

## SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. The benefits are divided into three sections: Medical Expense Benefits, Non-Medical Expense Benefits, and Accidental Death & Dismemberment 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 64 years:

- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid F, J, 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 16 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	\$150 per Insured Person, 2x Individual per family
• Out-of-Network Provider	\$1,000 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>	\$0 per visit not subject to Deductible
• <b>Physician/Specialist Office Visit Copayment</b>	\$30
• <b>Urgent Care Center Copayment</b>	\$50
• <b>Hospital Copayment per Admission</b>	\$100
• <b>Emergency Room Copayment</b> (waived if admitted)	\$200 per Occurrence
• <b>Advanced Medical Imaging Copayment</b>	\$200

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

- In-Network Unlimited
- Out-of-Network Unlimited

The Deductible does not apply to the Out-of-Pocket Maximum

## Pre-Existing Condition Limitation

(12 months Lookback Period)

Waived with credible coverage

**Student:** Coverage for Pre-Existing Conditions is limited to \$1,000 during the first 6 months of coverage.

**Dependents:** Pre-Existing Conditions are covered after a 24 months Waiting Period.

**Note:** All Deductibles and Copayments will be waived when treatment is rendered at the Student Health Center. Benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Customary and Reasonable charges.

## 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 reduces to 70% UCR when Out-of-Network Providers in the U.S. are used.

## HOSPITALIZATION AND INPATIENT BENEFITS

### Accommodations including semi-private room

- Copayment applies

80% Preferred Allowance

### Intensive Care/Cardiac Care

80% Preferred Allowance

### Mental Health

80% Preferred Allowance

### Inpatient Consultation/Visit by a Physician or Specialist

80% Preferred Allowance

### Diagnostic Testing and Hospital Miscellaneous Expense

80% Preferred Allowance

## HOSPITALIZATION AND INPATIENT BENEFITS (CONTINUED)

### Pre-Admission Testing

- Within 3 working days prior to Admission 80% Preferred Allowance

### Extended Care/Skilled Nursing Facility/Inpatient Rehabilitation

- Maximum Benefit per Period of Insurance: 45 days 80% Preferred Allowance
- Must be confined to facility immediately following a Hospital stay

## 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)
- Positron Emission Tomography (PET) 80% Preferred Allowance
- Other radiology imaging procedure
- Copayment applies

### Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy

- Maximum Benefit per covered Illness or Injury: 12 visits 80% Preferred Allowance
- Office visit 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)
- Facility fees
- Laboratory tests 80% Preferred Allowance
- Medications and dressings
- Other medical services and supplies
- Note: when 2 or more procedures are performed through the same incision, the Maximum Benefit will not exceed 50% of the 2<sup>nd</sup> procedure, and 50% of all subsequent procedures.

## EMERGENCY BENEFITS

### Emergency Room and Medical Services

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

### Ambulance Services

- Emergency local ground ambulance
- 80% Preferred Allowance

### Emergency Dental

- Limited to accidental Injury of sound natural teeth sustained while covered
  - Maximum Benefit per Period of Insurance: \$1,000, up to \$250 per tooth
- 50% Preferred Allowance

## MATERNITY CARE

**Normal delivery** or Medically Necessary C-Section, pre-natal, post-natal care, and Complications of Pregnancy

80% Preferred Allowance

### Elective Abortion

- Maximum Benefit per Period of Insurance: \$750
- 80% Preferred Allowance

## OTHER BENEFITS (INPATIENT/OUTPATIENT)

### Preventive Care and Annual Exams

- Child/Adult: Annual exams, 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
- 100% Preferred Allowance  
(Student Health Center payable at UCR)

### Cancer Care and Oncology

80% Preferred Allowance

### Transplant Services (Human Organ, Bone Marrow, Stem Cell)

- Expenses for Donor are not covered.
  - Institute of Excellence required in the U.S.
  - No benefits when an Out-of-Network Provider is used
- 80% Preferred Allowance

