



Inbound International Health Plans and Services



Effective Date:



Reviewing Plan Benefits

What is covered by your plan?

ALL PLANS - ELIGIBLE CLASSES

The Classes eligible for coverage available under this Certificate are shown below. The coverages applicable to a Member's Participants are as shown in the Schedule of Benefits in the copy of the sample Individual Certificate attached to the Member's Group Certificate.

An international student, scholar, visiting faculty or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and:

- a. Is engaged in educational activities of the Member; and
- b. Has not obtained permanent residency status in the United States; and
- c. Is not a U.S. Citizen.

The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund premium. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

Enrollment cannot exceed 12 months. All Eligible Participants must be under the age of 21.

Coverage Area

Benefits under this insurance are available in the following locations:

- Any country outside of the United States, including the eligible Participant's Home Country, subject to the Home Country Coverage limitation.
- Inside the United States

Note: whenever coverage provided under this Plan would be in violation of any U.S. economic or trade sanctions, such coverage shall be null and void.

GOLD PLAN

TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$500,000
Coverage Year Deductible	\$0 per Coverage Year
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	100% of the Allowed Amount	100% of the Allowed Amount
Treatment at an Urgent Care Facility	100% of the Allowed Amount	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount.

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SILVER PLAN
TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$250,000
Coverage Year Deductible	\$0 per Coverage Year
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	100% of the Allowed Amount after a \$25 Copayment per visit.	100% of the Allowed Amount after a \$25 Copayment per visit.
Treatment at an Urgent Care Facility	100% of the Allowed Amount	100% of the Allowed Amount
Hospital and Physician Outpatient Services	100% of the Allowed Amount	100% of the Allowed Amount
Inpatient Hospital Services	100% of the Allowed Amount	100% of the Allowed Amount
Emergency Hospital Services	100% of the Allowed Amount after a \$75 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	100% of the Allowed Amount. after a \$75 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.

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BRONZE PLAN
TABLE 1 - SCHEDULE OF BENEFITS

Limits – Individual Insured	
MEDICAL EXPENSES	
Coverage Year Limit	\$250,000
Coverage Year Deductible	\$200 per Coverage Year
Coverage Year Out-of-Pocket Limit The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3.
EMERGENCY TRANSPORTATION SERVICES	
Emergency Medical Evacuation	100% of the Actual Cost
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,000 per Coverage Year
Repatriation of Mortal Remains	100% of the Actual Cost
OTHER COVERAGES	
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000

TABLE 2 - MEDICAL EXPENSE BENEFITS

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Hospital and Physician Outpatient Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Inpatient Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount
Emergency Hospital Services	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount

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ALL PLANS
TABLE 3 - MEDICAL EXPENSE BENEFITS

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.	
MEDICAL EXPENSES	Covered Person
Routine Preventive Care Services	Allowed Amount
Vaccinations as required by the Member	Allowed Amount
Routine testing/screening for Tuberculosis	Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$10,000 Maximum per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$5,000 Maximum per Coverage Year
Outpatient back and spine treatment (including modalities)	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis
Treatment of specified therapies, including acupuncture and Physiotherapy	Allowed Amount up to 40 visits per Coverage Year on an Outpatient basis
Complications of Pregnancy	Allowed Amount
Professional ground service to nearest hospital	Allowed Amount up to \$1,000 per Injury or Sickness.
Medical treatment arising from participation in interscholastic sports	Allowed Amount up to \$25,000 per Injury or Sickness. Injuries from participation in intramural sports are covered the same as any other injury
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$500 per Coverage Year maximum
Medical treatment received in the Home Country, if NOT covered by Other Certificate	Allowed Amount up to \$1,000 per Coverage year maximum
Outpatient prescription drugs	100% of the Allowed Amount up to a \$2,000 maximum per Coverage Year. Limited to a 31-day supply for initial fill or refill

Vaccination Coverage: The following vaccinations are covered as indicated in the Schedule of Benefits if received while covered under the Certificate: Hepatitis A (HepA), Hepatitis B (HepB), Rotavirus (RV), DTaP, Haemophilus influenzae (Hib), Inactivated Poliovirus vaccine (IPV), Pneumococcal Vaccines (PCV - PPSV), Influenza vaccines (TIV - LAIV), Measles Mumps Rubella (MMR), Varicella (VAR) vaccine, Meningococcal conjugate vaccines (MCV4), Human Papillomviurs (HPV, HPV4, HPV2), Tetanus, diptheria pertussis (Td/Tdap).

PRE-EXISTING CONDITION LIMITATION

The Certificate does not pay benefits for loss due to a Pre-Existing Condition during the first 6 months of coverage, except as follows: The Certificate will pay for Covered Medical Expenses incurred in connection with a Covered Person's Pre-Existing Condition during the first 6 months of coverage, subject to a maximum benefit of \$2,000. After the Covered Person has been covered under the Certificate for 6 months, Pre-Existing Conditions will be covered the same as any other Injury or Sickness; however, a Pre-Existing Injury or Sickness covered after the Pre-Existing waiting period, will be subject to the same limitations and exclusions as an Injury or Sickness incurred during Coverage under this Certificate. The origin, cause, or nature of the Pre-Existing Injury or Sickness will be used to determine the applicable Coverage, limitations, and exclusions.

