

## Collegiate Care Exclusive Plan Highlights

- International Medical, Evacuation and Repatriation Insurance Plan designed especially for International Students, Scholars, and their families studying or teaching in the US
- United Health Care PPO Network
- Sports Activities Coverage
- Motor Vehicle Accident coverage
- Unlimited medical maximum
- Maternity coverage

SCHEDULE OF BENEFITS - Per Plan Participant	IN NETWORK	OUT OF NETWORK
Medical Maximum	<b>Unlimited</b>	<b>Unlimited</b>
Lifetime Maximum	<b>Unlimited</b>	<b>Unlimited</b>
Deductible Options Per Plan Participant per Policy Term	<b>\$100, \$500 or \$1,500</b>	<b>\$250, \$1500 or \$2,500</b>
Out-of-Pocket Maximum	<b>\$6,350 Individual/ \$8,000 Family (including deductible)</b>	<b>Unlimited</b>
Coinsurance	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Pre-Existing Conditions (Covered after 6 months)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Office Visit Deductible	<b>\$25 per Occurrence</b>	<b>\$25 per Occurrence</b>
Urgent Care Deductible	<b>\$50 per Occurrence</b>	<b>\$50 per Occurrence</b>
Emergency Room Deductible	<b>\$150 per Occurrence (waived if admitted)</b>	<b>\$150 per Occurrence (waived if admitted)</b>
Hospital Room & Board	<b>80% of the Preferred Allowance</b>	<b>70% of of the Semi-Private Room Rate</b>
Intensive Care/ Cardiac Care Unit	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Hospital Misc. Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Surgeon	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Pre-Admission Testing	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Anesthesia	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Day Surgery Misc.	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Diagnostic X-Ray and Lab	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Ambulance	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Physician Visit	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Consult Physician	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Extended Care/ Inpatient Rehabilitation (Up to 45 Days)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Emergency Room (50% Coinsurance for Non-Emergency Use)	<b>80% of the Preferred Allowance</b> subject to a \$150 Deductible per visit, waived if admitted	<b>70% of URC</b> subject to a \$150 Deductible per visit, waived if admitted
Maternity & Pre-Natal Care Expense (Conception must occur while covered under the Policy)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>

**SCHEDULE OF BENEFITS CONT.**
**IN NETWORK**
**OUT OF NETWORK**

	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
Elective/ Therapeutic Termination of Pregnancy (Conception must occur while covered under the Policy)	<b>80% of the Preferred Allowance</b> Up to \$1,500 Max	<b>70% of URC</b> Up to \$1,500 Max
Allergy Testing & Treatment	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Transplant Services	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Private Duty Nursing Care	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Rehabilitative Services for the Treatment of Congenital or Genetic Birth Defects	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Pediatric Dental & Vision Services	<b>Limited Coverage see policy for details</b>	
Radiation/Chemotherapy	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Wellness Medical	<b>100% of the Preferred Allowance</b> (deductible does not apply) 0-12 Months: Exam, Immunizations & Routine Eye & Hearing Exams Child/Adult: Annual Exam, Immunizations & Routine Eye & Hearing Exams	<b>No Benefit</b>
Mental & Nervous Conditions Expense		
In-Patient Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Out -Patient Expense	<b>80% of the Preferred Allowance</b> subject to a \$25 Co-Payment	<b>70% of URC</b> subject to a \$25 Co-Payment
Alcohol & Drug Abuse Expense		
In-Patient Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Out -Patient Expense	<b>80% of the Preferred Allowance</b> subject to a \$25 Co-Payment	<b>70% of URC</b> subject to a \$25 Co-Payment
Sports Activities (Injuries arising from Intercollegiate, Interscholastic, Intramural, Leisure, and Club Sports)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Physiotherapy Expense		
In-Patient Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Out -Patient Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Motor Vehicle Accident	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
AIDS, HIV, ARC, Sexually Transmitted Diseases & All Related Conditions	<b>100% of the Preferred Allowance</b>	<b>70% of URC</b>
Diabetic Medical Supplies	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Pediatric Dental Care	<b>50% of the Preferred Allowance</b>	<b>50% of URC</b>
Homeopathic Care & Acupuncture	<b>80% of the Preferred Allowance</b> up to \$600 Max, subject to a \$25 co-payment	<b>70% of URC</b> up to \$600 Max, subject to a \$25 co-payment
Compassionate Care Visit	<b>80% up to \$1,000 Max</b>	
Hospice Care		
In-Patient	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Out-Patient	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Emergency Dental Expense	<b>80% of the Preferred Allowance</b> up to \$250 per tooth to a \$1,000 Max	<b>70% of URC</b> up to \$250 per tooth to a \$1,000 Max
Durable Medical Equipment Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>

