*
- Global Emergency Services
- Repatriation
- Medical Evacuation



# “How do I access My Account?”

Visit [uhcsr.com/myaccount](https://uhcsr.com/myaccount)

### Login to My Account

Enter your username and password to continue...

Username\*

Password\* ?

Did you forget your [Username](#) or [Password](#)?

[CREATE ACCOUNT](#)[SACM MEMBER  
CREATE ACCOUNT](#)[LOGIN](#)

### First, Verify Your Credentials

A

B

C

First Name \*

Last Name \*

Date of Birth (MM/DD/YYYY) \*

Email, Student ID, SR ID\* ?

Email, Student ID, SR ID ?

[BACK TO LOGIN](#)[NEXT](#)

# How can I keep my costs low?

1. Visit a medical provider for a preventive exam yearly.
2. Perform self-exams; avoid reactive care.
3. Make smart lifestyle choices & take care of your body.
4. Practice safety and hygiene.
5. Save the Emergency Room for Emergencies.

*Use a clinic when possible.*

# For more information on your plan:



- [www.uhcsr.com/video](http://www.uhcsr.com/video)
- [www.uhcsr.com/faqs](http://www.uhcsr.com/faqs)
- [www.uhcsr.com/insurance101](http://www.uhcsr.com/insurance101)

Contact Emily!

phone: 320-308-4855

email: [healthsvcs\\_sia@stcloudstate.edu](mailto:healthsvcs_sia@stcloudstate.edu)



# Helpful Guidelines

[www.uhcsr.com/minnesota](http://www.uhcsr.com/minnesota)



# Vision Exams

UHCSR Search, Keyword: Optometrist



## **Covered**

- One vision exam per policy year.
  - *Student will pay a \$50 deductible.*
- 80% insurance payment applies,  
up to \$100.*
- Student responsible for 20% of final bill.*

## **Non-Covered**

- Eye glasses
- Contact lenses
- Note:  
Vision exams do not cover contact lens fitting costs.

Visit United Health Allies within your UHCSR account  
for a discount on eye glasses and contact lenses.

# Dental Visits

## Covered

### – **Injury to a natural tooth**

- Student pays \$50 deductible per injury/illness + 20% of covered service.
- Insurance pays 80% of final bill, if covered service.

## Non-Covered

- Dental cleanings
- Dental work
- Tooth eruption
- Orthodontia (Braces)



If the dental service is not for an injury to a natural tooth, the student is responsible for 100% of the final bill, *no matter where the student seeks medical care.*

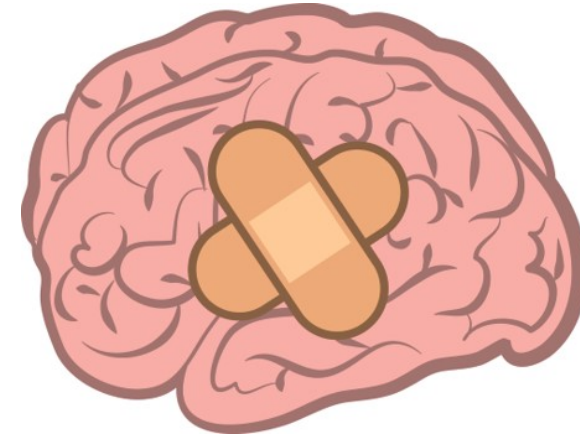
\*The Minnesota State REQUIRED insurance plan is an ILLNESS/INJURY plan. It is not a DENTAL plan.