### Diabetic Medical Supplies

- 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
- 80% UCR

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

<b>Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions</b>	80% Preferred Allowance
<b>Voluntary HIV Screening</b> <ul style="list-style-type: none"> <li>During emergency room visit</li> </ul>	100% Preferred Allowance
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Reimbursement of rental up to the purchase price</li> <li>Maximum Benefit per Period of Insurance: \$1,000</li> </ul>	80% UCR
<b>Alcohol and Substance Abuse</b> <ul style="list-style-type: none"> <li>Rehabilitative treatment only</li> </ul>	80% Preferred Allowance
<b>Habilitative Services for the Treatment of Congenital or Genetic Birth Defects</b>	80% Preferred Allowance
<b>Prescription Medications</b> <ul style="list-style-type: none"> <li>CVS/Caremark mail order at 2.5 times the retail Copayment up to a 90-day supply</li> <li>Up to 31-day supply per prescription</li> <li>Includes contraceptives</li> <li>CVS/Caremark network pharmacy is required</li> </ul>	\$20 Copayment per prescription for Tier 1 \$40 Copayment per prescription for Tier 2 \$60 Copayment per prescription for Tier 3
<b>Motor Vehicle Accident</b> <ul style="list-style-type: none"> <li>Injuries caused by Accident</li> </ul>	80% Preferred Allowance
<b>Sports and Other Activities</b> <ul style="list-style-type: none"> <li>Injuries arising from Intramural sports</li> </ul>	80% Preferred Allowance
<b>Passive War and Terrorism</b>	Included

## NON-MEDICAL EXPENSE BENEFITS

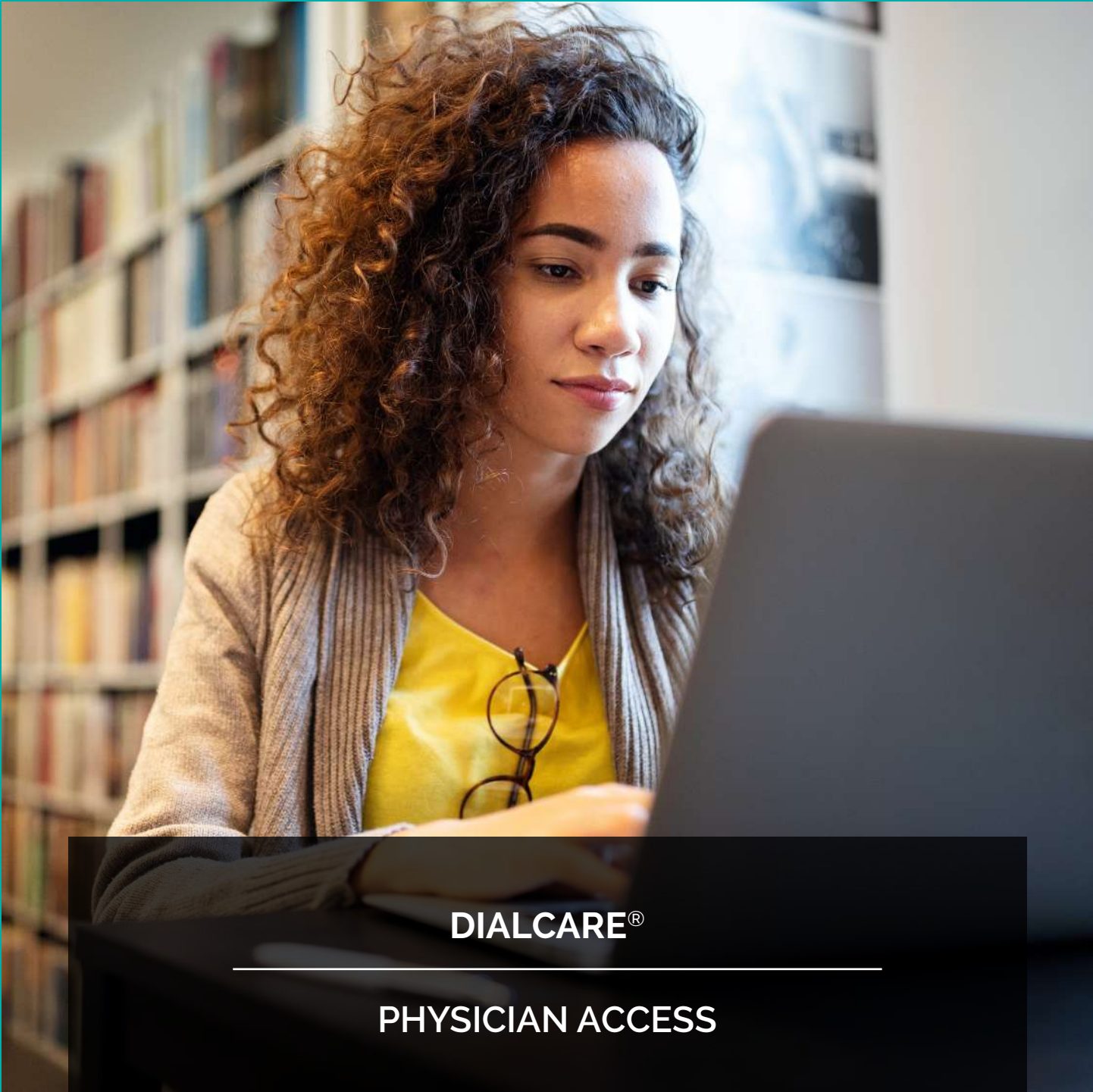
Non-Medical Expense Benefits do not accumulate towards the Medical Expense Maximum Benefit payable per Period of Insurance or toward the Lifetime Maximum.

