

# Insurance Instructions for Students 24 and Under

1) Go to [www.internationalstudentinsurance.com/schools/university-of-new-mexico-celac.php](http://www.internationalstudentinsurance.com/schools/university-of-new-mexico-celac.php)

**International Student Insurance**

**Helpful Hint: If you need to change the website language you can choose also choose Spanish or Chinese**

Contact Us  
Toll Free: (877) 758-4391  
Direct: +1 (904) 758-4391

Student Health | Travel Medical | Major Medical | School Requirements | Insurance Explained

### University of New Mexico CELAC

The Center for English Language and American Culture (CELAC) at UNM has selected the Student Secure health insurance plan(s) for all international students because they provide comprehensive coverage at affordable rates.

Students are encouraged to view the plan benefits, exclusions and frequently asked questions to familiarize themselves with how the plan(s) work and what they cover. Please follow these steps to purchase coverage:

1. [Read the policy information](#) and select the plan that is best for you. Be sure you read what is covered and what is not by each plan.
2. [Select the Apply Online](#) link to start the purchase process.
3. **If your program will end in Fall 2017, you must buy insurance that ends AFTER December 16, 2017. If you are staying for the Spring semester, you need to buy the insurance until at LEAST January 15, 2018 and then extend your policy before it expires on January 15, 2018.**
4. Students are responsible for having health insurance coverage for their ENTIRE stay in the U.S. You should never let your insurance policy expire as long as you remain in the U.S.

These plans are only available to F1 and J1 visa holders, if you are looking for dependent coverage please review [these options](#).

Highlights of the Student Secure plan include:

- Up to \$500,000 policy maximum
- As low as \$25 deductible
- Prescription Medication
- Mental Health/ Maternity
- Pre-Existing Conditions
- Sports Benefits
- Online Instant Application
- Renewability
- Plan Management Online
- Four plan levels to choose

**Buy Coverage Now**

*Note: If you are from Iran, you are not eligible for this plan and will need to purchase the similar Student Health Advantage instead.*

Please learn more about the plan(s) by visiting the following sections:

- [Find a Doctor/Hospital](#) - search and locate providers online.
- [View Brochure](#) - view a copy of your insurance brochure.
- [Student Zone](#) - download claims forms, check the status and more.

**Need your documents now?** If you need your insurance documents quickly, you can [apply online](#) for coverage and receive all your insurance documents online and to your email address in PDF format immediately. Simply download and print these documents for instant proof of coverage.

**Helpful hint: After purchasing your insurance, to find a doctor that takes your insurance (other than at SHAC) click "Provider Search".**

**2) Click "Buy Coverage Now"**

**Helpful hint: To download a claim form (if you need to get money back from the insurance company for services you had to pay for) go to "Student Zone"**

3) Fill out the "Applicant Information". Your Start Date should be today's date.

If you will finish CELAC in Fall 2017 your End Date must be after December 16th, 2017.

If you are planning on staying for the Spring 2018 semester, your End Date must be until January 15th, 2018. YOU MUST EXTEND YOUR INSURANCE DATE ON JANUARY 15TH IF YOU DO THIS.

You have the option to purchase insurance until May 13th, 2018.

The screenshot shows the 'International Student Health Insurance' application form. At the top, there is a navigation bar with tabs for 'Student Health', 'Travel Medical', 'Major Medical', 'School Requirements', and 'Insurance Explained'. The main heading is 'International Student Health Insurance'. Below this, a paragraph explains the 'Student Secure plan'. The form is divided into two sections: 'Applicant Information' and 'Coverage Dates'. In the 'Applicant Information' section, there are two dropdown menus: 'US Destination' (set to 'Yes') and 'Date of Birth' (placeholder 'yyyy-mm-dd'). In the 'Coverage Dates' section, there are two date input fields: 'Start Date' (placeholder 'yyyy-mm-dd') and 'End Date' (placeholder 'yyyy-mm-dd'). A red box highlights the 'Next' button at the bottom right of the form, with an arrow pointing to it from the text '4) Click Next'.

