

Health Insurance Plan for  
**INTERNATIONAL**  
Students



**GLOBAL STUDENT ADVANTAGE**  
Specially designed for International Students



# Experience and Expertise

## in the International Marketplace



### GBG STUDENT HEALTH INSURANCE

Colleges and universities require international students to have health insurance plans while studying. GBG Student Health Insurance Plans offer international students an alternative to more expensive university plans; they provide health insurance which may meet health insurance waiver requirements of some U.S. higher education institutions. Coverage is available to all International Students studying outside their home country who are enrolled and actively attending an accredited college or university.



Global Benefits Group and TieCare International have been specializing in the international insurance market for more than 35 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas students and international travelers.

GBG underwrites health, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third-country nationals or high net-worth local nationals.

**Under our TieCare International brand, we are the leading provider of health insurance to the international educational community—with customers in over 50 countries.**

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.

The GBG portfolio of products provides optimum security because it is supported by a world-class panel comprising some of the largest and most financially stable underwriters in the world:

- GBG Insurance Limited (rated B++ by A.M. Best Company)
- Chubb Insurance (rated A++)
- General Reinsurance Corporation (rated A++)
- Lloyd's of London (rated A)

Additionally, GBG partners with a multitude of local insurance companies around the world when an admitted carrier is required to meet specific country regulations. TieCare also operates as a Lloyd's coverholder.

We are proud to offer this exciting and innovative structure to our clients. It provides the international marketplace with an unprecedented and unique combination:

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

For more information visit [www.tiecare.com](http://www.tiecare.com)



## Schedule of Benefits

After the Deductible has been satisfied, benefits will be paid as listed for the Provider selected based on Usual, Reasonable, and Customary Charges. Or the negotiated rates.

Global Student Advantage Premier Plan			
<b>General Features/Plan Specifications<sup>1</sup></b>			
Annual Maximum Per Injury or Sickness (Per policy year) <sup>2</sup>	Unlimited		
Lifetime Maximum Per Covered Person	Unlimited		
Area of Coverage	Worldwide		
Outside of the United States including Home Country Coverage	\$500		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
Annual Individual Deductible (Per policy year) <sup>3</sup> Family Deductible is 2 times Individual	\$0 / \$250	\$0 / \$250	\$0 / \$500
Member Coinsurance (after the deductible)	20%	20%	40%
Individual Out-of-Pocket Maximum (Coinsurance Maximum) Family Out-of-Pocket is 2 times Individual	\$6,350	\$6,350	Unlimited
Office Visit Co-payment, including Student Health Center Doctor Non-Surgical Treatment/Examination Consultation visits when referred by the attending Doctor	\$25 \$50	\$25 \$50	\$50 \$50
Prescription Drug Benefits	Plan Coinsurance 80%		
Preventive Care	Included		
Routine Dental	Not Covered		
Routine Vision	Not Covered		
Pre-Existing Conditions	Waived for all policies of 120 days or more		
Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum.	<b>PLAN REIMBURSEMENT</b> Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
<b>Hospitalization and Inpatient Benefits: <i>Pre-Authorization Required</i></b>			
<ul style="list-style-type: none"> <li>● Semi-private room</li> <li>● Intensive Care (medically necessary)</li> <li>● Medical treatment, medicines, laboratory and diagnostic tests</li> <li>● Inpatient Consultation by a Physician or Specialist</li> <li>● Inpatient Surgery</li> <li>● Inpatient Surgeon</li> <li>● Inpatient Ancillary Services</li> </ul>	80%	80%	60%

1. Benefits will be paid on a reasonable and customary basis, subject to all Policy exclusions, limitations and conditions for charges listed if they are incurred as a result of sickness or accidental bodily injury and the benefits must also be medically necessary and given or ordered by a physician.
2. All references to Annual refer to a Policy Year, not a calendar year.
3. The Deductible for "Outside U.S." and "U.S. In-Network" is combined. The Deductible for "U.S. Out-of-Network" is separate.
4. The Annual Out-of-Pocket Maximum for "Outside U.S." and "U.S. In-Network" is combined. The Annual Out-of-Pocket Maximum for "U.S. Out-of-Network" is separate.