# Mental Health Visits

Also known as Behavioral Health

## Examples of Visit Types:

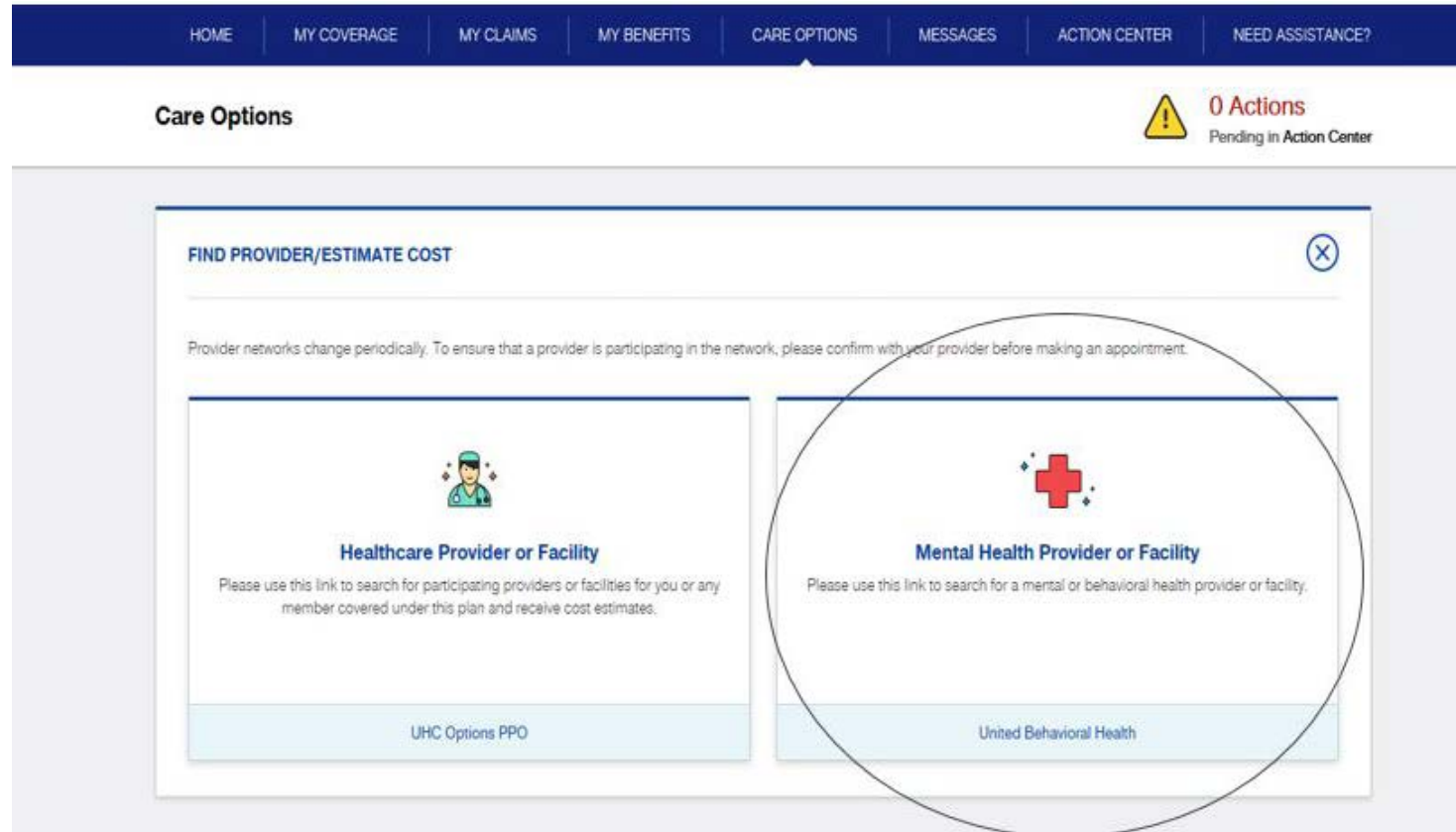
- Anxiety
- Depression
- Stress
- Depression
- Post-Partum Depression
- Post-Traumatic Stress Disorder (PTSD)



- Student pays \$50 deductible per injury/illness + 20% of covered service.
- Insurance pays 80% of final bill, if covered service.
- Instructions for finding a mental health provider on next slide.

# Mental Health Visits

Find a provider at [UHCSR.com/myaccount](https://UHCSR.com/myaccount) and click “Care Options”.



- Student pays \$50 deductible per diagnosis + 20% of covered service.
- Insurance pays 80% of final bill, if covered service.