5) Choose your insurance plan and the way you would like to pay (monthly means you will be charged every month, or full payment means you will pay for your insurance all at once).

**We recommend the Budget or Select plan. Click the question mark (?) next to the plan names for more information**

The screenshot shows the 'International Student Health Insurance' plan selection screen. At the top, there is a navigation bar with tabs for '1) Quote', '2) Pricing', '3) Details', and '4) Payment'. The main heading is 'International Student Health Insurance'. Below this, a paragraph explains the plan levels: Smart, Budget, Select, or Elite. The form is divided into two columns: 'Full Payment: 119 days of coverage' and 'Monthly Payment: 4 months of coverage'. The 'Full Payment' column has four radio button options: Smart (\$113.05), Budget (\$172.55), Select (\$348.67), and Elite (\$485.52). The 'Monthly Payment' column has four radio button options: Smart (\$34.00, Total cost of coverage: \$136.00), Budget (\$49.00, Total cost of coverage: \$196.00), Select (\$94.00, Total cost of coverage: \$376.00), and Elite (\$129.00, Total cost of coverage: \$516.00). A red box highlights the 'Next' button at the bottom right of the form, with an arrow pointing to it from the text '6) Click Next'. On the right side, there is a 'Quote Summary' box with the following information: Your Age(s): 21, Start Date: 21 Aug. 2017, End Date: 17 Dec. 2017, Total Days: 119, Coverage: Includes US. Below this is a 'Need Assistance?' section with contact information: Toll Free: +1 (877) 758-4391, Direct: +1 (904) 758-4391, Fax: +1 (904) 212-0412, Email: Email, Chat: Live Chat, Twitter: @intl\_insurance.

7) Fill out all red boxes in Personal Information and Mailing Address.

Your mailing address is your address in the USA.

The “Name of Beneficiary” is the person you want the insurance company to contact if you die.

## International Student Health Insurance

### Personal Information

US Citizen?

Choose One: ▾

First Name

Middle Initial

optional

Last Name

Gender

Choose One: ▾

Phone

Email

Citizenship

Choose One: ▾

Home Country

Choose One: ▾

Name of Beneficiary

Passport Number

optional

### Fulfillment

How do you want to receive your documents?

Send documents via

Email ▾

← Previous

### Mailing Address

Country

Choose One: ▾

Address 1

Address 2

optional

City

State

Choose One: ▾

Zip Code

### Student Eligibility

Host Country

Choose One: ▾

Select Type of Visa

Choose One: ▾

Name of School

University of New Mexico CELA

Student/Scholar Status

Choose One: ▾

Are you eligible?

Choose One: ▾

YES

8) Click Next

Next →

9) Fill out all your credit or debit card information. The address you will put here is the address provided on the credit or debit card account (for example, if you are using a card from China you will use the Chinese address associated with the card).

### International Student Health Insurance

Name on Card	<input type="text"/>	Country	<input type="text" value="Choose One:"/>
Payment Method	<input type="text" value="Choose One:"/>	Address 1	<input type="text"/>
Card Number	<input type="text"/>	Address 2	<input type="text" value="optional"/>
Security Code	<input type="text"/>	City	<input type="text"/>
Expiration Date	<input type="text" value="MM/YY"/>	State	<input type="text" value="Choose One:"/>
Daytime Telephone	<input type="text"/>	Zip/Postal Code	<input type="text"/>

By clicking the box on the left and the "Purchase" button below, I agree to the Terms and Conditions and I authorize HCC Medical Insurance Services to debit my VISA, MasterCard, American Express or Discover Card account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. If requesting cancellation, I understand that I must notify HCCMIS, IN WRITING, PRIOR to the effective date for a full refund and that express delivery charges are not refundable.

Total to be charged: \$113.05 USD

[← Previous](#)

[Purchase →](#)

10) Click the box to agree to all the Terms and Conditions. If you would like to read the Terms and Conditions you can click on the link.

11) Review all your information, and then click "Purchase".

12) DO NOT FORGET TO PRINT OUT YOUR INSURANCE CARD. YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES IN CASE OF AN EMERGENCY.