



Insurance Without BordersSM



2017 Student Health Insurance Plans

Global Advantage ♦ Global Access ♦ Global Liberty ♦ Global Freedom

GBG Student Insurance Benefits Comparison

Global Benefits Group (GBG), is a provider of innovative insurance solutions to the international educational community for over 35 years. Our comprehensive student medical plans are designed to meet the F1 and J1 waiver requirements of most U.S. colleges and universities, and can be purchased and automatically enroll you online for instant policy fulfillment. These plans feature the extensive network in the United States, as well as direct billing for medical claims through the GBG medical network. A policy period is defined as 364 days.

	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical
U.S. Provider Network	Aetna	Aetna	First Health	First Health
Area of Coverage	Worldwide	Worldwide	Worldwide	Worldwide
Home Country Coverage	Up to \$1,000 per Policy Period	Up to \$1,000 per period of insurance	\$1,000 per Period of Insurance	\$1,000 per period of insurance
Maximum Benefit Payable per Period of Insurance	Unlimited	\$1,000,000	\$250,000 per Injury/Illness to an overall Maximum Benefit of \$750,000	\$150,000 per Injury/Illness to an overall Annual Maximum of \$500,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Individual Deductible • Family is 2x Individual	[\$0] [\$500] [\$250] [\$1,000] if an Out-of-Network Provider in the U.S. is used	\$0	\$90 per Injury/Illness \$40 per Injury/Illness at Student Health Center	\$100 per Injury/Illness \$45 per Injury/Illness at Student Health Center
Office Visit Copayment, including Student Health Center	\$25	\$25	None	None
Emergency Room Copayment (waived if admitted)	\$250 per Occurrence	\$250 per Occurrence	\$250 per Occurrence	\$250 per Occurrence
Out-of-Pocket-Maximum	\$6,350 (excluding deductible) Unlimited if an Out-of-Network Provider in the U.S. is used	Unlimited	Unlimited	Unlimited
Pre-Existing Conditions	No waiting period	Waiting Period of 180 Days	Waiting period of 180 days	Waiting Period of 180 days

	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical
HOSPITALIZATION AND INPATIENT BENEFITS				
Accommodations including semi-private room	80%	100%	100% up to \$1,500 per day 30 Days Maximum Benefit per Period of Insurance	100% up to \$1,250 per day 30 Days Maximum Benefit per Period of Insurance
Intensive Care/Cardiac Care	80%	100%	100% up to \$2,000 per day 8 Days Maximum Benefit per Period of Insurance	100% up to \$500 8 Days Maximum Benefit per Period of Insurance
Inpatient Consultation by a Physician or Specialist	80%	100%	100% up to \$400 per Confinement	100% up to \$400 per Confinement
Hospital Miscellaneous Expenses	80%	100%	100% up to \$500 per day 30 Days Maximum Benefit per Period of Insurance	100% up to \$500 30 Days Maximum Benefit per Period of Insurance
Pre-Admission Testing	80%	100%	100% up to \$900 per Confinement	100% up to \$900 per Confinement
Extended Care/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%	100%	-	-
OUTPATIENT BENEFITS				
Physician Visit/Consultation by Specialist <ul style="list-style-type: none"> General Practitioner or Specialist Urgent Care Center 	80%	100% up to \$80 per visit	100% up to \$60 per visit	100% up to \$50 per visit
Diagnostic Testing <ul style="list-style-type: none"> X-Ray and Laboratory MRI, PET, and CT Scans Inpatient and Outpatient 	80%	100% up to \$15,000	100% up to \$500	100% up to \$500

	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical

OUTPATIENT BENEFITS (continued)

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

80% up to \$70 per visit

100% up to \$50 per visit

100% up to \$35 per visit

100% up to \$35 per visit

- Maximum Benefit per Period of Insurance: 30 visits per injury or illness

SURGICAL BENEFITS (OUTPATIENT/INPATIENT)

Inpatient, Outpatient or Ambulatory Surgery Includes;

- Surgeon's Fees
- Assistant Surgeon and Anesthesiologist
- Facility fees
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

