



Medical
Insurance Plan for
**INTERNATIONAL
STUDENTS**



Global Student Navy



INTERNATIONAL STUDENT INSURANCE, SIMPLIFIED

GBG understands the challenges that international students face when they choose to study abroad. Working with us and one of our partners 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 offer international students an alternative to more expensive university plans by providing medical insurance that meets the waiver requirements of most worldwide higher education institutions.

If you are an international student visiting the United States on an F or M visa, GBG offers a portfolio of products to meet your needs. From enrollment to graduation, GBG strives to keep the insurance process as simple and straightforward as possible for international students.

GBG GLOBAL STUDENT NAVY PLAN

The **GBG Global Student Navy** plan provides high-quality health insurance coverage for international students who are studying outside of their home country and enrolled in and actively attending a college or university.

Global Student Navy offers:

- Comprehensive inpatient, outpatient, emergency, prescription drug, mental health, and preventive care services
- Unlimited Annual & Lifetime Maximums
- \$0 Student Health Center Copay
- \$6,350 Out-of-Pocket Maximum
- Preferred Provider network in the US
- Online claims filing at gbg.com
- Plans are offered by and claims paid through Global Benefits Group, Inc., a US-based company
- Pharmacy benefits are reimbursed through GBG, including maintenance and oral contraceptives



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.

Help in 180+ Languages and Dialects:

- Locating a provider
- Planning and pre-authorization for medical procedures
- Emergency services
- Eligibility verification
- Claims status inquiries



FAIR PROCESSING NOTICE

1. Purpose and scope of this notice

This notice is intended to explain how your personal information (personal data) will be handled by AXIS Specialty Europe SE (“**AXIS**”, “**we**”, “**our**” or “**us**”) of Mount Herbert Court, 34 Upper Mount Street, Dublin 2, Ireland. AXIS values its relationship with you. Protecting the privacy of your personal information is of great importance to us. We want you to understand what personal information we collect from you, how and why we collect such information about you, how we use it, your rights regarding this information, the conditions under which we may disclose it to others and how we keep it.

This notice applies to you because you have taken out international student health insurance coverage and have been issued with a summary of benefits (“**Certificate of Coverage**” or “**Coverage**”) through the policyholder, International Benefits Trust (“**Policyholder**”). For the purposes of your Certificate of Coverage, Global Benefits Europe B.V. (“**GBE**”) is an appointed agent who acts on behalf of us. Your Coverage is underwritten by AXIS.

2. What type of information do we obtain about you?

The personal information we obtain about you may include:

- Name, address, phone number, email
- Gender
- Marital status
- Date and place of birth
- Government identification numbers – National Insurance, Social Security, passport, tax, driver’s licence
- Banking information – account and credit card details
- Coverage benefits (medical, travel, disability)
- Visa information
- Family information – spouse/co-habiting partner, dependent(s)/child(ren)
- Health information / medical history
- Travel history/information
- Claims/Coverage numbers

Please note that, in the context of claims, we may ask for further or different types of personal information depending on the claim. For example, your travel arrangements and your location at the time your claim arose.

3. How do we obtain information about you?

We obtain personal information about you from the Policyholder in the following instances:

- When you take out your Coverage: we underwrite your Coverage in conjunction with our appointed agent, GBE. Your Certificate of Coverage is held by the Policyholder for your benefit
- When you bring a claim pursuant to the terms of your Coverage: we manage any claims that you bring under your Coverage. To manage your claims, we engage with our claims handler, GBG Administrative Services, Inc (“**GBGAS**”), who oversees the claims handling process on our behalf.

We may also collect or obtain information about you from your family members, credit reference agencies, anti-fraud databases, sanctions lists, relevant government agencies, and those who may be involved in a claim – claimants, witnesses, experts, adjusters, and others.

Where you provide personal information to us other than your own (via our appointed agent, GBE), you confirm that you will explain to the person(s) in question that you have provided his/her personal information to us (via our appointed agent, GBE) and that he/she understands that his/her personal information will be processed in line with this notice.

4. Why do we obtain your personal information?

We may collect your personal information for the following purposes:

- Account setup, including background checks
- Evaluating risks to be covered
- Customer service communications
- Payments to/from individuals
- Managing insurance or reinsurance claims
- Defending or prosecuting legal claims
- Investigating or prosecuting fraud
- Complying with legal or regulatory obligations.

