



INTERNATIONAL STUDENTS (INBOUND TO U.S.)

# IFSSecure



2023 | Summary of Benefits

INDIVIDUAL COVERAGE



**IFS**Secure

Please note that this summary contains a description of the insurance benefits provided by the insurance coverage you have purchased. The coverage is provided by a group insurance policy issued to the Fairmont Specialty Trust by Crum & Forster SPC through ITI SP. By purchasing this coverage, you have become a participant in the Fairmont Specialty Trust, a copy of the subscription agreement is contained herein. This description is not intended to be a contract of insurance. Complete provisions pertaining to the insurance coverage are contained in the policy. In the event of any conflict between this plan summary and the policy, the policy will govern. The policy is not designed to cover U.S. residents and citizens, and it is not subject to guaranteed issuance or renewal.

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

GBG is the marketing name for GBGI Limited including its subsidiary and affiliated companies. Administration and intermediary services for the insurance coverage under the policy are provided by or through operating subsidiaries of GBGI Limited, including GBG Administrative Services, Inc. and SHIP, Ltd.



## SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. The benefits are divided into two sections: Medical Expense Benefits and Non-Medical Expense Benefits. Please read the Description of Benefits sections for full details. All benefits described are subject to the definitions, exclusions and provisions.

### ELIGIBLE PERSONS

Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below:

#### Class 1

A registered full time undergraduate or a graduate student attending classes who is a minimum age of 12 years and maximum of 40 years;

1. Student must have a current passport and be travelling outside their Home Country, and
2. Student must have a valid F, M, or Q visa. F1 visa holder on OPT are not eligible.

Or

A J1 valid visa holder who is outside their Home Country and is actively engaged in an educational activity and who is a minimum age of 12 years and a maximum age of 64 years, if you are one of the following:

1. Undergraduate student registered for and attending classes on a full-time basis; or
2. Graduate student; or
3. Scholar or researcher who is invited by an educational organization; or
4. Student involved in education, educational activities, or research related activities.

#### Class 2

The spouse or domestic partner of a Class 1 Insured Person.

#### Class 3

The Dependent child(ren) of a Class 1 Insured Person.

## MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are subject to the Insured Person’s Deductible, Copayment, and Coinsurance amount. After satisfaction of the Deductible and applicable Copayments, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and reimbursement level.

### GENERAL FEATURES AND PLAN SPECIFICATIONS

<b>U.S. Provider Network</b>	United Healthcare
<b>Area of Coverage</b>	Worldwide Basis, Excluding Home Country
<b>Maximum Benefit Payable per covered Illness or Injury</b>	\$500,000
<b>Lifetime Maximum</b>	Unlimited
<b>Individual Deductible per Period of Insurance</b>	
• In-Network Provider	\$200 per Insured Person 2x Individual per family
• Out-of-Network Provider	\$750 per Insured Person 2x Individual per family

The Deductible for In-Network does not accrue towards the Out-of-Network Deductible.



**Copayments**

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum. When a Copayment applies, the service is not subject to Deductible.

• <b>Student Health Center Copayment</b>	\$15 per visit
• <b>Physician/Specialist Office Visit Copayment</b>	\$35 per visit
• <b>Urgent Care Center Copayment</b>	\$75 per visit
• <b>Hospital Copayment per Admission</b>	\$200
• <b>Emergency Room Visit Copayment</b> (Waived if admitted)	\$250 per visit
• <b>Advanced Medical Imaging Copayment (per test)</b>	\$300

**Out-of-Pocket-Maximum per Period of Insurance**

- In-Network Unlimited per Insured Person
- Out-of-Network Unlimited per Insured Person

The Deductible does not apply to the Out-of-Pocket Maximum (refer to the definition of Out-of-Pocket Maximum for applicability).

<b>Pre-Existing Condition Limitation</b> (12 months Lookback Period)	<b>Student:</b> Pre-Existing Conditions are covered after a 6 months Waiting Period. <b>Dependents:</b> Pre-Existing Conditions are covered after a 24 months Waiting Period.
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**COVERED SERVICES AND BENEFIT LEVELS**

Subject to Deductible, Coinsurance, Copayment, 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. (if available). Coinsurance is 70% UCR when Out-of-Network Providers in the U.S. are used.

