



Collegiate Care Elite 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	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Deductible Per Plan Participant per Policy Term	\$100 or \$500	\$200 or \$750
Office Visit Deductible	\$25 per Occurrence	\$25 per Occurrence
Urgent Care Deductible	\$50 per Occurrence	\$50 per Occurrence
Emergency Room Deductible	\$150 per Occurrence (waived if admitted)	\$150 per Occurrence (waived if admitted)
Coinsurance	80% of the Preferred Allowance	70% of URC
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 URC
Hospital Misc. Expense	80% of the Preferred Allowance	70% of URC
Surgeon	80% of the Preferred Allowance	70% of URC
Pre-Admission Testing	80% of the Preferred Allowance	70% of URC
Anesthesia	80% of the Preferred Allowance	70% of URC
Day Surgery Misc.	80% of the Preferred Allowance	70% of URC
Diagnostic X-Ray and Lab	80% of the Preferred Allowance	70% of URC
Ambulance	80% of the Preferred Allowance	70% of URC
Physician Visit	80% of the Preferred Allowance	70% of URC
Consult Physician	80% of the Preferred Allowance	70% of URC
Extended Care/ Inpatient Rehabilitation (Up to 45 Days)	80% of the Preferred Allowance	70% of URC
Emergency Room (70% Coinsurance for Non-emergency use)	80% of the Preferred Allowance subject to a \$150 Deductible per visit, waived if admitted	70% of URC subject to a \$150 Deductible per visit, waived if admitted
Maternity & Pre-Natal Care Expense (Conception must occur while covered under the Policy)	80% of the Preferred Allowance	70% of URC
Elective/ Therapeutic Termination of Pregnancy (Conception must occur while covered under the Policy)	80% of the Preferred Allowance Up to \$1,500 Max	70% of URC Up to \$1,500 Max

SCHEDULE OF BENEFITS CONT.
IN NETWORK
OUT OF NETWORK

Radiation/Chemotherapy	80% of the Preferred Allowance	70% of URC
Wellness Medical	80% of the Preferred Allowance (deductible does not apply) 0-12 Months: 9 Visits, Exam, Immunizations Child/Adult: Annual Exam, Immunizations	No Benefit
Mental & Nervous Conditions Expense		
In-Patient Expense	80% of the Preferred Allowance	70% of URC
Out -Patient Expense	80% of the Preferred Allowance subject to a \$25 Co-Payment	70% of URC subject to a \$25 Co-Payment
Alcohol & Drug Abuse Expense		
In-Patient Expense	80% of the Preferred Allowance	70% of URC
Out -Patient Expense	80% of the Preferred Allowance subject to a \$25 Co-Payment	70% of URC subject to a \$25 Co-Payment
Pre-Existing Conditions (Covered after 6 months)		
	80% of the Preferred Allowance	70% of URC
Sports Activities (Injuries arising from Interscholastic, Intramural, Leisure, and Club Sports)		
	80% of the Preferred Allowance	70% of URC
Physiotherapy Expense (Maximum of 12 visits per Injury/Sickness)		
In-Patient Expense	80% of the Preferred Allowance	70% of URC
Out -Patient Expense	80% of the Preferred Allowance Maximum of 12 Visits per Injury/Sickness	70% of URC
Motor Vehicle Accident		
	80% of the Preferred Allowance	70% of URC
AIDS, HIV, ARC, Sexually Transmitted Diseases & All Related Conditions		
	80% of the Preferred Allowance	70% of URC
Diabetic Medical Supplies		
	80% of the Preferred Allowance	70% of URC
Palliative Dental Care		
	80% of the Preferred Allowance up to \$600 Max	70% of URC up to \$600 Max
Homeopathic Care & Acupuncture		
	80% of the Preferred Allowance up to \$500 Max, subject to a \$25 co-payment	70% of URC up to \$500 Max, subject to a \$25 co-payment
Home Health Care		
	80% of the Preferred Allowance	70% of URC
Compassionate Care Visit		
	80% up to \$1,000 Max	
Hospice Care		
In-Patient (up to 45 days Max)	80% of the Preferred Allowance	70% of URC
Out-Patient (up to \$5,000 Max)	80% of the Preferred Allowance	70% of URC
Emergency Dental Expense		
	80% of the Preferred Allowance up to \$250 per tooth to a \$1,000 Max	70% of URC up to \$250 per tooth to a \$1,000 Max
Durable Medical Equipment Expense		
	80% of the Preferred Allowance	70% of URC
Extension of Home Country Sickness		
	\$1,000 Max Benefit	
Emergency Medical Evacuation		
	100% of Actual Expense	
Emergency Medical Repatriation		
	100% of Actual Expense	

Return of Mortal Remains	100% of Actual Expense	
Accidental Death & Dismemberment	\$30,000	
	Network Provider	Non-Network Provider
Prescription Drug Co-Payment (per prescription) (Oral Contraceptives are included)	Tier 1: \$10 Co-Pay Tier 2: \$20 Co-Pay Tier 3: \$40 Co-Pay (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 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.

RATES	\$100 DEDUCTIBLE Per Month Rate	\$100 DEDUCTIBLE Annual Rate	\$500 DEDUCTIBLE Per Month Rate	\$500 DEDUCTIBLE Annual Rate
Student 12-24	\$97.80	\$1,173.58	\$81.84	\$982.02
Student 25-29	\$147.52	\$1,770.28	\$125.78	\$1,509.36
Student 30-40	\$423.67	\$5,084.04	\$341.01	\$4,092.11
Dependent - Spouse	\$1,209.36	\$14, 512.29	\$950.73	\$11,408.81
Dependent - Child	\$256.33	\$3,075.96	\$202.39	\$2,428.62



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-0004 and TCC-005 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

**MCIS Multichoice Insurance Services,
LLC - Agent ID# 99**

1-510-353-1180

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