## ADDITIONAL BENEFITS

<b>Medical Evacuation and Repatriation</b>	100%
<b>Return of Mortal Remains</b>	100%

## ACCIDENTAL DEATH AND DISMEMBERMENT

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



DIALCARE®

PHYSICIAN ACCESS



DISCLOSURE: THIS PLAN IS NOT INSURANCE AND IS NOT INTENDED TO REPLACE HEALTH INSURANCE.

## Physician Access

DialCare Physician Access is a modern, easy-to-use telemedicine solution for non-emergency illnesses and general care. You have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing students convenient access to quality care while studying and traveling in the U.S. When medically appropriate, a DialCare doctor may prescribe a short term, non-DEA controlled medication that you can pick up at the pharmacy of your choice. You are responsible for making sure the pharmacy chosen is part of your network. Please refer to your policy for information.

### When to use DialCare Physician Access:

- For non-emergency medical issues, questions and concerns
- During or after normal business hours, nights, weekends and holidays
- If you live a significant distance from a primary care doctor
- When a primary care doctor is not available
- When traveling and in need of non-urgent medical care or advice

### What conditions can be treated?

- Allergies
- Cold & flu
- Fever
- Sore throat
- Respiratory infections
- Digestive issues
- Asthma
- Joint aches & pains
- Gout
- Sports injuries
- Sinus infections
- Ear infections
- Bronchitis
- Rashes
- Insect bites
- Urinary tract infections
- Skin inflammations
- And more!

### How to Access:

1. To register, follow the link you received in the confirmation email, download the DialCare mobile app or visit [dialcare.com/verify](https://dialcare.com/verify). If you're having problems registering, you can call DialCare at **(855) 335-2255** for assistance.
2. Once registered, you can log in at [member.dialcare.com](https://member.dialcare.com) or through the mobile app to begin requesting consults and to update your medical history. You can also call us at **(855) 335-2255**.

**DISCLOSURE: THIS PLAN IS NOT INSURANCE AND IS NOT INTENDED TO REPLACE HEALTH INSURANCE.**

State restrictions list is available at [dialcare.com/states](https://dialcare.com/states).



