

## Collegiate Care Essential Plan Highlights

- International 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
- Unlimited lifetime medical maximum
- Maternity coverage
- 3-month minimum purchase required

### SCHEDULE OF BENEFITS - Per Plan Participant

	IN NETWORK	OUT OF NETWORK
Medical Maximum	<b>\$150,000 per Injury or Illness, to an overall \$300,000 Maximum</b>	<b>\$150,000 per Injury or Illness, to an overall \$300,000 Maximum</b>
Lifetime Maximum	<b>Unlimited</b>	<b>Unlimited</b>
Deductible Per Plan Participant per Injury or Illness	<b>\$250</b>	<b>\$250</b>
Deductible at Student Health Center per Injury/Illness	<b>\$35</b>	<b>\$35</b>
Pre-Existing Conditions (Covered after 6 months)	<b>80% of the Preferred Allowance</b> up to \$20,000 Lifetime Limit	<b>70% of UCR</b> up to \$20,000 Lifetime Limit
Emergency Room Copayment	<b>\$300 per Occurrence</b>	<b>\$300 per Occurrence</b>
Coinsurance	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Hospital Room & Board	<b>100% of the Preferred Allowance</b> up to \$1,000/day/30 days per admission	<b>75% of the Semi-Private Room Rate</b> up to \$1,000/day/30 days per admission
Intensive Care/ Cardiac Care Unit	<b>100% of the Preferred Allowance</b> up to \$1,525/day/30 days per admission	<b>75% of UCR</b> up to \$1,525/day/30 days per admission
Hospital Misc. Expense	<b>100% of the Preferred Allowance</b> up to \$500 Max Benefit	<b>75% of UCR</b> up to \$500 Max Benefit
Surgeon	<b>100% of the Preferred Allowance</b> up to \$4,000 Max Benefit	<b>75% of UCR</b> up to \$4,000 Max Benefit
Pre-Admission Testing	<b>100% of the Preferred Allowance</b> up to \$900 Max	<b>75% of UCR</b> up to \$900 Max
Anesthesia	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Day Surgery Misc.	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Diagnostic X-Ray and Lab	<b>100% of the Preferred Allowance</b> up to \$500 Max, MRI, PET, & CT Scans up to \$850 Max	<b>75% of UCR</b> up to \$500 Max, MRI, PET, & CT Scans up to \$850 Max
Ambulance	<b>100% of the Preferred Allowance</b> Up to \$400 Max	<b>75% of UCR</b> Up to \$400 Max
Physician Visit	<b>100% of the Preferred Allowance</b> up to \$50 Max Benefit/30 Visits	<b>75% of UCR</b> up to \$50 Max Benefit/30 Visits
Specialist Physician (Inpatient consult has \$400 Max)	<b>100% of the Preferred Allowance</b> up to \$50 Max Benefit/30 Visits	<b>75% of UCR</b> up to \$50 Max Benefit/30 Visits
Extended Care/ Inpatient Rehabilitation (Up to 45 Days)	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Emergency Room	<b>100% of the Preferred Allowance</b> subject to a \$300 copayment per visit, waived if admitted	<b>75% of UCR</b> subject to a \$300 copayment per visit, waived if admitted
Maternity & Pre-Natal Care Expense (Conception must occur while covered under the Plan)	<b>100% of the Preferred Allowance</b> \$5,000 Maximum Benefit for normal delivery, \$7,500 Max Benefit for C-Section	<b>75% of UCR</b> \$5,000 Maximum Benefit for normal delivery, \$7,500 Max Benefit for C-Section

**SCHEDULE OF BENEFITS CONT.**

	IN NETWORK	OUT OF NETWORK
Elective Termination of Pregnancy (Conception must occur while covered under the plan)	<b>100% of the Preferred Allowance</b> Up to \$500 Max	<b>75% of UCR</b> Up to \$500 Max
<b>Mental Health</b>		
In-Patient Expense	<b>100% of the Preferred Allowance</b> up to \$5,000 Max/30 days	<b>75% of UCR</b> up to \$5,000 Max/30 days
Out -Patient Expense	<b>100% of the Preferred Allowance</b> up to \$500 Max/40 visits	<b>75% of UCR</b> up to \$500 Max/40 Visits
Alcohol & Substance Abuse In-Patient	<b>100% of the Preferred Allowance</b> up to \$1,000/day, 30 days per admit	<b>75% of UCR</b> up to \$1,000/day, 30 days per admit
Alcohol & Substance Abuse Out-Patient	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Sports Activities (Injuries arising from Intramural, and Club Sports)	<b>100% of the Preferred Allowance</b> up to \$3,000 Max	<b>75% of UCR</b> up to \$3,000 Max
<b>Therapeutic Services</b>		
In-Patient Expense	<b>100% of the Preferred Allowance</b>	<b>75% of UCR</b>
Out -Patient Expense	<b>100% of the Preferred Allowance</b> up to \$35 Maximum Benefit, Maximum of 12 Visits per Injury/Illness	<b>75% of UCR</b> up to \$35 Maximum Benefit, Maximum of 12 Visits per Injury/Illness
Motor Vehicle Accident	<b>100% of the Preferred Allowance</b> up to \$10,000 Max	<b>75% of UCR</b> up to \$10,000 Max
Emergency Dental Expense	<b>100% of the Preferred Allowance</b> up to \$250 per tooth to a \$500 Max	<b>75% of UCR</b> up to \$250 per tooth to a \$500 Max
Durable Medical Equipment Expense	<b>100% of UCR</b> up to \$1,000 Max	<b>75% of UCR</b> up to \$1,000 Max
Home Country Coverage	<b>\$500 Max Benefit</b>	
Emergency Medical Evacuation and Repatriation	<b>100% of Actual Expense up to \$60,000</b>	
Return of Mortal Remains	<b>100% of Actual Expense up to \$50,000</b>	
Accidental Death & Dismemberment	<b>\$10,000</b>	
Prescription Drug Coverage (Oral Contraceptives are included)	<b>Network Provider</b> <b>100% of the Actual Charges</b> <b>based on a 31-day supply per</b> <b>prescription; Up to \$100 max per</b> <b>Injury/Illness; Up to \$40 per month for</b> <b>Oral Contraceptives</b>	<b>Non-Network Provider</b>  <b>No Coverage</b>
Travel Assistance Services	<b>24-hour travel assistance services are provided by GBG Assist</b>	

**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.

### 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 at the time of enrollment. Rates are subject to change prior to enrollment.**  
**(3-month minimum purchase required)**

<b>RATES</b>	<b>DAILY</b>	<b>ANNUAL</b>
Student/Scholar 16-24	<b>\$1.50</b>	<b>\$547.50</b>
Student/Scholar 25-29	<b>\$2.41</b>	<b>\$879.65</b>
Student/Scholar 30-64	<b>\$4.59</b>	<b>\$1,675.35</b>
Dependent - Spouse or Child	<b>\$10.23</b>	<b>\$3,733.95</b>

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

**This brochure is for information purposes only and includes a brief summary of the benefits provided under this student travel medical plan. It is not a contract of insurance. The Master Policy, which is issued to the International Benefits Trust, contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by AXIS Specialty Europe SE, rated A (Financial Strength) and A+ (Long Term ICR) by AM Best. The Master Policy is on file with the plan administrator, and is available upon request. The Master Policy governs the payment of benefits.**

## Your Agent Information

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