



Medical
Insurance Plan for
INTERNATIONAL
Students



Global Explorer is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. This plan is tailored for students, language schools, and OPT workers. Coverage is available to all outside their home country who are enrolled and actively attending an accredited high school, college, university or work program. The plan offers worldwide coverage, with no geographic restrictions.

Experience and Expertise in the International Marketplace



Global Benefits Group has been specializing in the financial services market for more than 35 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas students and international travelers.

GBG underwrites medical, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third-country nationals or high net-worth local nationals.

Global Benefits Group is the leading provider of medical insurance to the international educational community, with customers in over 120 jurisdictions.

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.

Schedule of Benefits

GENERAL FEATURES AND PLAN SPECIFICATIONS

Area of Coverage	Worldwide, excluding Home Country
U.S. Network	Aetna Passport
Maximum Benefit per Period of Insurance	\$1,000,000
Copayment	
<ul style="list-style-type: none"> Urgent Care Facility, Walk-In Clinic, Physician Office Visit Emergency Room 	\$50 / visit \$350 / visit
Pre-Existing Conditions	Not Covered In the event of a Medical Emergency resulting from a Pre-Existing Condition the Insurer considers stable, this Plan will cover costs for the immediate relief of an acute symptom only, up to the Maximum Benefit shown below.

PLAN BENEFITS

This Plan is designed to protect you from an Acute Illness or Accident requiring Emergency Treatment. It also provides coverage in Non-Emergency situations where medical intervention would be the proper course of action, provided such condition first manifested during the Period of Insurance. This Plan does not cover care for wellness medical conditions, extended treatment, or Pre-Existing Conditions and is not a replacement for longer term medical, preventive, or maintenance needs. Non-Emergency care and treatment that should be rendered in the Plan Participant's Home Country, in the opinion of the Insurer, will not be covered.

COVERED SERVICES AND BENEFIT LEVELS

Subject to Deductible, Copayment, Coinsurance, and Maximum Benefit per Period of Insurance.

- Emergency Treatment of a Pre-Existing Condition
- Due to a Medical Emergency resulting from a Pre-Existing Condition
 - Pre-Existing Condition must be stable
 - Emergency Treatment benefits only provided

WHAT THE INSURANCE PLAN COVERS

The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. Coinsurance reduces to 60% when Out-of-Network providers in the U.S. are used.

100% UCR
 Maximum Benefit per Period of Insurance: \$25,000

HOSPITALIZATION AND INPATIENT BENEFITS

Hospitalization	
<ul style="list-style-type: none"> Hospital Accommodations (semi-private) Inpatient consultation by a physician or specialist, medical treatment, medicines, laboratory and diagnostic tests 	100% UCR

OUTPATIENT BENEFITS

Physician Visit or consultation by a specialist, diagnostic testing including X-Ray, and laboratory	100% UCR
---	----------

EMERGENCY BENEFITS

Emergency Room	
<ul style="list-style-type: none"> \$350 Copayment per visit Non-emergency use of the emergency room is Not Covered 	100% UCR
Ambulance Services (to the nearest Hospital)	
<ul style="list-style-type: none"> Ground only 	100% UCR
Emergency Dental Care	
<ul style="list-style-type: none"> Due to an Accident 	100% UCR
<ul style="list-style-type: none"> For immediate relief of pain 	100% UCR Maximum Benefit per Period of Insurance: \$500

OTHER MEDICAL BENEFITS (INPATIENT / OUTPATIENT)

Mental Health Treatment	100% UCR Inpatient: Maximum Benefit per Period of Insurance: 60 days or \$150,000 Outpatient: Up to \$50 / visit Maximum Benefit per Period of Insurance: \$500
Prescription Medications	
<ul style="list-style-type: none"> For an Illness covered under this Plan 	100% UCR
Surgery and Anesthesiology Services	100% UCR
Physical Therapy	100% UCR Up to \$50 / visit Maximum Benefit per Period of Insurance: \$1,000
Maternity including Complications of Pregnancy	Not Covered

Schedule of Benefits

COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Copayment, Coinsurance, and Maximum Benefit per Period of Insurance.	WHAT THE INSURANCE PLAN COVERS The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. <u>Coinsurance reduces to 60% when Out-of-Network providers in the U.S. are used.</u>
OTHER EMERGENCY SERVICES	
Emergency Medical Evacuation / Repatriation	100% UCR Maximum Benefit per Period of Insurance: \$100,000
Emergency Reunion	Up to \$500 / day Maximum Benefit per Period of Insurance: \$15,000
Continuation (Return to Host Country)	Maximum Benefit per Period of Insurance: \$2,500
Emergency Assistance Services via GBG Assist	Included
OTHER BENEFITS	
Accidental Death and Dismemberment (AD&D)	Maximum Benefit: \$50,000
Repatriation of Mortal Remains	Maximum Benefit: \$50,000
Personal Liability	Maximum Benefit Period of Insurance: \$100,000
Damage to Property	Maximum Benefit per Period of Insurance: \$25,000
Trip Curtailment / Study Interruption	Maximum Benefit per Period of Insurance: \$2,500
Baggage Delay	\$100 / day Maximum Benefit per Period of Insurance: \$500
Baggage Loss / Theft <ul style="list-style-type: none"> • Deductible: \$50 per claim (excluding temporary loss) • Maximum Benefit for valuables / electronics: \$300 per item / pair 	Maximum Benefit per Period of Insurance: \$1,500
Loss of Passport	Maximum Benefit per Period of Insurance: \$250
Travel Delay <ul style="list-style-type: none"> • Maximum Benefit per 24-hour period: \$200 	Maximum Benefit per Period of Insurance: \$1,000
Missed Departure	Maximum Benefit per Period of Insurance: \$1,000
Legal Expenses	Maximum Benefit per Period of Insurance: \$10,000

Key Benefits

- \$1,000,000 USD Annual Maximum Limit
- Emergency Inpatient and Outpatient Care
- Worldwide Direct-Bill Network Plan
- Multilingual Customer Service Available 24/7 through GBG Assist
- Online Claims Filing at www.gbg.com



Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

GBG Assist
U.S. Toll-Free: +1.866.914.5333

Worldwide Collect: +1.905.669.4920

Email: GBGAssist@gbg.com