## Terms & Conditions

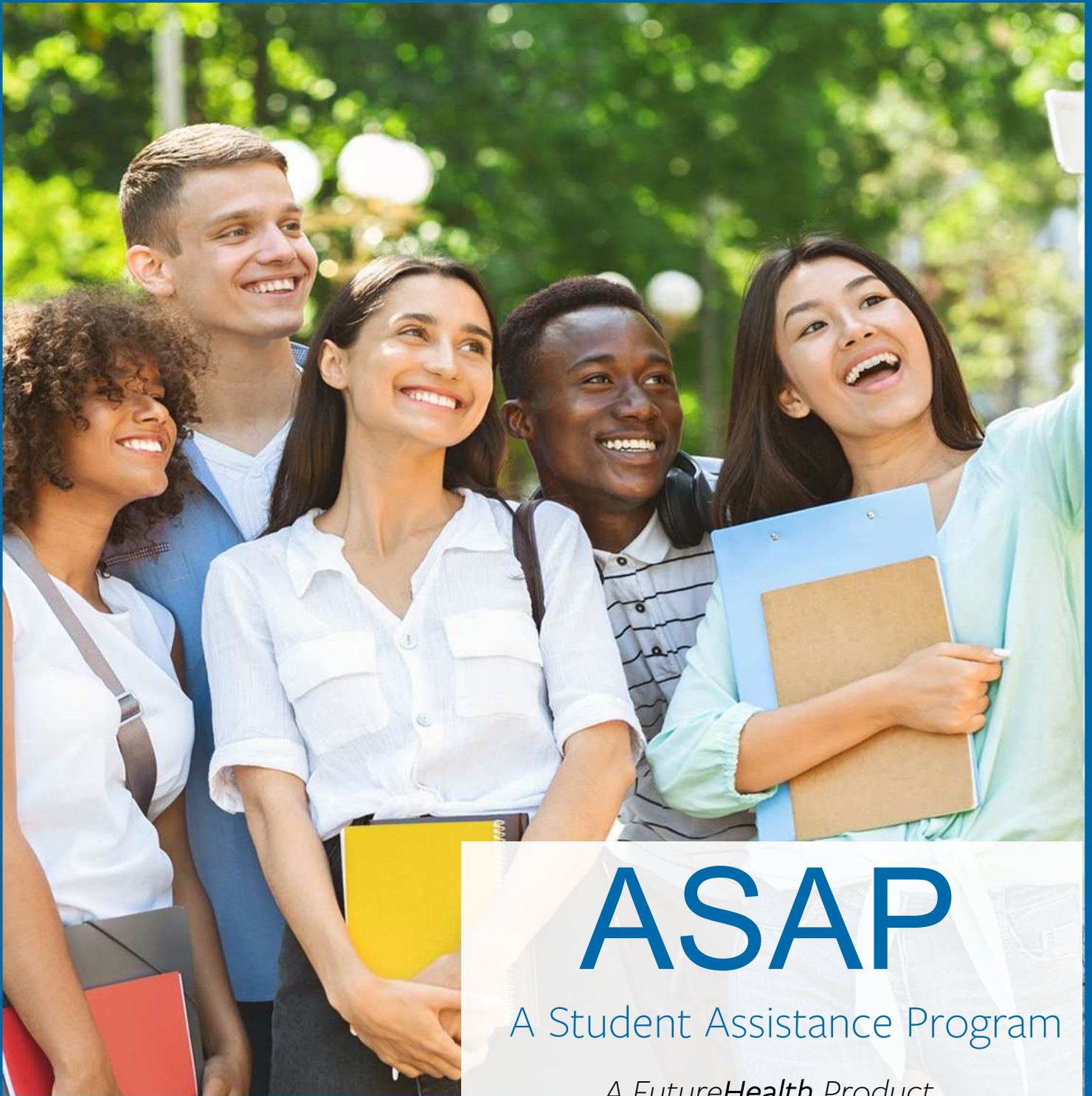
**Terms and Conditions:** DialCare, LLC (“DialCare”) is an affiliate company of Careington International Corporation. DialCare provides administrative services to DialCare clinicians. The Terms and Conditions define the obligations of DialCare, its authorized agents and yourself, and they establish the basic rules of safe and fair use of DialCare’s public website, member website, and services (Services). DialCare and its authorized agents reserve the right to immediately and without advance notice terminate the Services and deny access to individuals who do not abide by the Terms and Conditions. DialCare reserves the right to terminate plan members from its plan for any reason. Additional Terms and Conditions are located at [www.dialcare.com](http://www.dialcare.com).

**Limitations, Exclusions & Exceptions:** This plan is a telemedicine program offered by DialCare. DialCare is not a licensed insurer, health maintenance organization or other underwriter of health care services. This plan is not insurance. DialCare is not licensed to provide and does not provide health care services or items to individuals. Telemedicine consultations are provided by physician entities that are contracted with DialCare. Physicians contracted by DialCare are solely responsible for the professional advice and treatment rendered to members and DialCare disclaims any liability with respect to such matters. DialCare may not be available in all states, and certain methods of telemedicine consultations (e.g., phone, video) may not be available per state law. Consultation times are not guaranteed. Telemedicine consultations are not appropriate for emergencies or other medical issues requiring in-person care. You must immediately dial “911” or seek in-person treatment in the event of a medical emergency, or if instructed to do so by a DialCare physician. DialCare reserves the right to deny care for potential misuse of services. You are obligated to pay for all health care services resulting from consultations. Services and service providers may change or be discontinued at anytime with notice as required by law.