80%

100% up to \$50,000

100% up to \$4,000

100% up to \$3,000

EMERGENCIES

Emergency Room and Medical Services

- \$250 Deductible waived if admitted
- 50% coinsurance for non-emergency use

100% after Deductible

100% after Deductible

80% after Deductible

80% after Deductible

Ambulance Services

- Emergency Local Ground Ambulance

100%

100% up to \$2,500

100% up to \$400

100% up to \$400

Emergency Dental

- Limited to accidental injury of sound natural teeth sustained while covered

100% up to \$300 per tooth

100% up to \$200 per tooth

100% up to \$500 per Period of Insurance

100% up to \$500 per Period of Insurance



	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical
MATERNITY CARE				
Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	80%	\$7,500 Maximum Benefit for normal delivery; \$10,000 for medically necessary C-Section delivery	\$7,500 Maximum Benefit for normal delivery; \$10,000 for medically necessary C-Section delivery	\$5,000 Maximum Benefit for normal delivery; \$7,500 for medically necessary C-Section delivery
OTHER BENEFITS				
Inpatient Mental Health • To treat a covered diagnosis	80%	100% up to \$25,000	80%	80%
Outpatient Mental Health	80%	100% up to \$3,000	80% up to \$3,000	80% up to \$3,000
Preventive Care and Annual Exams • 0-12 months: 5 visits maximum • Child/Adult: Annual Exam, immunizations • Deductible does not apply	100%	100% up to \$100	-	-
Palliative Dental Care • Sudden onset of pain	80% up to \$600	100% up to \$600	-	-
Homeopathic Care and Acupuncture	80% up to \$500	100% up to \$500	-	-
Chemotherapy, Radiotherapy • Inpatient and Outpatient	80%	100% up to \$15,000	100% up to \$1,000	100% up to \$1,000
Home Health Care • Maximum Benefit per Period of Insurance: 120 Days	80%	100%	-	-
Hospice Care	80% Inpatient Maximum Benefit per Period of Insurance: 45 Days; Outpatient Maximum Benefit per Period of Insurance: \$5,000	-	-	-



	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical
OTHER BENEFITS <i>(continued)</i>				
Diabetic Medical Supplies <ul style="list-style-type: none"> Includes Insulin Pumps and associated supplies 	80% up to \$7,500	Covered under Prescription Drugs	Covered Under Prescription Drug Benefit	Covered Under Prescription Drug Benefit
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +) , AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions <ul style="list-style-type: none"> Benefit is not covered if condition was diagnosed a pre-existing condition. 	80%	100%	-	-
Durable Medical Equipment <ul style="list-style-type: none"> Reimbursement of rental up to purchase price 	80% up to \$10,000	100% up to \$5,000	100% up to \$1,000	100% up to \$1,000
Alcohol and Drug Abuse <ul style="list-style-type: none"> Rehabilitative treatment only 	80%	100% up to \$5,000	Included under Hospitalization/ Inpatient benefits and Outpatient Physician Benefits	Included under Hospitalization/ Inpatient benefits and Outpatient Physician Benefits
Prescription Drugs <ul style="list-style-type: none"> Up to 31-day supply per prescription Includes contraceptives CVS/Caremark network pharmacy is required 	80%	100% up to \$10,000	100% \$100 Maximum Benefit per illness/ injury	100% up to \$100 per illness/injury
Motor Vehicle Accident <ul style="list-style-type: none"> Injuries caused by accident 	100% up to \$10,000	100% up to \$10,000	-	-
Sports Activities <ul style="list-style-type: none"> Injuries arising from interscholastic, intramural, and club sports 	80% Maximum Benefit per period of Insurance: \$20,000 for injuries arising from Intercollegiate sports only	100% up to \$15,000	Not Covered See Appendix	Not Covered See Appendix

	Advantage	Access	Liberty	Freedom
Description of Benefits	Comprehensive	Enhanced	Basic	Economical
ADDITIONAL BENEFITS				
Passport Recovery	\$750 Maximum Benefit per Period of Insurance	Up to \$750 Maximum Benefit per Period of Insurance	-	-
Lost Baggage <ul style="list-style-type: none"> Expense reimbursement due to flight delays \$100 Deductible applies 	\$200 per item \$500 Maximum Benefit per Period of Insurance	\$150 per item \$500 Maximum Benefit per Period of Insurance	\$150 per item \$500 Maximum Benefit per Period of Insurance	\$100 per item \$500 Maximum Benefit per Period of Insurance
Compassionate Care Visit	\$1,000 Maximum Benefit per Period of Insurance	\$1,000 Maximum Benefit per Period of Insurance	-	-
ATM Safe Provides lost cash replacement for losses occurring during a robbery at an ATM	\$500 per Occurrence	\$500 per Occurrence	\$500 per Occurrence	\$500 per Occurrence
Medical Evacuation and Repatriation	\$300,000 Maximum Benefit per Period of Insurance	\$250,000 Maximum Benefit per Period of Insurance	\$120,000 Maximum Benefit per Period of Insurance	\$60,000 Maximum Benefit per Period of Insurance
Return of Mortal Remains	\$50,000 Maximum Benefit	\$50,000 Maximum Benefit	\$50,000 Maximum Benefit	\$50,000 Maximum Benefit
Accidental Death and Dismemberment	\$30,000 Maximum Benefit	\$25,000 Maximum Benefit	\$20,000 Maximum Benefit	\$10,000 Maximum Benefit
War and Terrorism	Included	-	-	-
Personal Property Coverage	Available Options: USD 5,000 or 10,000; subject to USD 200 Deductible per Period of Coverage	Available Options: USD 5,000 or 10,000; subject to USD 200 Deductible per Period of Coverage	-	-
Personal Liability	Available Options; USD 50,000; 100,000; 300,000; or 500,000	Available Options; USD 50,000; 100,000; 300,000; or 500,000	-	-



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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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