**HOSPITALIZATION AND INPATIENT BENEFITS**

<b>Accommodations including semi-private room</b>	80% Preferred Allowance
<b>Intensive Care/Cardiac Care</b>	80% Preferred Allowance
<b>Mental Health</b>	80% Preferred Allowance
<b>Inpatient Consultation/Visit by a Physician or Specialist</b>	80% Preferred Allowance
<b>Diagnostic Testing and Hospital Miscellaneous Expense</b>	80% Preferred Allowance
<b>Pre-Admission Testing</b>	80% Preferred Allowance

## OUTPATIENT BENEFITS

### Physician Visit or Consultation by Specialist

- Office visit Copayment applies 80% Preferred Allowance
- Urgent Care Center Copayment applies

### Diagnostic Testing

- X-Ray and Laboratory 80% Preferred Allowance

### Advanced Medical Imaging

- Magnetic Resonance Imaging (MRI)
- Computed tomography (CT) 80% Preferred Allowance
- Positron Emission Tomography (PET)
- Copayment applies

### Mental Health

- Office visit Copayment applies 80% Preferred Allowance

## SURGICAL BENEFITS (INPATIENT/OUTPATIENT)

### Inpatient, Outpatient or Ambulatory Surgery

#### Includes:

- Surgeon's Fees
- Out of network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary & Reasonable for surgery) 80% Preferred Allowance
- Facility fees
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

## EMERGENCY BENEFITS

### Emergency Room and Medical Services

- Copayment waived, if admitted 80% Preferred Allowance
- Non-emergency use of the emergency room is Not Covered

### Ambulance Services

- Emergency local ground ambulance 80% Preferred Allowance

### Emergency Dental

- Limited to accidental Injury of sound natural teeth sustained while covered 80% Preferred Allowance
- Maximum Benefit per Period of Insurance: \$1,000 up to \$200 per tooth

## MATERNITY CARE

The following Waiting Period(s) applies to Maternity Care benefits:

- Primary Insured: Conception must occur while covered under the Policy.
- Dependent Spouse: Conception must occur while covered under the Policy.

**Normal delivery** or Medically Necessary Caesarean Section, pre-natal care, and post-natal care 80% Preferred Allowance

**Complications of Pregnancy** 80% Preferred Allowance

## OTHER BENEFITS (INPATIENT/OUTPATIENT)

### Preventive Care and Annual Exams

- Newborn to 12 months: 9 visit maximum
- Child/Adult: Annual exams, immunizations (as described in the section titled, Medical Expense Benefit Descriptions) 100% Preferred Allowance (Student Health Center payable at UCR)
- In-Network or Student Health Center only
- Maximum Benefit per Period of Insurance for Adults: \$500

### Physical Therapy

- Maximum Benefit per covered Illness or Injury: 12 visits 80% Preferred Allowance
- Office visit Copayment applies

**Cancer Care and Oncology** 80% Preferred Allowance

**Kidney Dialysis** 80% Preferred Allowance

### Diabetic Medical Supplies

- Includes Insulin Pumps and associated supplies 80% UCR
- Maximum Benefit per Period of Insurance: \$7,500

### Acquired Immunodeficiency Syndrome (AIDS)

Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions 80% Preferred Allowance

### Durable Medical Equipment

- Reimbursement of rental up to the purchase price 80% UCR
- Maximum Benefit per Period of Insurance: \$2,500

### Alcohol and Substance Abuse

- Office visit Copayment applies 80% Preferred Allowance

### Prescription Medications

- Up to 31-day supply per prescription
- Includes oral contraceptives 80% of charges
- CVS/Caremark network pharmacy is required
- Maximum Benefit per Period of Insurance: \$3,000



**Motor Vehicle Accident**

- Injuries caused by Accident

80% Preferred Allowance

**OTHER BENEFITS (INPATIENT/OUTPATIENT) (CONTINUED)**

**Sports and Other Activities**

- Injuries arising from Intramural and Club sports

80% Preferred Allowance

**Passive War and Terrorism**

Included

**NON-MEDICAL EXPENSE BENEFITS**

Non-Medical Expense Benefits do not accumulate towards the Medical Expense Maximum Benefit payable per Period of Insurance or toward the Lifetime Maximum.

**ADDITIONAL BENEFITS**

**Medical Evacuation and Repatriation**

Included

**Return of Mortal Remains**

Included

