



Global Student

**INTERNATIONAL STUDENT PLAN
GROUP COVERAGE**

IFS BASIC PLAN

Hillsborough Community College

Thank you for your interest in Global Benefits Group (GBG). We are proud to present to you this proposal for GBG Global Student medical insurance.

On the following pages, you will find:

- GBG Company Profile
- Overview of GBG Global Student insurance
- Information about Data Protection
- Summary of Proposal
- Rates
- Schedule of Benefits

GBG has been specializing in the international insurance market for more than 35 years. We distribute and underwrite international medical, life, disability, and travel insurance to clients around the world, and are committed to delivering outstanding customer service to the globally mobile population. The GBG student portfolio of products is ultimately underwritten by AXIS Specialty Europe SE, rated A by AM Best and A+ by Standard & Poor's.

We are proud to offer innovative products that provide international companies, universities, and organizations with a strong combination of benefits.

When it comes to the international marketplace, GBG truly offers *Insurance Without Borders*SM in terms of worldwide expertise and solutions tailored to your needs.



GBG COMPANY PROFILE

Founded:
1981

Local Offices:
14 worldwide, including USA, Canada, China, Philippines, Thailand, Indonesia, the UK, Austria, Netherlands, Serbia, and South Africa

Worldwide Footprint:
Active in Africa, Asia, Europe, the Middle East, North America, and South America

INTERNATIONAL STUDENT INSURANCE, SIMPLIFIED

GBG understands the challenges that international students face when they choose to study abroad. Working with GBG means working with a team of student representatives behind the scenes who are well-versed in the international education segment.

GBG Student Medical Insurance Plans meet the waiver requirements of most worldwide higher education institutions and offer international students an alternative to more expensive university plans.

Our portfolio of products is designed to meet the needs of international students visiting the United States on an F or M visa.

24/7 MULTILINGUAL CUSTOMER SERVICE

Once enrolled in a GBG policy, students are supported by GBG Assist, our multilingual customer service team. GBG Assist stands ready 24 hours a day, seven days a week to answer questions, provide solutions, and, should an emergency arise, support the student until a resolution is reached.

We can help members in 180+ languages and dialects with:

- Locating a provider
- Pre-authorization for medical procedures
- Emergency services
- Eligibility verification
- Claims status inquiries



SUMMARY OF PRELIMINARY PROPOSAL	
INSURER	AXIS Specialty Europe SE
POLICYHOLDER/PARTICIPATING ORGANIZATION	Hillsborough Community College
ELIGIBILITY CRITERIA	<p>Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below:</p> <p>Class 1 A registered Full Time Undergraduate or a Graduate Student attending classes who is a minimum age of 16 years and maximum of 64 years; Student must have a current passport and be travelling outside their Home Country; and student must have a valid F1, J1 visa. F1 visa holder on OPT are not eligible.</p> <p>A J1 valid visa holder (an F1 visa holder on OPT is not eligible) who is actively engaged in an educational activity and who is a minimum age of 16 years and a maximum age of 64 years, if you are one of the following:</p> <ol style="list-style-type: none"> 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. <p>Class 2 The spouse or domestic partner of a Class 1 Insured Person</p> <p>Class 3 The Dependent child(ren) of a Class 1 Insured Person</p>
VISA ELIGIBILITY	Student must have a valid F1 or J1 visa
LOCATION(S)	United States
PROPOSED EFFECTIVE DATE	<p>From: 31 July 2020 To: 30 July 2021 On a risk attaching basis Both days inclusive, any time zone</p>

BENEFITS / PREMIUM CURRENCY	USD
<p>PRE-EXISTING CONDITIONS (12-month Lookback Period)</p> <p>Maximum Benefit Amount: \$1,000 during the waiting period; waived with credible coverage</p>	<p>Student: Pre-existing Conditions are covered after a 6 month Waiting Period.</p> <p>Dependent: Pre-existing Conditions are covered after a 6 Month Waiting Period.</p>
TERMS OF COVER	<ul style="list-style-type: none"> • Coverage Period: minimum Period of Insurance must be the entire duration the Insured Person actively attends classes. Eligible individuals may enroll onto the Plan no earlier than 30 days prior to the start of their classes and terminate coverage no later than 30 days after classes have ended. • Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend class. • This is a short-term medical insurance policy. It is not subject to guaranteed issue and is non-renewable. • This proposal assumes mandatory enrollment in a school sponsored plan. • Proposal is based upon information provided. Changes in eligibility, benefits, or census may result in a change to this proposal. • This proposal is valid until 06 August 2020

RATES

Plan	Band	Annual Client
Consortium Basic	Member	\$1,307.00
	Spouse	\$8,041.00
	Child	\$3,198.00

Future Health Service included

SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. All benefits described are subject to the definitions, exclusions and provisions. The following 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.

