

- 1 Visit PGHglobalstudent.com to review plans and enroll.
- 2 Input date of birth, school and student category: **select F1 international to view the Global Care Basic or Plus plan.**

PGH Global Partnering in Good Health

Renewals | FAQs | Customer Service | Call: 1-888-251-6253

Student Tools ▾ Enrollments ▾ Additional Services ▾ Browse Plans Student Login

Student Health Insurance For International Students in the U.S.

Get a Quote for New Policy Renew Coverage Continue Saved Quote

Student Date of Birth (MM/DD/YYYY) School/Organization: Student Category:

07/01/2001 Daemen College F1 International Get A Quote

Add Coverage (Spouse / Child) ▾ Coverage Start Date: Coverage End Date: Coverage Period:

08/01/2019 07/31/2020 366 days

- 3 **Select coverage dates for the academic year: 08/01/2020 – 7/31/2021 (coverage for 365 days).** For students graduating in the Fall, enter the following coverage dates: 08/01/2020 – 12/31/2020.

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08/01/2019 07/31/2020 366 days

Please note: the annual premiums noted in this overview are subject to change and dependent on age, plan and level of coverage. If you have any questions about the plans, please contact PGH Global at 1-888-251-6253. You can also contact Health Services for general questions about insurance requirements at 716-839-7380 or health@daemen.edu.

4 Daemen College only allows students to enroll in the Global Care Basic or Plus Plans. While other coverage options are available, they do not provide comprehensive coverage while you are in the United States (urgent care, emergency care, preventive services, specialty services, etc.).

5 You have the option to select plans for comparison. We recommend students review this information to make an informed decision about their health insurance. *The costs outlined below are an example and subject to change based on age, plan, and level of coverage.*

GLOBAL CARE BASIC		GLOBAL CARE PLUS	
	\$671.00		\$809.00
Maximum Benefit	\$500,000 For each Injury or Sickness	Maximum Benefit	No Overall Maximum Dollar Limit
Deductible	Options from \$100, \$500, or \$150 Per Policy Year.	Deductible	Options from \$100, \$500, \$1,500, or \$2,000 Per Policy Year.
Coinsurance	80% except as noted	Coinsurance	80% except as noted
Pre-existing Waiting Period	6 months	Pre-existing Waiting Period	None
Medical Emergency	80% Preferred Allowance. \$200 Copay per visit.	Medical Emergency	80% Preferred Allowance. \$200 Copay per visit.
Preventive Care Services	100% of Preferred Allowance. \$1,000 Maximum Per Policy Year.	Preventive Care Services	100% of Preferred Allowance
Prescription Drugs	United-Healthcare Pharmacy (UHCP) \$20 Copay per prescription for Tier 1. 30% Coinsurance per prescription for Tier 2. 40% Coinsurance per prescription for Tier 3. Up to a 31-day supply per prescription.	Prescription Drugs	United-Healthcare Pharmacy (UHCP) \$15 Copay per prescription for Tier 1. 25% Coinsurance per prescription for Tier 2. 40% Coinsurance per prescription for Tier 3. Up to a 31 day supply per prescription.
Maternity	Paid as any other Sickness	Maternity	Paid as any other Sickness
Mental Illness	Paid as any other Sickness	Mental Illness	Paid as any other Sickness

6 Select a deductible. Your deductible is the amount of money you must pay out of pocket for care before your insurance company will start covering costs. An example of the deductible options for each Global Care Basic plan are outlined below. **Please note: as the deductible (amount you must pay out of pocket until the insurance company takes over) increases, the cost of the plan (premium) you pay up front decreases.**

Global Care BASIC Deductible options*:

- Preferred Provider deductible: \$100 (in-network), \$500 (out-of-network) (premium: \$673.00)
- Preferred Provider deductible: \$500 (in-network), \$750 (out-of-network) (premium: \$604.00)

*In-network health care providers have contracted with your insurance company to accept certain negotiated (i.e., discounted) rates. As a result, you will typically pay less with an in-network provider. Out-of-network providers have not agreed to the discounted rates.

