



Collegiate Care Elite Plan Highlights

- International Travel Medical, Evacuation and Repatriation Insurance Plan designed especially for International Students, Scholars, and their families studying or teaching in the US
- United Healthcare PPO Network
- Sports Activities Coverage
- Motor Vehicle Accident coverage *Injuries caused by Accident
- Unlimited medical maximum
- Maternity coverage *See plan for details
- 3-month minimum purchase required

SCHEDULE OF BENEFITS - Per Plan Participant

IN NETWORK

OUT OF NETWORK

Medical Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited	Unlimited
Deductible Per Plan Participant per Period of Insurance	\$100 or \$500	\$200 or \$750
Office Visit Copayment	\$25 per Occurrence	\$25 per Occurrence
Urgent Care Copayment	\$50 per Occurrence	\$50 per Occurrence
Emergency Room Copayment	\$150 per Occurrence (waived if admitted)	\$150 per Occurrence (waived if admitted)
Out-of-Pocket Maximum	\$6,350	Unlimited
Coinsurance	80% of the Preferred Allowance	70% of UCR
Pre-Existing Conditions (Covered after 6 months for student only, dependents 24 months)	80% of the Preferred Allowance	70% of UCR
Hospital Room & Board	80% of the Preferred Allowance	70% of the Semi-Private Room Rate
Intensive Care/ Cardiac Care Unit	80% of the Preferred Allowance	70% of UCR
Hospital Misc. Expense	80% of the Preferred Allowance	70% of UCR
Surgeon	80% of the Preferred Allowance	70% of UCR
Pre-Admission Testing	80% of the Preferred Allowance	70% of UCR
Anesthesia	80% of the Preferred Allowance	70% of UCR
Day Surgery Misc.	80% of the Preferred Allowance	70% of UCR
Diagnostic X-Ray and Lab	80% of the Preferred Allowance	70% of UCR
Ambulance	80% of the Preferred Allowance	70% of UCR
Physician/ Specialist Office Visit	80% of the Preferred Allowance subject to copayment	70% of UCR subject to copayment
Specialist Physician	80% of the Preferred Allowance subject to copayment	70% of UCR subject to copayment
Extended Care/ Inpatient Rehabilitation (Up to 45 Days)	80% of the Preferred Allowance	70% of UCR
Emergency Room	80% of the Preferred Allowance subject to a \$150 copayment per visit, waived if admitted	70% of UCR subject to a \$150 copayment per visit, waived if admitted
Maternity & Pre-Natal Care Expense (Conception must occur while covered under the plan)	80% of the Preferred Allowance	70% of UCR



SCHEDULE OF BENEFITS CONT.

IN NETWORK

OUT OF NETWORK

Cancer Care & Oncology	80% of the Preferred Allowance	70% of UCR
Preventative Care & Annual Exams	80% of the Preferred Allowance 0-12 Months: 9 Visits, Exam, Immunizations Child/Adult: Annual Exam, Immunizations	No Benefit
Mental Health		
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance subject to Copayment	70% of UCR subject to Copayment
Alcohol & Substance Abuse	80% of the Preferred Allowance subject to Copayment	70% of UCR
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance subject to Copayment	70% of UCR subject to Copayment
Elective Termination of Pregnancy (Conception must occur while covered under the plan)	80% of the Preferred Allowance Up to \$1,500 Max	70% of UCR Up to \$1,500 Max
Sports Activities (Injuries arising from Interscholastic, Intramural and Club Sports)	80% of the Preferred Allowance	70% of UCR
Therapeutic Services		
In-Patient Expense	80% of the Preferred Allowance	70% of UCR
Out -Patient Expense	80% of the Preferred Allowance Maximum of 12 Visits per Injury/Illness (subject to copayment)	70% of UCR Maximum of 12 Visits per Injury/Illness (subject to copayment)
Motor Vehicle Accident *Injuries caused by Accident	80% of the Preferred Allowance	70% of UCR
AIDS, HIV, ARC, Sexually Transmitted Diseases & All Related Conditions	80% of the Preferred Allowance	70% of UCR
Diabetic Medical Supplies	80% of UCR	70% of UCR
Palliative Dental Care	80% of the Preferred Allowance up to \$600 Max	70% of UCR up to \$600 Max
Homeopathic Care & Acupuncture	80% of the Preferred Allowance up to \$500 Max, subject to copayment	70% of UCR up to \$500 Max, subject to copayment
Home Health Care	80% of the Preferred Allowance	70% of UCR
Compassionate Care Visit	80% up to \$1,000 Max	
Hospice Care		
In-Patient (up to 45 days Max)	80% of the Preferred Allowance	70% of UCR
Out-Patient (up to \$5,000 Max)	80% of the Preferred Allowance	70% of UCR
Emergency Dental Expense	80% of the Preferred Allowance up to \$250 per tooth to a \$1,000 Max	70% of UCR up to \$250 per tooth to a \$1,000 Max
Durable Medical Equipment Expense	80% of the Preferred Allowance	70% of UCR
Home Country Coverage	\$1,000 Max Benefit	
Emergency Medical Evacuation & Repatriation	100% of Actual Expense	