PRIMARY MEDICAL EXPENSE BENEFITS

The 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	
U.S. Provider Network	UnitedHealthcare
Area of Coverage	U.S.
Home Country Coverage	Excluded
Maximum Benefit Payable	\$500,000 per covered Illness or Injury
Lifetime Maximum	Unlimited
Individual Deductible per Period of Insurance <ul style="list-style-type: none"> • In-Network Provider • Out-of-Network Provider 	\$150 per Insured Person 2x Individual per family per covered illness or injury \$1,000 per Insured Person 2x Individual per family per covered illness or injury
Office Visit Copayment (waived at Student Health Center)	\$30
Urgent Care Center Copayment	\$50
Hospital Copayment	\$100 per admission

Emergency Room Copayment (waived if admitted)	\$200 per Occurrence
Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.	
Out-of-Pocket-Maximum	Unlimited per Insured Person (excluding Deductible) per Period of Insurance Unlimited if an Out-of-Network Provider in the U.S. is used
<p>The Deductible does apply to the Out-of-Pocket Maximum.</p> <p>The Preferred Provider Organization will not charge you or your enrolled Dependents for any balances beyond the Deductible, Copayment and Coinsurance amounts for Covered Expenses. Facilities and professional providers that are not contracted with the Preferred Provider Organization, may bill you for any balances over the payment level in addition to the Deductible, Copayment and Coinsurance amounts. Balances over the payment level, Deductible, Copayment and Coinsurance amounts do not apply to your Out-of-Pocket Maximum.</p>	

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). <u>Coinsurance reduces to 70%UCR when Out-of-Network Providers in the U.S. are used</u>
HOSPITALIZATION AND INPATIENT BENEFITS	
Accommodations including semi-private room	80% Preferred Allowance
Intensive Care/Cardiac Care	80% Preferred Allowance
Inpatient Consultation by a Physician or Specialist	80% Preferred Allowance
Hospital Miscellaneous Expenses	80% Preferred Allowance
Pre-Admission Testing <ul style="list-style-type: none"> • Within 3 working days prior to admission 	80% Preferred Allowance

<p>Extended Care/Inpatient Rehabilitation</p> <ul style="list-style-type: none"> Maximum Benefit per Period of Insurance: 45 days Must be confined to facility immediately following a hospital stay 	<p>80% Preferred Allowance</p>
<p>COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Coinsurance, Copayment, and Maximum Benefit per Period of Insurance</p>	<p>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). <u>Coinsurance reduces to 70%UCR when Out-of-Network Providers in the U.S. are used</u></p>
<p style="text-align: center;">OUTPATIENT BENEFITS</p>	
<p>Physician Visit/Consultation by Specialist</p> <ul style="list-style-type: none"> \$30 Copayment Physician/Specialist per visit 	<p>80% Preferred Allowance</p>
<p>Diagnostic Testing</p> <ul style="list-style-type: none"> X-Ray and Laboratory MRI, PET, and CT Scans \$200 Copayment per visit 	<p>80% Preferred Allowance</p>
<p>Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy</p> <ul style="list-style-type: none"> Maximum Benefit per Period of Insurance: 12 visits per Injury/Illness Office Visit Copayment applies 	<p>80% Preferred Allowance</p>
<p style="text-align: center;">SURGICAL BENEFITS (INPATIENT/OUTPATIENT)</p>	
<p>Inpatient, Outpatient or Ambulatory Surgery Includes:</p> <ul style="list-style-type: none"> Surgeon's Fees Assistant Surgeon or Anesthesiologist <ul style="list-style-type: none"> Out of Network (up to 25% of Usual, Customary & Reasonable for surgery) Facility fees Laboratory tests Medications and dressings Other medical services and supplies <p>Note: when 2 or more procedures are performed through the same incision, the Maximum Benefit will not exceed 50% of the 2nd procedure, and 50% of all subsequent</p>	<p>80% Preferred Allowance</p>