FAIR PROCESSING NOTICE

5. What is the legal basis for us obtaining your personal information?

When we process your personal information, we do so on the following grounds:

- To perform the terms of your Coverage
- To pursue our legitimate interests: to train our staff in how to perform their duties/our services, to improve our service, to carry out statistical analysis, to enhance our product offerings and to assist in regulatory inquiries. Before processing your personal information to pursue our legitimate interests, we carefully assess the impact of our processing activities on your rights and freedoms. On balance, we consider that our legitimate interests do not override your rights and freedoms which require the protection of your personal information
- To comply with laws or regulations to which we are subject
- To exercise, establish or defend legal claims or proceedings to which you may be a party.

When we process special categories of your personal information (e.g. health information), we do so on the following grounds:

- For the purposes of your Coverage, where it is necessary and proportionate, subject to suitable and specific measures being taken to protect your personal information
- To exercise, establish or defend legal claims or proceedings to which you are or may be a party.

6. Who receives your personal information?

We will share your personal information with various representatives of AXIS along with our appointed agent, (GBE) and, claims handler (GBGAS) affiliates, reinsurers, agents or contractors.

7. Where does your information go?

If you are ordinarily resident in the European Economic Area (**EEA**), you should be aware that we will need to transfer your personal information to some of our recipients (e.g. our appointed agent (GBE), claims handler (GBAS) and affiliates). Some of these recipients are located outside the EEA in countries which may not have laws that protect your personal information in the same way as the data protection laws in the EEA. Where these transfers occur, we ensure that: (a) they do not occur without our prior written authority (where applicable); and (b) an appropriate transfer mechanism or agreement is in place to protect your personal information (e.g. the European Commission's Standard Contractual Clauses, the EU-US Privacy Shield or the Swiss-EU Privacy Shield). For more information on these transfers, please contact the Data Protection Officer.

8. How long do we keep your information?

We will keep your personal information only so long as is necessary to provide service to you under your Coverage. Specifically, we will keep your information for so long as a claim may be brought under your Coverage, or where we are required to keep your personal information to satisfy legal or regulatory obligations.

9. Your Rights

Under certain circumstances, you have the right:

- To receive a copy of the personal information we have collected from you
- To receive further details of the use we make of your personal information
- To update or correct the personal information we hold about you
- To require us to delete any personal information we no longer have a lawful purpose to use
- To restrict our use of your personal information
- To object to our processing of your personal information
- To transfer your personal information from us to another provider
- If you are not satisfied with our processing of your personal information, to file a complaint with the appropriate supervisory authority.

There are specific circumstances where we may need to restrict the rights described above, in order to safeguard the rights of others (e.g., individuals), the public interest (e.g., the prevention or detection of crime) or our interests (e.g., to maintain legal privilege).

10. How to Contact Us

Address any questions regarding our privacy practices or this Notice to:

Name: Giles Adams, Data Protection Officer
Email: dpo@axiscapital.com
Address: 1st Floor, 52 Lime Street, London, EC3M 7AF
Phone: +44 20 7877 3907

SCHEDULE OF BENEFITS

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	
U.S. Provider Network	Aetna
Area of Coverage	United States and Home Country
Home Country Coverage per Period of Insurance	\$1,000
Maximum Benefit Payable per Period of Insurance	Unlimited
Lifetime Maximum	Unlimited
Individual Deductible per Period of Insurance <ul style="list-style-type: none"> In-Network Provider Out-of-Network Provider 	\$100 or \$500 (2x individual per family) \$200 or \$1,000 (2x individual per family)
Office Visit Copayment <ul style="list-style-type: none"> Waived at Student Health Center 	\$25
Urgent Care Center Copayment	\$50
Emergency Room Copayment <ul style="list-style-type: none"> Waived if admitted 	\$150 per Occurrence
Out-Of-Pocket Maximum	\$6,350 In-Network per Insured Person (excluding Deductible) Unlimited if an Out-of-Network Provider in the U.S. is used
Pre-Existing Conditions (12 month Lookback Period)	Student: Pre-Existing conditions are covered without a Waiting Period Dependents: Pre-Existing conditions are covered after a 24 month 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, 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	80% Preferred Allowance
Intensive Care / Cardiac Care	80% Preferred Allowance
Inpatient Consultation by a Physician or Specialist	80% Preferred Allowance
Hospital Miscellaneous Expense	80% Preferred Allowance
Pre-Admission Testing	80% Preferred Allowance
Extended Care/Skilled Nursing Facility/Inpatient Rehabilitation <ul style="list-style-type: none"> Maximum Benefit per Period of Insurance: 45 days Must be confined to facility immediately following a Hospital stay 	80% Preferred Allowance
OUTPATIENT BENEFITS	
Physician Visit / Consultation by Specialist <ul style="list-style-type: none"> \$25 Copayment Physician/Specialist \$50 Copayment Urgent Care Center 	80% Preferred Allowance
Diagnostic Testing <ul style="list-style-type: none"> X-Ray and Laboratory MRI, PET, and CT Scans Office visit Copayment applies when testing is done outside an office visit 	80% Preferred Allowance
Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy <ul style="list-style-type: none"> Maximum Benefit : 12 visits per covered Illness/Injury Office visit Copayment applies 	80% Preferred Allowance

This Schedule of Benefits is an example only. For complete policy details, please refer to your final policy documents.