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payment, and Benefit Maximum.	<b>PLAN REIMBURSEMENT</b> Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
<b>Outpatient Benefits</b>			
<ul style="list-style-type: none"> <li>• Emergency Room</li> <li>• Emergency Medical Services</li> <li>• Outpatient Physician Visit</li> <li>• Consultation by Specialist</li> <li>• Echocardiography, Ultrasound,</li> <li>• CAT Scan, PET Scan, MRI</li> <li>• Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy)</li> <li>• X-Rays</li> <li>• Laboratory</li> <li>• Outpatient or Ambulatory Surgery</li> <li>• Outpatient Surgeon</li> </ul>	<b>80%</b>	<b>80%</b>	<b>60%</b>
<b>Emergency Room</b>			
Deductible \$300, waived if admitted	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Maternity</b>			
<ul style="list-style-type: none"> <li>• 10 month waiting period, conception must occur while this coverage is in effect.</li> <li>• Normal delivery including prenatal care, postnatal care and complications of pregnancy.</li> <li>• Dependent Daughters are not covered.</li> <li>• Fertility/infertility services, tests, treatments, drugs and/or procedures, complications of that pregnancy, delivery and postpartum care are excluded from coverage.</li> </ul>	<b>80%</b>	<b>80%</b>	<b>60%</b>
<b>Therapeutic Services (Outpatient)</b>			
<b>Physical Therapy, Chiropractic, Occupational Therapy, Vocational Speech Therapy</b>			
\$70 per visit, maximum 30 days per occurrence	<b>80%</b>	<b>80%</b>	<b>60%</b>
<b>Homeopathic and Acupuncture</b>			
Treatment for a covered illness <b>**Annual Maximum Benefit: \$500</b>	<b>80%**</b>	<b>80%**</b>	<b>60%**</b>
<b>Extended Care / Inpatient Rehabilitation: Pre-Authorization Required</b>			
<ul style="list-style-type: none"> <li>• Must be confined to facility immediately following a Hospital stay</li> <li>• Acute or Sub-Acute Care only for Extended Care Episode</li> </ul> <b>**Annual Maximum Benefit: 45 days</b>	<b>80%**</b>	<b>80%**</b>	<b>60%**</b>
<b>Hospice</b>			
<b>Inpatient Lifetime Benefit Maximum: 45 Days</b> <b>Outpatient Lifetime Benefit Maximum: \$5,000</b>	<b>80%</b>	<b>80%</b>	<b>60%</b>

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payment, and Benefit Maximum.	PLAN REIMBURSEMENT Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
<b>Emergency Ambulance</b>			
<ul style="list-style-type: none"> <li>Ground Ambulance</li> <li>Air Ambulance: Pre-Authorization Required</li> <li>Refer to Policy for more specific details</li> </ul>	100%		
<b>Durable Medical Equipment: Pre-Authorization Required</b>			
<ul style="list-style-type: none"> <li>Reimbursement of rental up to purchase price</li> <li>See Policy for more specific details</li> </ul> <b>**Annual Benefit Maximum: \$10,000</b>	80%**	80%**	60%**
<b>Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing: Pre-Authorization Required</b>			
Refer to Policy for specific details <b>**Annual Benefit Maximum: 100 Days Per Year</b>	80%**	80%**	60%**
<b>Diabetic Supplies: Pre-Authorization Required</b>			
Includes Insulin Pumps and associated supplies <b>**Annual Maximum Benefit: \$7,500</b>	80%**	80%**	60%**
<b>Mental Health</b>			
Inpatient: Annual Benefit Maximum: 30 days; Outpatient: Annual Benefit Maximum: 40 visits	80%	80%	60%
<b>Alcohol and Drug Abuse: Out-patient &amp; In-patient; Pre-Authorization Required</b>			
Inpatient: Annual Benefit Maximum: 30 days; Outpatient: Annual Benefit Maximum: 40 visits	80%	80%	60%
<b>HIV, AIDS, ARC and Sexually Transmitted Diseases</b>			
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions <ul style="list-style-type: none"> <li>Treatment available if condition is not pre-existing</li> </ul>	80%	80%	60%
<b>Emergency Dental Care</b>			
<ul style="list-style-type: none"> <li>Limited to accidental injury of sound natural teeth sustained while covered under the policy</li> <li>Palliative Care covered up to \$600 per Policy Period</li> <li>Covered under the medical benefit</li> </ul> <b>**Benefit Maximum: \$300 per tooth</b>	100%**	100%**	80%**