Exception: The Insurer will credit time a Covered Person was covered by Creditable Coverage, that was approved by us, and that was in effect up to a date not more than 100 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period. This limitation does not apply to the Emergency Medical Evacuation, the Repatriation of Mortal Remains and to the Emergency Family Travel Arrangements Benefits.

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VISION CARE

We will pay for Covered Services as stated below for routine Vision Care that is not the result of an Injury or Sickness. The Deductible is not applicable.

Examinations One Eye Exam every 12 Consecutive months	100% coverage, not subject to any Deductible
Lenses & Frames One pair of glasses or contact lenses per 12 Consecutive months	100% coverage, not subject to any Deductible, up to a Maximum Benefit of \$250

DENTAL BENEFITS

The maximum amount of dental benefits available to any one Covered Person is shown below.

Combined Benefit for Diagnostic and Preventive Service	0% Coinsurance; \$1,000 Coverage Year Maximum
Per Person Coverage Year Dental Deductible	\$0

EMERGENCY MEDICAL EVACUATION BENEFIT

If a Covered Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services during the Period of Coverage, while traveling outside of his/her home country, and adequate medical facilities are not available, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care. The evacuation will only be performed if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Covered Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Covered Person can continue his/her trip or can use the original transportation arrangements that he/she purchased.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

If We determine that You are expected to require hospitalization due to an Injury or Sickness in excess of 3 days, or are in critical condition, or the victim of a Felonious Assault, an economy round-trip airfare will be provided to the place of hospitalization for an individual chosen by You.

We will pay up to the maximum benefit as listed in Schedule of Benefit for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the location of Your hospital confinement for one person designated by You.

The determination of whether the Covered Person will be hospitalized for more than 6 days or is in critical condition shall be made by the Us or Our designee after consultation with the attending physician. No more than one (1) visit may be made during any medical event. No benefits are payable unless the trip is approved in advance by Us or Our designee.

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GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of the Allowed Amount.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereof while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Emergency Family Travel Benefit.
7. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
8. Elective termination of pregnancy.
9. Expenses incurred as a result of a pregnancy.
10. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
11. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
12. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
13. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
14. Organ or tissue transplant.
15. Participating in an illegal occupation or committing or attempting to commit a felony.
16. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
17. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
18. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
19. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
20. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
21. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
22. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
23. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
24. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
25. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.

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26. Loss arising from
 - a. participating in any professional sports, contest, or competition.
 - b. Racing or speed contests.
 - c. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
27. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
28. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
29. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
30. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
31. Expense covered under any Other Plan.
32. To the extent that such payments would be prohibited by law.

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Rate Quote

Name of Sponsoring Organization:

Covered population(s): International Students - *All Eligible Participants must be under the age of 20.*

Under this Program, the coverages and benefits listed in the proposal, will be effective on July 1, 2021. The Program fees provided are valid through June 30, 2022. For coverage details, please see the benefits section of this proposal. At the end of the coverage period, Independent School Management (ISM) will notify the school of the next policy period's rates. If the school would like to terminate the plan, it must provide written notice and a reason for cancellation.

The Program Fees for these plans are:

2021-2021	Monthly Rate
Bronze	\$131.00
Silver	\$183.00
Gold	\$214.00

The coverage referenced herein shall be issued through certificates issued under a master policy of insurance (the "Master Policy") issued by 4 Ever Life International Limited, a Bermuda insurance company and an independent licensee of the Blue Cross Blue Shield Association. Coverage under the Master Policy is provided to the Global Citizens Association ("GCA"), for the exclusive benefit of its members and their participants, on a surplus lines basis, under the laws of Washington, D.C. Membership in the GCA is a necessary condition to the coverage referenced herein; your GCA Program fee identified above includes Insurance premium and all other charges. Additional information about the GCA, expenses and other member benefits can be viewed on the GCA's website – www.gcassociation.org.

As this is surplus lines coverage, the plan may not be required to comply with every state's insurance regulations governing admitted insurers, including guarantee fund requirements. The coverage is not qualifying health coverage ("Minimum Essential Coverage") for purposes of satisfying the health coverage requirement of the Affordable Care Act. If you are required by law to maintain Minimum Essential Coverage, you could owe additional federal tax.

The Organization named above accepts membership in the GCA and the Program fees outlined in this Proposal.

Accepted By:		Date:	
Signature:			
School Name:			
Contact Name:			
Address:			
City, State, Zip Code			
E-mail Address:		Phone #:	

GeoBlue is dedicated to providing the highest level of service in the industry. We understand your selection of a medical insurance partner is a critical decision and we appreciate the opportunity to work with you to provide the best health plans and services to your participants.