Return of Mortal Remains	100% of Actual Expense	
Accidental Death & Dismemberment	\$30,000	
	Network Provider Tier	Non-Network Provider
Prescription Drug Copayment (per prescription) (Oral Contraceptives are included)	1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$40 Copayment (up to a 31-day supply per prescription)	No benefit if a non-network pharmacy is used.
Travel Assistance Services	24-hour travel assistance services are provided by GBG Assist	

ELIGIBILITY

You are eligible for this coverage, if you have a current passport or visa and are temporarily residing outside your home country/ country of permanent residence while actively engaged in education or research activities. You are "actively engaged" in education, teaching or research activities if you are one of the following: Undergraduate - registered for and attending classes on full time basis; Graduate Student; Scholar or researcher – who is invited by an educational organization; Students involved in education, educational activities or research related activities. Students must actively attend classes. Your spouse and dependent children are also eligible for coverage if accompanying you and enrolled on your plan of benefits. Students who are United States citizens or permanent legal residents of the United States are not eligible for coverage.

WHEN COVERAGE BEGINS AND ENDS

Effective Date – The Effective Date of your coverage is the later of the following: 1. the date the Company receives a completed Application and correct premium for the Period of Insurance, or 2. the date requested on the Application, or 3. the day after applying online. The Effective Date for your eligible spouse or dependents enrolled with you is your Effective Date, provided the Company receives the required premium for the spouse or dependent. If a spouse or dependent becomes eligible after your Effective Date, you have 31 days from the date such spouse or dependent first becomes eligible to enroll them and pay the applicable premium.

Coverage Ends - Your coverage ends on the earliest of the following: 1. the date you cease to be eligible for coverage; or 2. the end of your period of insurance; or 3. the date requested on your application; or 4. the last day for which premium has been paid; 5. The date you no longer are affiliated with a school; 6. The date you return home. Your spouse or dependent coverage will end at the earliest of: 1. the end of your period of insurance; or 2. the date requested on your application; or 3. the last day for which premium has been paid; 4. The date you no longer are affiliated with a school; 5. The date you return home; or 6. the date a spouse or dependent is no longer eligible for coverage.

Rates are per person and based on age of traveler at the time of enrollment. Rates are subject to change prior to enrollment. (3-month minimum purchase required)

RATES	\$100 DEDUCTIBLE Daily Rate	\$100 DEDUCTIBLE Annual Rate	\$500 DEDUCTIBLE Daily Rate	\$500 DEDUCTIBLE Annual Rate
Student 16-24	\$5.27	\$1,923.55	\$4.41	\$1,609.65
Student 25-29	\$7.95	\$2,901.75	\$6.78	\$2,474.70
Student 30-40	\$22.83	\$8,332.95	\$18.39	\$6,712.35
Dependent - Spouse	\$65.16	\$23,783.40	\$51.25	\$18,706.25
Dependent - Child	\$13.81	\$5,040.65	\$10.91	\$3,982.15

The effective date is based on the date requested and once payment has been received.
Apply Online - accepting Visa, Mastercard, Discover and American Express.

Notice: For further information on this Plan, visit <https://bit.ly/3mPI24e>

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan. For a detailed plan description, exclusions, and limitations please view the plan on file with the Plan Administrator. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

EXCLUSIONS AND LIMITATIONS

Sanctions Limitation Clause

The Insurer will not provide any cover, pay any claim or provide any benefit under this Plan to the extent that the provision of such cover, the payment of such claim or the provision of such benefit would expose them to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

All services and benefits described below, including expenses for medical treatment not expressly indicated in the Medical Expense Benefit section, are either excluded from coverage or limited under this Plan of insurance.