# Travel Assistance

- Global Emergency Medical Assistance
- Available to you every where in the world  
(except within 100 miles of your home country).
- Available on your account at [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount)
- Assistance and evacuation services available 24/7/365



# Over-the-Counter (OTC) Products



These items are *not* covered by the insurance *because they do not require a prescription.*

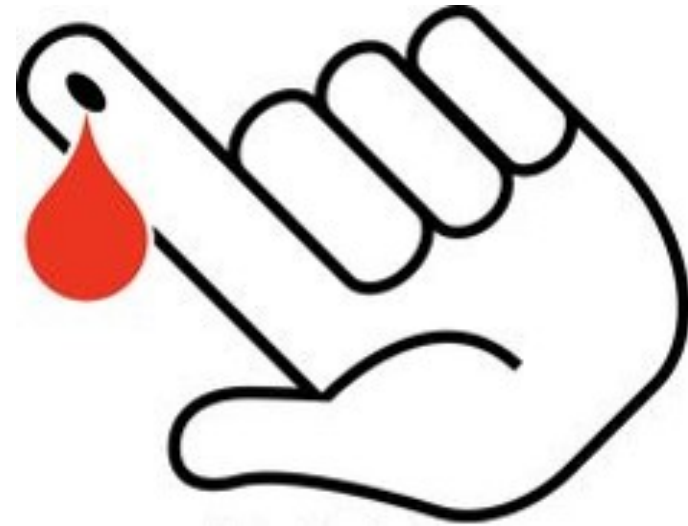
(OTC items are 100% Patient responsibility.)



# Lab work

(such as blood draws & specimen sampling, for example) *may not* be covered.

To be considered for coverage, the purpose for lab testing must be related to an illness, injury, or be a preventive care benefit.

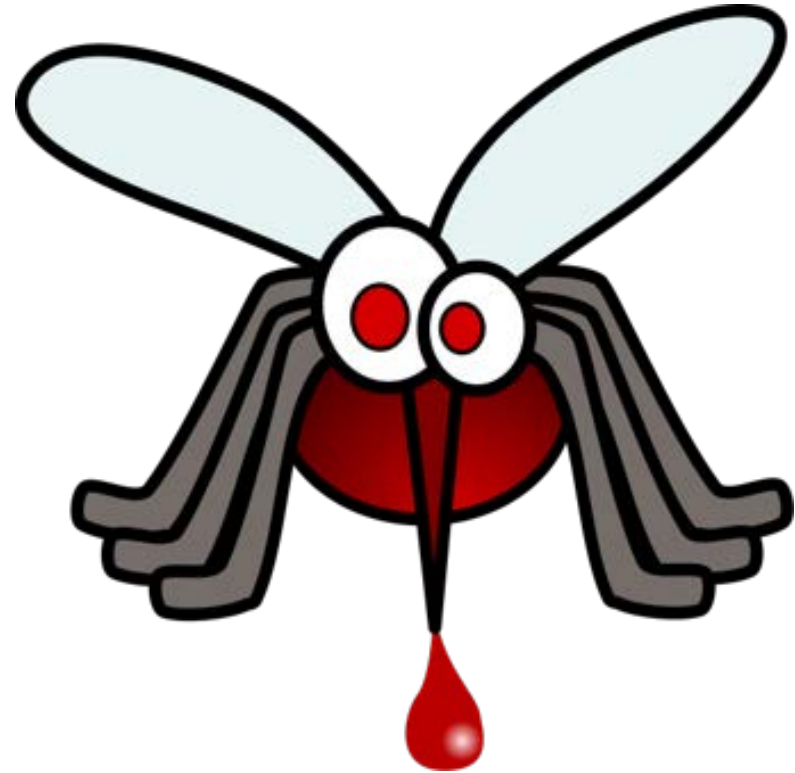




# Titers, or blood tests

Titers, or blood tests that check your body's immunity to a disease, are *not* covered by the insurance.

Please consider retrieving “proof of immunization” from your medical provider or paying out of pocket for this service to avoid over-vaccination.




If you're 27 or older...

the HPV vaccination is  
not covered.

If you want to receive this series  
of vaccinations,  
please START the 3-step process  
**prior** to your 27<sup>th</sup> birthday.