SCHEDULE OF BENEFITS

COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Coinsurance, 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.
SURGICAL BENEFITS (INPATIENT / OUTPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes; <ul style="list-style-type: none"> • Surgeon's Fees • Out-of-Network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary & Reasonable for surgery) • Facility fees • Laboratory tests • Medications and dressings • Other medical services and supplies 	80% Preferred Allowance
EMERGENCIES	
Emergency Room and Medical Services <ul style="list-style-type: none"> • \$150 Copayment (waived if admitted) • 70% Coinsurance for non-emergency use 	80% Preferred Allowance
Ambulance Services <ul style="list-style-type: none"> • Emergency local ground ambulance 	90% 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 	80% Preferred Allowance up to \$250 per tooth
MATERNITY CARE	
Normal delivery or Medically Necessary C-Section, pre-natal, post-natal care, and Complications of Pregnancy	80% Preferred Allowance
Elective Abortion <ul style="list-style-type: none"> • Maximum Benefit per Period of Insurance: \$1,500 	80% Preferred Allowance
OTHER BENEFITS (INPATIENT / OUTPATIENT)	
Inpatient Mental Health <ul style="list-style-type: none"> • To treat a covered diagnosis 	80% Preferred Allowance
Outpatient Mental Health <ul style="list-style-type: none"> • Office visit Copayment applies 	80% Preferred Allowance
Preventive Care and Annual Exams <ul style="list-style-type: none"> • 0-12 months: 9 visits maximum • Child/Adult: Annual exams, immunizations • In-Network or Student Health Center only 	100% Preferred Allowance (Student Health Center payable at UCR)
Palliative Dental Care <ul style="list-style-type: none"> • Sudden onset of pain • Maximum Benefit per Period of Insurance: \$600 	80% Preferred Allowance
Alternative Medicine (Homeopathic Care and Acupuncture) <ul style="list-style-type: none"> • Maximum Benefit per Period of Insurance: \$500 • Office visit Copayment applies 	80% Preferred Allowance
Chemotherapy, Radiotherapy	80% Preferred Allowance
Home Health Agency Care	80% Preferred Allowance
Hospice Care <ul style="list-style-type: none"> • Inpatient Maximum Benefit per Period of Insurance: 45 Days • Outpatient Maximum Benefit per Period of Insurance: \$5,000 	80% Preferred Allowance
Diabetic Medical Supplies <ul style="list-style-type: none"> • Includes Insulin Pumps and associated supplies 	80% UCR
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions	80% Preferred Allowance

This Schedule of Benefits is an example only. For complete policy details, please refer to your final policy documents.

SCHEDULE OF BENEFITS

COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Coinsurance, 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. Coinsurance reduces to 70% when Out-of-Network Providers in the U.S. are used.
OTHER BENEFITS (INPATIENT / OUTPATIENT) (CONTINUED)	
Durable Medical Equipment • Reimbursement of rental up to the purchase price	80% UCR
Alcohol and Substance Abuse • Rehabilitative treatment only • Outpatient office visit Copayment applies	80% Preferred Allowance
Prescription Medications • Up to 31-day supply per prescription • Includes contraceptives • CVS/Caremark network pharmacy is required	\$10 Copayment per prescription for Tier 1 \$20 Copayment per prescription for Tier 2 \$40 Copayment per prescription for Tier 3
Motor Vehicle Accident • Injuries caused by Accident	80% Preferred Allowance
Sports and Other Activities • Injuries arising from Interscholastic, 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	
Compassionate Care Visit • Maximum Benefit per Period of Insurance: \$2,500	100%
Return of Minor Children • Maximum Benefit per Period of Insurance: \$2,500	100%
Medical Evacuation and Repatriation	100%
Return of Mortal Remains	100%

Accidental Death and Dismemberment

ACCIDENTAL DEATH AND DISMEMBERMENT	
Principal Sum for Primary Insured Person	\$30,000
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%

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EXPERIENCE AND EXPERTISE IN THE INTERNATIONAL MARKETPLACE

Global Benefits Group (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.

Under our TieCare International brand, we are a leading provider of employee benefits to international schools, offering a range of insurance solutions to schools around the world.

The GBG student portfolio of products is 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, including:

- International expertise
- Dedicated underwriting facility
- Financial security
- Responsive customer service

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.



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



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