1. **Aircraft Travel:** Travel in any aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year,
2. **Alcohol and Substance Abuse:** 1) Treatment of any illness or injury caused by, contributed to, or resulting from voluntary use of alcohol, illegal substance abuse, drug, poison, gas or fumes, or any medication that is not taken in the dosage or for the purpose prescribed. 2) Medical expenses related to diagnosis, detoxification, counseling or other rehabilitative services unless the benefit is provided for on the Schedule of Benefits.
3. **Breast reduction:** All services and treatments,
4. **Charges Reimbursable by Another Entity:** Services, supplies, or treatment that are provided by or payment is available from: a) Workers' Compensation law, occupational disease law or similar law concerning job related conditions of any country; or; b) Another insurance company or government; or c) A government entity due to an epidemic or public emergency; d) Services provided normally without charge by the Health Services Center of the institution attended by the Insured Person, or services covered or provided by a student health fee,
5. **Cosmetic and Elective Surgery for Non-Medical Reasons:** Treatments, procedures or medications which are primarily for enhancement, improvement, or altering one's appearance, unless required due to a non-occupational injury occurring while insured under this Plan. Medical complications arising from such treatments or procedures are also not covered,
6. **Dental Care:** a) All expenses related to dental care except for Accidental injury to sound, natural teeth b) unless pediatric dental is shown on the Schedule of Benefits,
7. **Experimental or Off-Label Services:** Services, supplies or treatments, including medications, which are deemed to be Experimental or Investigational or that is not medically recognized for a specific diagnosis,
8. **Fertility/Infertility Treatments and Birth Control:** Any services, procedure or treatment including medications used to: a) Treat infertility including In-vitro Fertilization (IVF), Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), and any variations of these procedures, and any costs associated with the preparation or storage of sperm for artificial insemination. b) Vasectomies and sterilization, and any expenses for male or female reversal of sterilization, c) Contraceptive devices including the insertion or removal of such devices, excluding oral contraceptives,
9. **Genetic Screening:** Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease,
10. **Hearing Care:** Hearing exams, hearing aids or devices, unless due to an Injury/Illness covered under the Plan. Surgical implantation of, or removal of bone anchored hearing devices and cochlear implants,
11. **Hernia:** Treatment of a hernia, including sports hernia whether or not caused by a covered Accident,
12. **Home Country:** All medical charges incurred in the Insured Person's Home Country in excess of the amount shown on the Schedule of Benefits,
13. **Illegal Activities:** Injuries or illnesses resulting or arising from or occurring during the commission of an assault or felony,
14. **Immunizations for Travel:** Vaccines and preventive medications recommended or required for travel to specific countries.
15. **Motor Vehicle:** Medical expenses: 1) Resulting from a motor vehicle Accident unless the benefit is provided for on the Schedule of Benefits, 2) If the operator of a motor vehicle is the Insured Person and does not possess a valid motor vehicle operator's license in the jurisdiction in which the motor vehicle Accident occurred, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor, 3) The operating of any type of vehicle or conveyance while under the influence of alcohol or any illegal substance, drug, poison, gas, or fumes including prescribed drugs for which the Insured was provided a written warning against operating a vehicle or conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the jurisdiction in which the Covered Loss occurred,
16. **Nasal Surgery:** Deviated septum, submucous resection and/or other surgical correction thereof, nasal and sinus surgery except for treatment of a covered Injury,
17. **Non-Medical Care:** Services related to Custodial Care, respite care, home-like care, assistance with Activities of Daily Living (ADL), or Milieu Therapy. Any Admission to a nursing home, home for the aged, long term care facility, sanitarium, spa, hydro clinic, or similar facilities. Any Admission arranged wholly or partly for domestic reasons, where the Hospital effectively becomes or could be treated as the Insured Person's home or permanent abode,
18. **Organ Transplant:** Organ transplant and related procedures and expenses,
19. **Podiatric Care:** Routine foot care, including the paring and removing of corns, calluses, or other lesions, or trimming of nails or other such services not resulting from an illness or injury. Orthopedic shoes or other supportive devices such as arch supports, orthotic devices, or any other preventative services or supplies to treat the diagnosis of weak, strained, or flat feet or fallen arches.

20. **Prescription Medications:** Prescription Medications, services or supplies as follows:

- a) Therapeutic devices or appliances including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in this Plan, b) Immunization agents, except as specially provided, biological sera, blood or blood products administered on an Outpatient basis, c) Refills in excess of the number specified or dispensed after one year of the date of the prescription, d) Growth hormones, e) Medications used to treat or cure baldness or thinning hair.

21. **Self-Inflicted Illnesses, Injuries, or Exceptional Danger:** a) Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane. b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily Injury, except in an endeavor to save human life,

22. **Sexual Dysfunction:** Any procedures, supplies, or medications used to treat male or female sexual enhancement or sexual dysfunction such as erectile dysfunction, premature ejaculation, and other similar conditions,

23. **Skin Conditions:** Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne,

24. **Sleep Studies:** Sleep studies and other treatments relating to sleep apnea,

25. **Smoking Cessation:** Treatments and other expenses, whether or not recommended by a Physician,

26. **Sports and Hazardous Activities:** a) Participation, practice, or conditioning program for any Interscholastic, Intercollegiate, or professional sport or competition, including cheerleading or travelling to/from such sport or competition as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Power Vehicles: Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, ATV's, any one, two, or three wheeled motorized vehicle and/or sport watercraft such as wave runners, jet skis, or other powered devices whether the vehicle is in motion or not,