<b>Covered Services and Benefit Levels:</b> Subject to Deductible, Coinsurance, Co-payment, and Benefit Maximum.	<b>PLAN REIMBURSEMENT</b> Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%		
	<b>Outside U.S.</b>	<b>U.S. In-Network</b>	<b>U.S. Out-of-Network</b>
<b>Preventive Care</b>			
<b>Child Wellness</b>			
<ul style="list-style-type: none"> <li>• Includes child immunizations and routine medical exams</li> <li>• Up to 12 months of age – maximum 9 visits</li> <li>• Up to 18 years – Annual visit</li> </ul>	<b>100%</b>	<b>100%</b>	<b>80%</b>
<b>Adult Female and Male Examinations, Mammograms and Immunizations Covered on an Annual Exam Basis</b>			
<b>Other Benefits</b>			
<b>Medical Evacuation or Repatriation to Home Country</b>	<b>\$50,000 Maximum Benefit</b>		
<b>Repatriation of Remains</b>	<b>\$25,000 Maximum Benefit</b>		
<b>War and Terrorism</b>	<b>Included</b>		
<b>Accidental Death and Dismemberment</b>	<b>\$15,000 Maximum Benefit</b>		



# TieCare provides world-class services.



The essence of outstanding health insurance comes in the form of customer service, and a cornerstone of GBG is the worldwide expertise of **GBG Assist**. GBG Assist offers 24/7 assistance to answer any customer need around the world – including emergency evacuation, if necessary – no matter the day or time. GBG Assist is a member's one-stop shop for any questions concerning benefits, deductibles & co-insurance, network providers, pre-authorization and coordination of benefits. In the case of hospitalization, Case Managers and the GBG Assist Medical Director work as a team to manage all aspects of a case from the initial referral until the patient returns home. GBG Assist provides empathetic patient advocacy while monitoring costs; whenever in doubt, make your first call to GBG Assist.



**International Claims Services (ICS)** supports group and individual clients around the world by providing claims processing and reimbursement to both providers and individuals. All ICS services are available to members online at [gbg.com](http://gbg.com). Of special importance, ICS has developed proprietary claims software to handle the complexities of international reimbursements whenever a member files a pay-and-claim form. ICS is staffed with experienced claims processing professionals who are fully conversant with the needs of international clients.



In the United States, GBG utilizes **Aetna®** as its Preferred Provider Network. Aetna is one of the premier PPO Networks that includes more than 5,300 hospitals and 561,000 professional providers in the United States. The network has coverage in all 50 states plus the District of Columbia for Global Student ADVANTAGE members. Networks are important to health insurance members because the overwhelming majority of these facilities will invoice the insurance company directly for services rendered, avoiding the need for a member to pay and claim.



Outside of North America, GBG has built a proprietary Preferred Provider Organization called **World Medical Network (WMN)**. Facilities that participate in World Medical Network will not only provide the finest care available in the local environment, but they have been chosen for their expertise in dealing with expatriates. They maintain an English speaking staff, have many Western trained staff members, and provide high quality and professional medical care. In addition, for Global Student ADVANTAGE members, WMN providers will bill GBG directly.



For pharmacy coverage in the United States, GBG utilizes **CVS Caremark**, giving members ADVANTAGE to one of the leading pharmaceutical service companies. CVS Caremark fills or manages more than 1 billion prescriptions per year, more than any other pharmacy services provider in the United States. Outside of the United States, pharmacy expenses are reimbursed on a pay-and-claim basis.



The information contained herein is for illustrative purposes only.  
Please contact us for policy details and/or to request a customized proposal.  
Underwritten by GBG Insurance Limited.



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