

### Collegiate Care Enhanced 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>\$300,000 per Injury or Sickness, to an overall \$500,000 Maximum</b>	<b>\$300,000 per Injury or Sickness, to an overall \$500,000 Maximum</b>
Lifetime Maximum	<b>Unlimited</b>	<b>Unlimited</b>
Deductible Per Plan Participant per Policy Term	<b>\$150</b>	<b>\$500</b>
Deductible at Student Health Center	<b>\$25</b>	<b>\$25</b>
Office Visit Deductible	<b>\$40 per Occurrence</b>	<b>\$40 per Occurrence</b>
Specialist Office Visit Deductible	<b>\$40 per Occurrence</b>	<b>\$40 per Occurrence</b>
Urgent Care Center Deductible	<b>\$40 per Occurrence</b>	<b>\$40 per Occurrence</b>
Emergency Room Deductible	<b>\$300 per Occurrence</b> (waived if admitted)	<b>\$300 per Occurrence</b> (waived if admitted)
Coinsurance	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Hospital Room & Board	<b>80% of the Preferred Allowance</b> subject to a \$300 Co-Payment	<b>70% of the Semi-Private Room Rate</b> subject to a \$300 Co-Payment
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>
Radiation/Chemotherapy	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Emergency Room	<b>80% of the Preferred Allowance</b> subject to a \$300 Deductible per visit, waived if admitted	<b>70% of URC</b> subject to a \$300 Deductible per visit, waived if admitted

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

Maternity & Pre-Natal Care Expense (Conception must occur while covered under the Policy)	<b>100% of the Preferred Allowance</b> \$5,000 Maximum Benefit for normal delivery, \$10,000 Maximum Benefit for C-Section	<b>70% of URC</b> \$5,000 Maximum Benefit for normal delivery, \$10,000 Maximum Benefit for C-Section
Elective/ Therapeutic Termination of Pregnancy (Conception must occur while covered under the Policy)	<b>80% of the Preferred Allowance</b> \$500 Max	<b>70% of URC</b> \$500 Max
<b>Mental &amp; Nervous Conditions Expense</b>		
In-Patient Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Out-Patient Expense (Up to 40 visits annually)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
<b>Alcohol &amp; Drug Abuse Expense</b>		
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>
Pre-Existing Conditions (Covered after 6 months)	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Sports Activities (Injuries arising from Interscholastic, Intramural, Leisure, and Club Sports)	<b>80% of the Preferred Allowance</b> up to \$5,000 Max	<b>70% of URC</b> up to \$5,000 Max
<b>Physiotherapy Expense</b>		
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> up to \$10,000 Max	<b>70% of URC</b> up to \$10,000 Max
Emergency Dental Expense	<b>80% of the Preferred Allowance</b> up to \$500 Max	<b>70% of URC</b> up to \$500 Max
Durable Medical Equipment Expense	<b>80% of the Preferred Allowance</b>	<b>70% of URC</b>
Extension of Home Country Sickness	<b>\$1,000 Max Benefit</b>	
Emergency Medical Evacuation	<b>100% of Actual Expense up to \$60,000</b>	
Emergency Medical Repatriation	<b>100% of Actual Expense up to \$60,000</b>	
Return of Mortal Remains	<b>100% of Actual Expense up to \$60,000</b>	
Emergency Reunion	<b>80% up to \$1,000 Max</b>	
Accidental Death & Dismemberment	<b>\$10,000</b>	
Prescription Drug Co-Payment (per prescription) (Oral Contraceptives are included)	<b>Network Provider</b> <b>80% of the Preferred Allowance based on a 30-day supply per prescription</b>	<b>Non-Network Provider</b> <b>70% of URC based on a 30- day supply per prescription</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>MONTHLY</b>	<b>ANNUAL</b>
Student 12-24	<b>\$53.43</b>	<b>\$641.10</b>
Student 25-29	<b>\$94.43</b>	<b>\$1,133.11</b>
Student 30-64	<b>\$239.79</b>	<b>\$2,877.50</b>
Dependent	<b>\$420.72</b>	<b>\$5,048.66</b>

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 number TCC-002 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

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