27. **Transsexual Surgery:** Medical or psychological counseling, hormonal therapy in preparation for, or subsequent to, any such surgery, surgical procedures, and any other expenses related to sexual reassignment including the complications arising from such procedures,

28. **Vision Care:** Expenses including examinations, eye refractions, frames, lenses, contact lenses, fitting of frames or lenses, or vision correction surgery, unless the pediatric vision benefit is shown on the Schedule of Benefits,

29. **War and Terrorism:** a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations, b) voluntary, active participation in a riot or insurrection, c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity, d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof,

30. **Weight Related Treatment:** Any expense, service, or treatment for obesity, weight control, any form of food supplement, weight reduction programs, dietary counseling, or surgical procedures related to morbid or non-morbid obesity. Charges relating to complications arising from such treatments or surgical procedures are also excluded,

31. Services or treatment rendered by any person who is: a) living in the Insured Person's household, b) an Immediate Family Member of either the Insured Person or the Insured Person's spouse, or c) the Insured Person.

NON-MEDICAL EXPENSE BENEFITS EXCLUSIONS AND LIMITATIONS

The Insurer shall not be responsible for providing the following non-medical expense benefits to an Insured Person in a situation arising from or in connection with any of the following:

1. **Travel costs** that were neither arranged or approved in advance by the Insurer or authorized vendor or affiliate,
2. Taking part in **military or police operations**,
3. Insured Person's failure to properly procure or maintain **visa, permits, or other documents**,
4. The actual or threatened use or release of any **nuclear, chemical, or biological weapon** or device, or exposure to nuclear reaction or radiation, regardless of the contributory cause,
5. Any evacuation or Repatriation that requires an Insured Person to be transported in a **biohazard-isolation unit**,
6. Medical evacuation from a marine **vessel, ship, or watercraft** of any kind,
7. Medical evacuation directly or indirectly related to a **natural disaster**,
8. Subsequent medical evacuations for the **same or related illness, injury**, or emergency medical evacuation event regardless of location.

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS AND LIMITATIONS

The losses shown below or expenses resulting from or in connection with any of the following are excluded from coverage under this Plan.

1. **Illegal Activities:** Losses resulting or arising from or occurring during the commission of an assault or felony.
2. **Kidnap and Hijacking:** Any loss caused directly or indirectly from kidnap or wrongful detention of the Insured or hijacking of any aircraft, motor vehicle, train or waterborne vessel on which the Insured Person is traveling.
3. **Professional Sports:** Any loss sustained while participating in or training for any sport or activity performed for financial gain.

4. Self-Inflicted Illnesses, Injuries, or Exceptional Danger: a) Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane, b) Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.

5. Sports and Hazardous Activities: Losses resulting from: a) Participation, practice, or conditioning program for any Interscholastic, Intercollegiate, or professional sport or competition including cheerleading or traveling to/from such sport or competition as a participant, b) Skydiving, parachuting, SCUBA diving (unless PADI or NAUI certified), mountain climbing (where ropes or guides are used), bungee jumping, skiing (off groomed trails), snowboarding (off groomed trails), racing by any animal or motor vehicle, spelunking, whitewater rafting (level 4 and higher), hang gliding, glider flying, parasailing, or flight in any kind of aircraft (except as a passenger in a regularly scheduled flight of a commercial airline), c) Power Vehicles: Expenses for Accidents or Injuries as a result of motorcycles, mopeds, scooters, ATV's, any one, two, or three wheeled motorized vehicle and/or sport watercraft such as wave runners, jet skis, or other powered devices whether the vehicle is in motion or not.

6. Substance Abuse: Any loss directly or indirectly resulting from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed.

7. War and Terrorism: a) Any loss sustained while participating in, or training for, or as a consequence of war (declared or not), or warlike operations. b) voluntary, active participation in a riot or insurrection c) Terrorist activity including the use of armaments, the detonation of any form of explosive or nuclear devices, the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent, including the poisoning via the air or water supplies or food products and deliberate destruction of buildings and transportation. This exclusion extends to any action taken in controlling, preventing, suppressing or in any way relating to any terrorist activity. d) Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

Disclosure Details

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Privacy Statement:

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us at (888) 301-9289 by visiting us at <https://www.trawickinternational.com/privacy-policy/>

Complaints:

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at info@trawickinternational.com.

Data Protection:

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD.

Your Agent Information

The Guard Company LLC - Agent ID# 252

(804) 325-1385

4870 Sadler Road

Glen Allen, VA 23060

contact@visitorguard.com

www.visitorguard.com