



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 Healthcare PPO Network
- Sports Activities Coverage
- Motor Vehicle Accident coverage
- Unlimited medical maximum
- Maternity coverage
- 3-month minimum purchase required

SCHEDULE OF BENEFITS - Per Plan Participant

	IN NETWORK	OUT OF NETWORK
Medical Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Deductible Options Per Plan Participant per Policy Term	\$100, \$500 or \$1,500	\$250, \$1500 or \$2,500
Out-of-Pocket Maximum	\$6,350 Individual/ 2x Family (including deductible)	Unlimited
Coinsurance	80% of the Preferred Allowance	70% of UCR
Pre-Existing Conditions (Covered after 6 months-student only) (Dep: 24 months)	80% of the Preferred Allowance	70% of UCR
Office Visit Copayment	\$25 per Occurrence	\$25 per Occurrence
Urgent Care Copayment	\$50 per Occurrence	\$50 per Occurrence
Emergency Room Copayment	\$150 per Occurrence (waived if admitted)	\$150 per Occurrence (waived if admitted)
Hospital Room & Board	80% of the Preferred Allowance	70% of of the Semi-Private Room Rate
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	80% of UCR
Physician Visit	80% of the Preferred Allowance subject to copayment	70% of UCR
Specialist Physician	80% of the Preferred Allowance subject to copayment	70% of UCR
Extended Care/ Inpatient Rehabilitation (Up to 45 Days)	80% of the Preferred Allowance	70% of UCR
Emergency Room (50% Coinsurance for Non-Emergency Use)	80% of the Preferred Allowance subject to a \$150 copayment per visit, waived if admitted	70% of UCR subject to a \$150 copayment per visit, waived if admitted
Maternity & Pre-Natal Care Expense (Conception must occur while covered under the plan)	80% of the Preferred Allowance	70% of UCR

SCHEDULE OF BENEFITS CONT.
IN NETWORK
OUT OF NETWORK

Elective Termination of Pregnancy (Conception must occur while covered under the plan)	80% of the Preferred Allowance	70% of UCR
Allergy Testing & Treatment	80% of the Preferred Allowance	70% of UCR
Transplant Services	80% of the Preferred Allowance	No Benefit
Habilitative Services for the Treatment of Congenital or Genetic Birth Defects	80% of the Preferred Allowance	70% of UCR
Cancer Care & Oncology	80% of the Preferred Allowance	70% of UCR
Preventative Care & Annual Exams	100% of the Preferred Allowance (deductible and copayment does not apply) 0-12 Months: Exam, Immunizations & Routine Eye & Hearing Exams Child/Adult: Annual Exam, and Immunizations	No Benefit
Mental Health		
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance subject to Copayment	70% of UCR subject to Copayment
Alcohol & Substance Abuse		
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance subject to Copayment	70% of UCR subject to Copayment
Sports Activities (Injuries arising from Intercollegiate, Interscholastic, Intramural, and Club Sports)	80% of the Preferred Allowance	70% of UCR
Therapeutic Services		
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance subject to Copayment	70% of UCR
Motor Vehicle Accident	80% of the Preferred Allowance	70% of UCR
AIDS, HIV, ARC, Sexually Transmitted Diseases & All Related Conditions	80% of the Preferred Allowance	70% of UCR
Diabetic Medical Supplies	80% of UCR	70% of UCR
Pediatric Vision and Dental Services	Limited Coverage See Plan for Details	
Hospice Care		
In-Patient	80% of the Preferred Allowance	70% of UCR
Out-Patient	80% of the Preferred Allowance	70% of UCR
Emergency Dental Expense	80% of the Preferred Allowance up to \$250 per tooth to a \$1,000 Max	70% of UCR up to \$250 per tooth to a \$1,000 Max
Durable Medical Equipment Expense	80% of UCR	70% of UCR
Voluntary HIV Screening	100% Preferred Allowance	70% of UCR

SCHEDULE OF BENEFITS CONT.
IN NETWORK
OUT OF NETWORK

Emergency Medical Evacuation & Repatriation	100% of Actual Expense	
Return of Mortal Remains	100% of Actual Expense	
Accidental Death & Dismemberment	\$15,000	
	Network Provider	Non-Network Provider
Prescription Drug Copayment (per prescription) (Contraceptives are included)	Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$40 Copayment (up to a 31-day supply per prescription)	No benefit if a non-network pharmacy is used.
Travel Assistance Services	24-hour travel assistance services are provided by GBG Assist	

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.

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)

RATES	\$100 DEDUCTIBLE Daily Rate	\$100 DEDUCTIBLE Annual Rate	\$500 DEDUCTIBLE Daily Rate	\$500 DEDUCTIBLE Annual Rate	\$1,500 DEDUCTIBLE Daily Rate	\$1,500 DEDUCTIBLE Annual Rate
Student 16-24	\$4.07	\$1,485.55	\$3.51	\$1,281.15	\$3.42	\$1,248.30
Student 25-29	\$6.12	\$2,233.80	\$5.38	\$1,963.70	\$5.20	\$1,898.00
Student 30-40	\$17.57	\$6,413.05	\$14.56	\$5,314.40	\$9.95	\$3,631.75
Dependent - Spouse	\$50.15	\$18,304.75	\$40.60	\$14,819.00	\$33.14	\$12,096.10
Dependent - Child	\$10.63	\$3,879.95	\$8.64	\$3,153.60	\$33.14	\$12,096.10

The effective date is based on the date requested 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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