



Coverage for
**UNIVERSITY OF
WASHINGTON**
International
Students

“GAP” Coverage for Summer Programs and Early Arrivals

Provided by: Cultural Insurance Services International
Underwritten by: GBG - Global Benefits Group



Experience and Expertise in the International Marketplace

No matter how
far you travel...

We're there...



“GAP” Coverage is designed to protect you from acute, unexpected, sudden and unforeseen illnesses and accidental injuries. This plan is tailored for students, language schools, and OPT workers. Coverage is available to all outside their home country who are enrolled and actively attending an accredited high school, college, university or work program. The plan offers worldwide coverage, with no geographic restrictions.



Medical



Emergency



Travel

Schedule of Benefits

GENERAL FEATURES AND PLAN SPECIFICATIONS

Area of Coverage	Worldwide, excluding Home Country
U.S. Network	Aetna Passport
Maximum Benefit per Period of Insurance	\$1,000,000 or Unlimited
Copayment	
<ul style="list-style-type: none"> Urgent Care Facility, Walk-In Clinic, Physician Office Visit Emergency Room 	\$50 / visit \$350 / visit
Pre-Existing Conditions	<p>Not Covered</p> <p>In the event of a Medical Emergency resulting from a Pre-Existing Condition the Insurer considers stable, this Plan will cover costs for the immediate relief of an acute symptom only, up to the Maximum Benefit shown below.</p>

PLAN BENEFITS

This Plan is designed to protect you from an Acute Illness or Accident requiring Emergency Treatment. It also provides coverage in Non-Emergency situations where medical intervention would be the proper course of action, provided such condition first manifested during the Period of Insurance. This Plan does not cover care for wellness medical conditions, extended treatment, or Pre-Existing Conditions and is not a replacement for longer term medical, preventive, or maintenance needs. Non-Emergency care and treatment that should be rendered in the Plan Participant's Home Country, in the opinion of the Insurer, will not be covered.

COVERED SERVICES AND BENEFIT LEVELS

Subject to Deductible, Copayment, Coinsurance, and Maximum Benefit per Period of Insurance.

WHAT THE INSURANCE PLAN COVERS

The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U. S. Coinsurance reduces to 60% when Out-of-Network providers in the U.S. are used.

Emergency Treatment of a Pre-Existing Condition

- | | |
|--|---|
| <ul style="list-style-type: none"> Due to a Medical Emergency resulting from a Pre-Existing Condition Pre-Existing Condition must be <u>stable</u> Emergency Treatment benefits only provided | 100% UCR
Maximum Benefit per Period of Insurance: \$25,000 |
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HOSPITALIZATION AND INPATIENT BENEFITS

Hospitalization

- | | |
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| <ul style="list-style-type: none"> Hospital Accommodations (semi-private) Inpatient consultation by a physician or specialist, medical treatment, medicines, laboratory and diagnostic tests | 100% UCR |
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OUTPATIENT BENEFITS

Physician Visit or consultation by a specialist, diagnostic testing including X-Ray, and laboratory	100% UCR
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EMERGENCY BENEFITS

Emergency Room

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| <ul style="list-style-type: none"> \$350 Copayment per visit Non-emergency use of the emergency room is Not Covered | 100% UCR |
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Ambulance Services (to the nearest Hospital)

- | | |
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| <ul style="list-style-type: none"> Ground only | 100% UCR |
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Emergency Dental Care

- | | |
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| <ul style="list-style-type: none"> Due to an Accident For immediate relief of pain | 100% UCR
100% UCR
Maximum Benefit per Period of Insurance: \$500 |
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OTHER MEDICAL BENEFITS (INPATIENT / OUTPATIENT)

Mental Health Treatment	100% UCR Inpatient: Maximum Benefit per Period of Insurance: 60 days or \$150,000 Outpatient: Up to \$50 / visit Maximum Benefit per Period of Insurance: \$500
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Prescription Drugs

- | | |
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| <ul style="list-style-type: none"> For an Illness covered under this Policy | 100% UCR |
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Surgery and Anesthesiology Services

100% UCR

Physical Therapy

100% UCR
 Up to \$50 / visit
 Maximum Benefit per Period of Insurance: \$1,000

Maternity including Complications of Pregnancy

Not Covered

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OTHER EMERGENCY SERVICES	
Emergency Medical Evacuation / Repatriation	100% UCR Maximum Benefit per Period of Insurance: \$100,000
Emergency Reunion	Up to \$500 / day Maximum Benefit per Period of Insurance: \$15,000
Continuation (Return to Host Country)	Maximum Benefit per Period of Insurance: \$2,500
Emergency Assistance Services via GBG Assist	Included
OTHER BENEFITS	
Accidental Death and Dismemberment (AD&D)	Maximum Benefit: \$50,000
Repatriation of Mortal Remains	Maximum Benefit: \$50,000
Personal Liability	Maximum Benefit Period of Insurance: \$100,000
Damage to Property	Maximum Benefit per Period of Insurance: \$25,000
Trip Curtailment / Study Interruption	Maximum Benefit per Period of Insurance: \$2,500
Baggage Delay	\$100 / day Maximum Benefit per Period of Insurance: \$500
Baggage Loss / Theft <ul style="list-style-type: none"> • Deductible: \$50 per claim (excluding temporary loss) • Maximum Benefit for valuables / electronics: \$300 per item / pair 	Maximum Benefit per Period of Insurance: \$1,500
Loss of Passport	Maximum Benefit per Period of Insurance: \$250
Travel Delay <ul style="list-style-type: none"> • Maximum Benefit per 24-hour period: \$200 	Maximum Benefit per Period of Insurance: \$1,000
Missed Departure	Maximum Benefit per Period of Insurance: \$1,000
Legal Expenses	Maximum Benefit per Period of Insurance: \$10,000

Key Benefits

- Unlimited or \$1,000,000 USD Annual Maximum Limit Plans Available
- Emergency Inpatient and Outpatient Care
- Worldwide Direct-Bill Network Plan
- Multilingual Customer Service Available 24/7 through GBG Assist
- Online Claims Filing at www.gbg.com



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