SCHEDULE OF BENEFITS CONT.	IN NETWORK	OUT OF NETWORK
Emergency Medical Repatriation	<b>100% of Actual Expense</b>	
Emergency Medical Evacuation	<b>100% of Actual Expense</b>	
Return of Mortal Remains	<b>100% of Actual Expense</b>	
Extension of Home Country Sickness	<b>\$1,000</b>	
Accidental Death & Dismemberment	<b>\$15,000</b>	
	<b>Network Provider</b>	<b>Non-Network Provider</b>
Prescription Drug Co-Payment (per prescription) (Oral Contraceptives are included)	<b>Tier 1: \$10 Co-Pay</b> <b>Tier 2: \$20 Co-Pay</b> <b>Tier 3: \$40 Co-Pay</b> <b>(up to a 31-day supply per prescription)</b>	<b>No benefit if a non-network pharmacy is used.</b>
Travel Assistance Services	<b>24-hour travel assistance services are provided by GBG Assist</b>	

## ELIGIBILITY

You are eligible for this coverage, if you have a current passport or visa and are temporarily residing outside your home country/ country of permanent residence while actively engaged in education or research activities. You are "actively engaged" in education, teaching or research activities if you are one of the following: Undergraduate - registered for and attending classes on full time basis; Graduate Student; Scholar or researcher – who is invited by an educational organization; Students involved in education, educational activities or research related activities. Students must actively attend classes for at least the first 31 calendar days after the date for which coverage is purchased. Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your policy. If an International full-time student who would otherwise be actively attending class is enrolled in classes on-line or through a hybrid program (part on-line with limited face-to-face class time) solely because his college or secondary institution determined that because of COVID-19 it would only conduct classes in this manner, he or she will be considered to be actively attending classes for Fall 2020. Please contact the company for Spring 2021 online class eligibility at 888-301-9289.

## WHEN COVERAGE BEGINS AND ENDS

**Effective Date** – The Effective Date of this Policy is the later of the following: 1. the date the Company receives a completed Application and correct premium for the Period of Insurance, or 2. the date requested on the Application, or 3. the day after applying online. The Effective Date for your eligible spouse or dependents enrolled with you is your Effective Date, provided the Company receives the required premium for the spouse or dependent. If a spouse or dependent becomes eligible after your Effective Date, you have 30 days from the date such spouse or dependent first becomes eligible to enroll them and pay the applicable premium.

**Coverage Ends** - Your coverage ends on the earliest of the following: 1. the date you cease to be eligible for coverage; or 2. the end of your term of coverage; or 3. the date requested on your application; or 4. the last day for which premium has been paid; 5. The date you no longer are affiliated with a school; 6. The date you return home; 7. After 364 consecutive covered days. Your spouse or dependent coverage will end at the earliest of: 1. the end of your term of coverage; or 2. the date requested on your application; or 3. the last day for which premium has been paid; 4. The date you no longer are affiliated with a school; 5. The date you return home; 6. After 364 consecutive covered days; or 7. the date a spouse or dependent is no longer eligible for coverage.



Rates are per person and based on age of traveler at the time of enrollment. Rates are subject to change prior to enrollment.

<b>RATES</b>	<b>\$100 DEDUCTIBLE Per Month Rate</b>	<b>\$100 DEDUCTIBLE Annual Rate</b>	<b>\$500 DEDUCTIBLE Per Month Rate</b>	<b>\$500 DEDUCTIBLE Annual Rate</b>	<b>\$1,500 DEDUCTIBLE Per Month Rate</b>	<b>\$1,500 DEDUCTIBLE Annual Rate</b>
Student 12-24	\$98.17	\$1,177.98	\$84.68	\$1,016.15	\$82.57	\$990.83
Student 25-29	\$147.71	\$1,722.48	\$129.82	\$1,557.80	\$125.51	\$1,506.06
Student 30-40	\$423.67	\$5,084.04	\$351.56	\$4,218.72	\$240.00	\$2,880.00
Dependent - Spouse	\$1,209.36	\$14,512.29	\$980.18	\$11,762.20	\$799.27	\$9,591.19
Dependent - Child	\$256.33	\$3,075.96	\$208.62	\$2,503.49	\$799.27	\$9,591.19

The effective date is based on the date requested and once payment has been received.

Coverage can be purchased annually or monthly from 1 to 12 months.

Apply Online - accepting Visa, Mastercard, Discover and American Express.

This brochure is for information only and includes a brief summary of features provided under this short term limited benefit policy numbers TCC-006, TCC-007 and TCC-008 and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for details. Coverage may vary or may not be available in all states.

This Plan is underwritten by GBG Insurance Limited and is subject to the laws of England and Wales, and the laws governing the terms, conditions, benefits and limitations in insurance policies issued and delivered in other countries including the United States are not applicable to this Policy. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document. GBG Insurance Limited is an insurance company incorporated in Guernsey with registration number 42729 and licensed by the Guernsey Financial Services Commission to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002 as amended.

The Company agrees to provide the benefits, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Master Policy and the Plan.

When purchased, the Plan and the coverage provided by it, become effective at 12:01 A.M. on the Plan Effective Date. It continues in effect in accordance with the provisions set forth in the Plan.

By purchasing this insurance provided by GBG Insurance Limited, you become a member of the International Benefit Trust.

## Your Agent Information

Crossborder Services, LLC - Agent ID#  
536

877-340-7910

Five Greentree Center

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