**Complaint Procedure:** If you would like to file a complaint, you must submit your complaint in writing to: DialCare, P.O. Box 2568, Frisco, TX 75034.

**Disclosures: THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.** This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.careington.com](http://www.careington.com). A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5, AR and TN residents will be refunded processing fee). Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

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# ASAP

A Student Assistance Program

*A FutureHealth Product*



DISCLOSURE: THIS PROGRAM IS NOT INSURANCE AND IS NOT INTENDED TO REPLACE HEALTH INSURANCE

FutureHealth - A Student Assist Program (ASAP)

Your health insurance includes a membership to ASAP, which is an online health and wellness program from FutureHealth.

Features	Overview
Website <a href="http://www.MyFutureHealth.com">www.MyFutureHealth.com</a>	<ul style="list-style-type: none"> <li>• Catalog of health and wellness courses</li> <li>• Addition features include recipes, lifestyle blogs, hiking maps, trivia, member chats, and more.</li> </ul>
Health and Wellness Course Topics	<ul style="list-style-type: none"> <li>• Alcohol Misuse, Opioid Misuse, Sleep Deprivation, Sexual Misconduct, Anxiety &amp; Stress, Depression, Personal Safety, Eating Disorders, Diabetes.</li> </ul>
Health and Wellness Course Features (Included with each topic)	<ul style="list-style-type: none"> <li>• Pre/post exam</li> <li>• Reading materials</li> <li>• Study slides</li> <li>• Documentaries</li> <li>• Personal risk assessment</li> <li>• Info graphics</li> <li>• Certificate of completion</li> </ul>
Additional Information	<ul style="list-style-type: none"> <li>• Exercise</li> <li>• Mindfulness</li> <li>• Nutrition</li> </ul>
Site Access	<ul style="list-style-type: none"> <li>• Computer</li> <li>• Tablet</li> <li>• Mobile phone</li> </ul>
Toll-free Hotline <b>1-833-445-5058</b>	<ul style="list-style-type: none"> <li>• Available 24/7 for any issue</li> <li>• Translators are available in over 200 languages</li> <li>• Connect to law services, financial services, counseling services, and more</li> </ul>
Mental Health Counseling	<ul style="list-style-type: none"> <li>• Master's level phone counseling</li> <li>• <b>Up to 3 face-to-face In-network sessions paid for by FutureHealth</b></li> <li>• Ongoing care if needed</li> </ul>
Legal Services	<ul style="list-style-type: none"> <li>• FutureHealth will pay for 30 minutes of legal services (referred by the hotline) and then an additional 25% discount will be applied for the student for further services</li> <li>• Legal services cannot be used against institution or FutureHealth</li> </ul>
Financial Counseling	<ul style="list-style-type: none"> <li>• Insured can connect with a financial counseling via the hotline</li> </ul>

<p>Outreach Program</p>	<ul style="list-style-type: none"> <li>• Inspirational text messages are sent out daily to members who sign-up to receive them.</li> <li>• “Q” sends emails to members several times a week to keep an open line of communication. Q emails are typically casual but generally revolve around mental health.</li> </ul>
<p>How to Register</p>	<ul style="list-style-type: none"> <li>• Some members may be pre-registered. In this case, you will have your login information.</li> <li>• Insured can easily <b>register for FutureHealth</b> by going to <a href="http://www.MyFutureHealth.com">www.MyFutureHealth.com</a> and completing the following steps.             <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.MyFutureHealth.com">www.MyFutureHealth.com</a></li> <li>2. Click “Login/Register” in the upper right corner</li> <li>3. Select your institution</li> <li>4. Fill in the information</li> <li>5. Validate your email</li> </ol> </li> </ul>
<p>How to Use</p>	<p>Once a member logs in, they are welcomed with our FutureHealth dashboard. Here, they will find all our topics and features.</p>

**For immediate counseling support call our toll-free number at 1-833-445-5058.** Telephonic counseling support is available in over 200 languages.

Contact FutureHealth

Toll free: 855-681-4141

Email: [Support@MyFutureHealth.com](mailto:Support@MyFutureHealth.com)

**Disclosures: THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.** For a complete list of disclosures visit: [www.myfuturehealth.com](http://www.myfuturehealth.com). Program administrator: FutureHealth, LLC, 95 Elm Street, Suite 200, West Springfield, MA 01089; phone 855-681-4141.

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