Complete the  
following  
**ASAP:**

# Step 1: Purchase your insurance policy.

UNITEDHEALTHCARE INSURANCE COMPANY ELECTION FORM FOR INTERNATIONAL STUDENTS AND THEIR DEPENDENTS METROPOLITAN STATE UNIVERSITY 2019-1768-4			Processor Date Stamp Received Here <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>
<b>PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.</b>			
LAST (FAMILY) NAME:		FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)		SCHOOL ID #:
PERMANENT U.S. ADDRESS: (HOUSE/BUILDING # AND STREET NAME)			
CITY:		STATE:	ZIP CODE:
TELEPHONE #:		EMAIL ADDRESS:	
<b>DEPENDENT INFORMATION</b> Complete information below for dependents to be insured. Dependent coverage is only available for students insured under the Plan (Please include a blank sheet for additional dependents).			
SPOUSE:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH: (MONTH/DAY/YEAR)			
First (Given) Name:	Middle Initial:	Last (Family) Name:	
CHILD:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH: (MONTH/DAY/YEAR)			
First (Given) Name:	Middle Initial:	Last (Family) Name:	
CHILD:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH: (MONTH/DAY/YEAR)			
First (Given) Name:	Middle Initial:	Last (Family) Name:	
CHILD:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH: (MONTH/DAY/YEAR)			
First (Given) Name:	Middle Initial:	Last (Family) Name:	
CHILD:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH: (MONTH/DAY/YEAR)			
First (Given) Name:	Middle Initial:	Last (Family) Name:	
<b>NOTICE TO STUDENT:</b> Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) The student has carefully read the Certificate of Coverage and elects to enroll as indicated on this election form; 2) Rates are not pro-rated other than as listed on this election form; 3) The student meets the eligibility requirements for this coverage as described in the Certificate of Coverage; and 4) If it is later determined that the student is not eligible, the premium will be refunded. A student who requests to cancel coverage under the Policy will receive a refund of unearned premium as of the time of cancellation if the unearned premium is for a period of more than one month. The return of unearned premium will be delivered to the Insured within 30 days following receipt of the Insured's request for cancellation.			
<b>NOTICE:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.			
Student's Signature: _____		Date: _____	
EF-2019-MN 1 of 2			

METROPOLITAN STATE UNIVERSITY		2019-1768-4
<input type="checkbox"/> I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.		
PLEASE CHECK ALL APPROPRIATE BOXES.		
INSURED CATEGORY: <input type="checkbox"/> International		
ID Codes	Annual (A-)	Spring/Summer (J-)
1 Student	<input type="checkbox"/> \$ 1,668.00	<input type="checkbox"/> \$ 1,012.00
2 Spouse	<input type="checkbox"/> \$ 1,668.00	<input type="checkbox"/> \$ 1,012.00
3 One Child	<input type="checkbox"/> \$ 1,668.00	<input type="checkbox"/> \$ 1,012.00
4 Two or More Children	<input type="checkbox"/> \$ 3,336.00	<input type="checkbox"/> \$ 2,024.00
5 Spouse and 2 or More Children	<input type="checkbox"/> \$ 5,004.00	<input type="checkbox"/> \$ 3,036.00
<b>EFFECTIVE/EXPIRATION PERIODS:</b>		
<input type="checkbox"/> Annual 8/10/2019 to 8/9/2020		
<input type="checkbox"/> Spring/Summer 1/1/2020 to 8/9/2020		
<input type="checkbox"/> Summer 5/1/2020 to 8/9/2020		
<b>Payment Instructions:</b> Make check or money order payable to UnitedHealthcare StudentResources in US dollars.		
Mail this election form along with premium payment to:  UnitedHealthcare StudentResources PO Box 809026 Dallas, TX 75380-9026.		
Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.		
<b>HOW TO ENROLL OR PAY ONLINE:</b>		
<b>Dependents Only:</b> If the primary insured purchases coverage through their school, they can request to be notified when dependent coverage is available to purchase once the primary insured's coverage is in force. To complete this request, visit <a href="http://uhcsr.com/control">uhcsr.com/control</a> and select "Notify me" and complete the form. Once the primary insured's coverage is in force, a notification email will be sent indicating that dependent coverage can be purchased.		
<b>To pay with a credit card or eCheck:</b> Please complete the information in this election form and email it to <a href="mailto:enrollment@uhcsr.com">enrollment@uhcsr.com</a> . Your coverage request will be registered and you will be sent a notification email with instructions for making your premium payment online. You may also fax this form to 1-469-229-5612.		
EF-2019-MN 2 of 2		

# Step 2: Create your Account.

[www.uhcsr.com/createaccount](http://www.uhcsr.com/createaccount)

**Login to My Account**

Enter your username and password to continue...