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COVERED SERVICES AND BENEFIT LEVELS	
Emergency Room and Medical Services <ul style="list-style-type: none"> \$200 Copayment waived, if admitted Non-emergency use of the emergency room is Not Covered 	80% Preferred Allowance
Ambulance Services <ul style="list-style-type: none"> Emergency Local Ground Ambulance 	80% Preferred Allowance
Emergency Dental <ul style="list-style-type: none"> Limited to accidental Injury of sound natural teeth sustained while covered Maximum Benefit per Period of Insurance: \$1,000 	50% Preferred Allowance up to \$250 per tooth
MATERNITY CARE	
Normal delivery or Medically Necessary C-Section, prenatal, postnatal care and complications of pregnancy	80% Preferred Allowance
Elective Abortion <ul style="list-style-type: none"> Maximum Benefit per Period of Insurance: \$750 	80% Preferred Allowance
OTHER BENEFITS (INPATIENT/OUTPATIENT)	
Mental Health <ul style="list-style-type: none"> To treat a covered diagnosis Outpatient: \$30 Copayment per visit 	80% Preferred Allowance

<p>Preventive Care and Annual Exams</p> <ul style="list-style-type: none"> • Child/Adult: Annual Exam, immunizations • In-Network or Student Health Center only • Deductible and Copayment does not apply • No benefits if an Out-of-Network Provider is used • Maximum Benefit per Period of Insurance for Adults: \$1,000 	<p>100% Preferred Allowance</p>
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<p>OTHER BENEFITS (INPATIENT/OUTPATIENT) (CONTINUED)</p>	
<p>Chemotherapy, Radiotherapy</p>	<p>80% Preferred Allowance</p>
<p>Transplant Services (Human Organ, Bone Marrow, Stem Cell)</p> <ul style="list-style-type: none"> • Expenses for Donor are not covered. • Institute of Excellence required in the U.S. • No benefits when an Out-of-Network Provider is used 	<p>80% Preferred Allowance</p>
<p>Diabetic Medical Supplies</p> <ul style="list-style-type: none"> • Includes Insulin Pumps and associated supplies • Outpatient self-management training, education, and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered health care professionals. 	<p>80% Preferred Allowance</p>
<p>Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions</p>	<p>80% Preferred Allowance</p>
<p>Voluntary HIV Screening</p> <ul style="list-style-type: none"> • During Emergency Room visit 	<p>100% Preferred Allowance</p>
<p>Durable Medical Equipment</p> <ul style="list-style-type: none"> • Reimbursement of rental up to the purchase price • Maximum Benefit: \$1,000 	<p>80% Preferred Allowance</p>

Alcohol and Substance Abuse <ul style="list-style-type: none"> Rehabilitative treatment only 	80% Preferred Allowance
Habilitative Services for the Treatment of Congenital or Genetic Birth Defects	80% Preferred Allowance
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OTHER BENEFITS (INPATIENT/OUTPATIENT) (CONTINUED)	
Prescription Medications <ul style="list-style-type: none"> Mail order through CVS/Caremark at 2.5 times the retail Copayment up to a 90-day supply Up to 31-day supply per prescription Includes contraceptives CVS/Caremark network pharmacy is required. 	\$20 Copayment per prescription for Tier 1 \$40 Copayment per prescription for Tier 2 \$60 Copayment per prescription for Tier 3
Motor Vehicle Accident <ul style="list-style-type: none"> Injuries caused by Accident Office visit Copayment applies 	80% Preferred Allowance
Sports and Other Activities <ul style="list-style-type: none"> Injuries arising from intramural sports are included 	80% Preferred Allowance

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.

Medical Evacuation and Repatriation	100% of UCR
Return of Mortal Remains	100% of UCR

Passive War and Terrorism	Included
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ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum for Primary Insured Person	\$5,000
Time Period for Loss	90 days from the date of the Covered Accident
Loss of:	Benefit: Percentage of Principal Sum
Accidental Death	100%
Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand or Foot and Entire Sight of One Eye	100%
Loss of One Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Use of Two or More Hands or Feet	100%

Administered By:
Global Benefits Group

