



## 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 Healthcare PPO Network
- Sports Activities Coverage
- Unlimited lifetime medical maximum
- Maternity coverage
- 3-month minimum purchase required

### SCHEDULE OF BENEFITS - Per Plan Participant

#### IN NETWORK

#### OUT OF NETWORK

| Medical Maximum   | \$300,000 per Injury or Illness,<br>to an overall \$500,000 Maximum | \$300,000 per Injury or Illness,<br>to an overall \$500,000 Maximum |
|---|---|---|
| Lifetime Maximum  | Unlimited   | Unlimited   |
| Deductible Per Plan Participant per Period of Insurance | \$150   | \$500   |
| Copayment at Student Health Center                      | \$25<br>(Not subject to Deductible)                                 | N/A   |
| Office Visit Copayment                                  | \$40 per Occurrence   | \$40 per Occurrence   |
| Specialist Office Visit Copayment                       | \$40 per Occurrence   | \$40 per Occurrence   |
| Urgent Care Center Copayment                            | \$50 per Occurrence   | \$50 per Occurrence   |
| Emergency Room Copayment                                | \$300 per Occurrence<br>(waived if admitted)                        | \$300 per Occurrence<br>(waived if admitted)                        |
| Hospital Copayment                                      | \$350 Per Admission   | \$350 Per Admission   |
| Coinsurance   | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Pre-Existing Conditions<br>(Covered after 6 months)     | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Hospital Room & Board                                   | 80% of the Preferred Allowance<br>subject to a \$350 Copayment      | 70% of the Semi-Private Room Rate<br>subject to a \$350 Copayment   |
| Intensive Care/ Cardiac Care Unit                       | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Hospital Misc. Expense                                  | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Surgeon   | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Pre-Admission Testing                                   | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Anesthesia  | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Day Surgery Misc.                                       | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Diagnostic X-Ray and Lab                                | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Ambulance   | 80% of the Preferred Allowance                                      | 70% of UCR  |
| Physician Visit   | 80% of the Preferred Allowance<br>subject to Copayment              | 70% of UCR<br>subject to Copayment                                  |
| Specialist Physician                                    | 80% of the Preferred Allowance<br>subject to Copayment              | 70% of UCR<br>subject to Copayment                                  |
| Cancer Care & Oncology                                  | 80% of the Preferred Allowance                                      | 70% of UCR  |



**SCHEDULE OF BENEFITS CONT.**

|  | IN NETWORK  | OUT OF NETWORK   |
|--|---|--|
| Emergency Room   | <b>80% of the Preferred Allowance</b><br>subject to a \$300 Copayment per visit, waived if admitted | <b>70% of UCR</b><br>subject to a \$300 Copayment per visit, waived if admitted                    |
| Maternity & Pre-Natal Care Expense<br>(Conception must occur while covered under the plan) | <b>80% of the Preferred Allowance</b>   | <b>70% of UCR</b>  |
| Elective Termination of Pregnancy<br>(Conception must occur while covered under the plan)  | <b>80% of the Preferred Allowance</b><br>\$500 Max  | <b>70% of UCR</b><br>\$500 Max   |
| Mental Health  |   |  |
| In-Patient Expense   | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Out-Patient Expense  | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Alcohol & Substance Abuse  |   |  |
| In-Patient Expense   | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Out-Patient Expense  | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Sports Activities (Injuries arising from Intramural and Club Sports)                       | <b>80% of the Preferred Allowance</b><br>up to \$5,000 Max  | <b>70% of UCR</b><br>up to \$5,000 Max   |
| Therapeutic Services   |   |  |
| In-Patient Expense   | <b>80% of the Preferred Allowance</b>   | <b>70% of UCR</b>  |
| Out-Patient Expense  | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Homeopathic Care & Acupuncture   | <b>80% of the Preferred Allowance</b><br>subject to copayment                                       | <b>70% of UCR</b><br>subject to copayment  |
| Emergency Dental Expense   | <b>80% of the Preferred Allowance</b><br>up to \$500 Max  | <b>70% of UCR</b><br>up to \$500 Max   |
| Durable Medical Equipment Expense  | <b>80% of UCR</b>   | <b>70% of UCR</b>  |
| Emergency Medical Evacuation & Repatriation  | <b>100% of Actual Expense up to \$120,000</b>   |  |
| Return of Mortal Remains   | <b>100% of Actual Expense up to \$60,000</b>  |  |
| Compassionate Care   | <b>100% up to \$10,000 Max</b>  |  |
| Accidental Death & Dismemberment   | <b>\$10,000</b>   |  |
| Prescription Drug Coverage (per prescription)<br>(Oral Contraceptives are included)        | <b>Network Provider</b><br><br><b>80% of charges based on a 31-day supply per prescription</b>      | <b>Non-Network Provider</b><br><br><b>70% of charges based on a 31-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. Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your plan of benefits.



Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your policy.

### WHEN COVERAGE BEGINS AND ENDS

**Effective Date** – The Effective Date of your coverage 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 31 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 period of insurance; 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. Your spouse or dependent coverage will end at the earliest of: 1. the end of your period of insurance; 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; or 6. 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.  
(3-month minimum purchase required)

| <b>RATES</b>  | <b>DAILY</b>   | <b>ANNUAL</b>     |
|---------------|----------------|-------------------|
| Student 16-24 | <b>\$2.16</b>  | <b>\$788.40</b>   |
| Student 25-29 | <b>\$3.81</b>  | <b>\$1,390.65</b> |
| Student 30-64 | <b>\$9.68</b>  | <b>\$3,533.20</b> |
| Dependent     | <b>\$16.98</b> | <b>\$6,197.70</b> |

The effective date is based on the date requested and and once payment has been received.  
Apply Online - accepting Visa, Mastercard, Discover and American Express.

**This brochure is for information purposes only and includes a brief summary of the benefits provided under this student travel medical plan. It is not a contract of insurance. The Master Policy, which is issued to the International Benefits Trust, contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by AXIS Specialty Europe SE, rated A (Financial Strength) and A+ (Long Term ICR) by AM Best. The Master Policy is on file with the plan administrator, and is available upon request. The Master Policy governs the payment of benefits.**

## Your Agent Information

Visitors Guru - Agent ID# 660

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