Important note: *Daemen College does not have a Student Health Center on campus therefore; the cost of the deductible is not waived as stated on the PGH website.*

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- 7 After reviewing plans and choosing a deductible, select a plan and proceed to enroll.
- 8 Answer enrollment questions and proceed to step 4 to submit payment. **The annual cost (premium) is due at the time of enrollment.** Contact PGH Global if you have any questions about payment.

STEP 3: ENROLL IN PLAN: PERSONAL INFORMATION

CREATE ACCOUNT [Already have an account? Login.](#)

Email Address: Confirm Email Address:

Password: Confirm Password:

STUDENT'S PERSONAL INFORMATION

First Name*: Last Name*: MI: Gender*: Date of Birth:

Student ID: No Yes Mobile Number*: Country of Origin*:

I don't have a US-based address.

US Address Line 1: US Address Line 2:

City: State: ZIP:

DEPENDENT COVERAGE Spouse Children **\$809.00**

CONSENT AGREEMENT

I hereby authorize PGHstudent to share my insurance with my school. I understand that sharing my insurance information is NOT a condition of purchase.

[Cancel](#)

STEP 4: SUBMIT PAYMENT

Please note: the annual premiums noted in this overview are subject to change and dependent on age, plan and level of coverage. If you have any questions about the plans, please contact PGH Global at 1-888-251-6253. You can also contact Health Services for general questions about insurance requirements at 716-839-7380 or health@daemen.edu.

9

After you submit payment, check your email (within 24 hours) for an email from PGH Global or United Healthcare that will include your Coverage Overview and/or a temporary insurance ID card.

Submit proof of your Coverage Overview to the CHIP Center. To do so, take a photo with a smart device, upload a copy of the Coverage Overview online to daemen.edu/healthupload or email a copy to health@daemen.edu. **Student athletes should also submit a copy of the Coverage Overview to the ARMS system for Athletics.** The Coverage Overview must be on file with the CHIP Center prior to classes starting.

Coverage Confirmation



Insured Information

Name:	Student Name	Effective Date:	8/1/2020
Insurance Plan:	Global Care Basic	Termination Date:	7/31/2021
Policy Number:	XXXXXXXXXX	Premium Paid:	\$COST USD

Plan Details

Maximum Benefit:	\$500,000 For each Injury or Sickness
Deductible:	Options from \$100, \$500, or \$150 Per Policy Year.
Coinsurance:	80% except as noted
Pre-existing Waiting Period:	6 months
Medical Emergency:	80% Preferred Allowance. \$200 Copay per visit.
Preventive Care Services:	100% of Preferred Allowance. \$1,000 Maximum Per Policy Year.
Prescription Drugs:	UnitedHealthcare Pharmacy (UHCP) \$20 Copay per prescription for Tier 1. 30% Coinsurance per prescription for Tier 2. 40% Coinsurance per prescription for Tier 3. Up to a 31-day supply per prescription.
Maternity:	Paid as any other Sickness
Mental Illness:	Paid as any other Sickness
Substance Abuse:	Paid as any other Sickness
Medical Evacuation & Repatriation:	Unlimited Benefits
Dependents:	Dependents are subject to special terms and conditions. Please refer to the policy brochure for more information.

The Plan is Underwritten by:

Student Resources (SPC) Ltd.
A UnitedHealth Group Company

US Claims and Customer Service

UnitedHealthcareStudentResources
P.O. Box 809025
Dallas, Texas 75380-9025

Financial Rating

A.M. Best has affirmed the financial strength rating (FSR) of "A" (excellent) and the issuer credit rating of "A" for the majority of the UnitedHealth Group Incorporated (UnitedHealth)(Minnetonka, MN) [NYSE:UNH]. Currently A.M. Best has affirmed the ICR of "bbb+" and debt rating of UnitedHealth.

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