Username\*

Password\* ?

Did you forget your [Username](#) or [Password](#)?

**CREATE ACCOUNT**      **SACM MEMBER  
CREATE ACCOUNT**      **LOGIN**

**First, Verify Your Credentials** ● ○ ○

**A**

First Name \*

Last Name \*

Date of Birth (MM/DD/YYYY) \*

**B**

Email, Student ID, SR ID \* ?

**C**

Email, Student ID, SR ID ?

**BACK TO LOGIN**      **NEXT**

# Step 3: Complete your Action Items

## Action Center



Take Action

3 actions pending

### REQUIRED ACTIONS



Have other Medical Insurance?

No

Yes



Provide Tax Information

Provide Info



Provide Contact Information

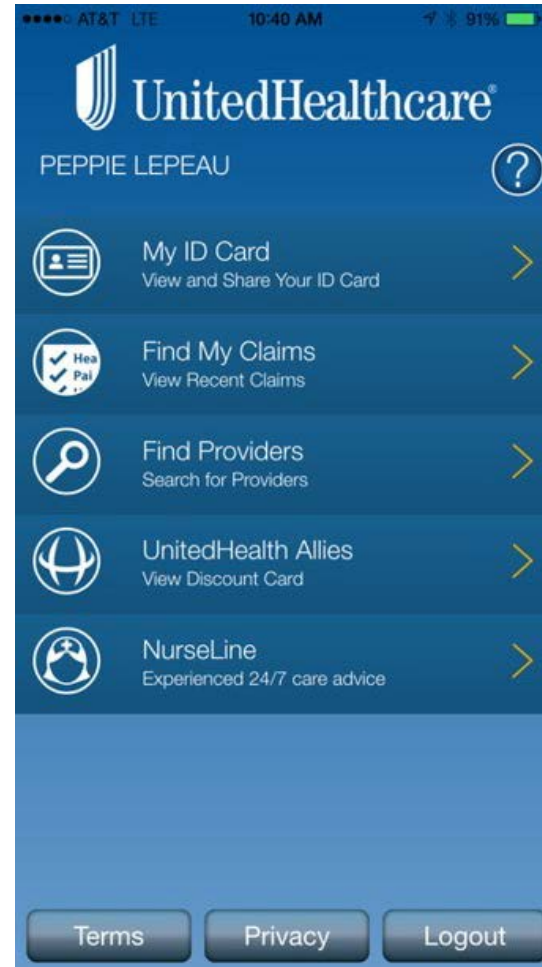
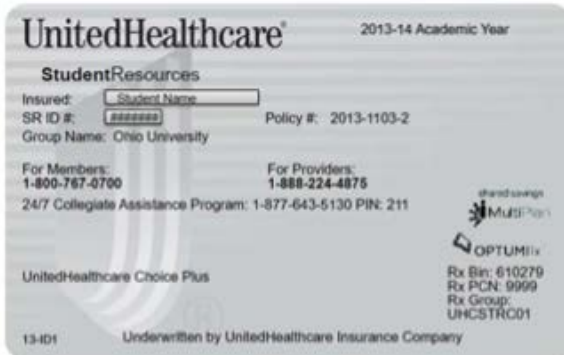
Provide Info

# Step 4: Always have your card available.

## UHCSR App, Electronic Copy

### Physical Copy

- ***Print*** immediately from your account.
- You can order an embossed copy from UHCSR.com/myaccount. Please allow 7-10 business days to receive the copy.



- [Download the](#)
- [UHCSR App](#) to your phone.
- Verify you are downloading **UHCSR** and not UHC.





# Questions??

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- Contact Emily  
phone: 320-308-4855  
email: [healthsvcs\\_sia@stcloudstate.edu](mailto:healthsvcs_sia@stcloudstate.edu)
- Uhcsr customer service:  
1-800-767-0700  
[www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount)



Have a  
healthy  
and safe  
school  
year!

