



International Student-Athlete Insurance

2023/2024



Gallagher Student Health & Special Risk provides your international student-athletes with comprehensive health insurance and coverage for athletic-related injuries.

Advantages to Your Students and Your Institution

- Provides an Affordable Care Act (ACA)-comparable student health insurance option for your international students.
- \$10,000 per injury benefit minimizes the impact to your institution's blanket athletic insurance policy that an under/uninsured student-athlete may cause.
- Students can enroll individually online at <https://FirstAgency.pgh.partners/> or the institution can submit a roster of students that should be enrolled.
- Helps maintain institutional enrollment retention rates by reducing the potential for student withdrawal due to sickness or injury.
- Provides a high-quality provider network through UnitedHealthcare.

Rates	Sports Plus Plan*	Sports Basic Plan**
Students 22 & Younger Students 23-26	Plan Deductible \$100/\$500 Annual: \$2,756 Daily Rate: \$7.53 Annual: \$4,191 Daily Rate: \$11.45	Plan Deductible \$100/\$500 Annual: \$1,552 Daily Rate: \$4.24 Annual: \$2,284 Daily Rate: \$6.24
Students 22 & Younger Students 23-26	Plan Deductible \$500/\$750 Annual: \$2,507 Daily Rate: \$6.85 Annual: \$3,796 Daily Rate: \$10.37	Plan Deductible \$500/\$750 Annual: \$1,426 Daily Rate: \$3.90 Annual: \$2,080 Daily Rate: \$5.68
*Minimum purchase period is six months or actual semester dates of school attending. **Minimum purchase period is three months or actual semester dates of school attending.		
Benefits***	Sports Plus Plan	Sports Basic Plan
Overall Plan Maximum	No Overall Maximum	\$500,000 Per Injury or Sickness
Out-of-Pocket Maximum	\$6,850 In-Network \$10,000 Out-of-Network	No Benefits
Coinsurance	80% In-Network 70% Out-of-Network	80% In-Network 70% Out-of-Network
Intercollegiate Sports	\$10,000 Maximum Per Injury	\$10,000 Maximum Per Injury
Prescription Drugs	In-Network Tier 1: \$15 Tier 2: 30% Copay Tier 3: 45% Copay Out-of-Network No Benefits	In-Network Tier 1: \$20 Tier 2: 30% Copay Tier 3: 45% Copay Out-of-Network No Benefits
Preventive Care Services	100% In-Network No Benefits Out-of-Network	100% In-Network (\$1,000 Maximum, Per Policy Year) No Benefits Out-of-Network
Medical Evacuation, Repatriation and Travel Assistance	Unlimited	Unlimited
Additional Copays/Deductibles	In-Network Physician's Visits: \$30 Medical Emergency: \$250 Consultant Visits: \$30 Physiotherapy: \$30 Out-of-Network Medical Emergency: \$250	In-Network Physician's Visits: \$30 Medical Emergency: \$300 Physiotherapy: \$30 Out-of-Network Medical Emergency: \$300
Pre-Existing Conditions	Unlimited Coverage	In Excess of \$1,000 There is a Requirement for 6 Months of Prior Consecutive Coverage
***Please go to https://FirstAgency.pgh.partners/ for a list of exclusions and limitations.		

For more information, contact: