



STUDENT BENEFIT GUIDE

# GlobalAccessAsia



## RMIT University Vietnam LLC (Students)

INTERNATIONAL GROUP MEDICAL INSURANCE PLAN

SILVER PLAN

POLICY #: WCE021808

POLICY PERIOD: 01 NOVEMBER 2022 THROUGH 31 OCTOBER 2023

## WELCOME

Your school has selected **GBG Insurance Limited (GBG)** as your medical insurance coverage provider.<sup>1</sup> We look forward to providing you with this valuable medical insurance protection. The Student Benefit Guide<sup>2</sup> is intended to provide you with an overview of this group insurance plan. However, do not hesitate to contact GBG should you require further clarification.

We look forward to servicing you this year.

## REACH US 24 HOURS A DAY, 7 DAYS A WEEK

### CLAIMS SERVICES:

- **Toll Free:** +1.877.916.7920  
(within the U.S. and Canada)
- **Phone:** +1.949.916.7941  
(outside the U.S. and Canada)
- [eclaims@gbg.com](mailto:eclaims@gbg.com)

### PRE-AUTHORIZATION, BENEFITS & OTHER MEDICAL INSURANCE ASSISTANCE:

- **Toll Free:** +1.866.914.5333  
(within the U.S. and Canada)
- **Phone:** +1.786.814.4125  
(outside the U.S. and Canada)
- [GBGAssist@gbg.com](mailto:GBGAssist@gbg.com)

FIND A PROVIDER, DOWNLOAD FORMS (CLAIMS, PRE-AUTHORIZATION),  
AND LOG-IN AT [WWW.GBG.COM](http://WWW.GBG.COM)

---

<sup>1</sup> This Policy is subject to the laws of Vietnam, and the laws governing the terms, conditions, benefits and limitations in insurance policies issued and delivered in other countries including the United States are not applicable to this Policy. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document.

<sup>2</sup> The Student Benefit Guide includes the Schedule of Benefits that is part of the Policy issued to the Policyholder. In the event of any conflict between the Group Master Policy and the Schedule of Benefits, the Schedule of Benefits will govern.

## **IN THIS GUIDE YOU WILL FIND:**

### **SCHEDULE OF BENEFITS**

Summary your coverage and benefits.

### **HOW TO REGISTER AS A NEW MEMBER**

Instructions for accessing to the GBG Member Portal.

### **AREA OF COVERAGE**

Territorial scope where benefits are provided under this plan.

### **PRE-AUTHORIZATION REQUIREMENTS AND EMERGENCY SERVICES**

Treatments and services that require pre-approval in order to maximize benefits.

### **PROVIDER ACCESS**

How to select a network provider.

### **SPORTS AND OTHER ACTIVITIES**

Sports and other activities covered under this plan.

### **CLAIMS: HOW TO FILE A CLAIM, CLAIMS STATUS, AND COMPLAINTS PROCEDURE**

Time limit for filing a claim; how and where to submit claims; reimbursement options; and the process for filing a complaint.

### **NOTICE OF PRIVACY PRACTICES**

Describes how personal information may be used and disclosed and how you can get access to this information.

### **EXCLUSIONS AND LIMITATIONS**

Services, treatments, and supplies not covered.

### **DEFINITIONS**

Frequently used terminology.

**SCHEDULE OF BENEFITS**

PLAN CONDITIONS	
<b>Area of Coverage</b>	
<b>Territory B:</b> Worldwide Coverage excluding: The United States of America	
<b>Emergency Treatment Outside Area of Coverage:</b> Emergency Treatment Outside the Area of Coverage is provided up to the Annual Maximum Benefit shown in the Schedule of Benefits.	
<b>Pre-Existing Conditions Limitation</b>	
Pre-Existing Conditions are covered according to the terms of the Policy without a waiting period	

<b>COST SHARING OBLIGATIONS UNDER THE PLAN</b>	
<b>Currency</b>	VND
<b>Annual Maximum Benefit per Insured</b>	VND 11,500,000,000
<b>Lifetime Maximum Benefit per Insured</b>	Unlimited
<b>Outpatient Benefits Annual Maximum Benefit (Outpatient Services Combined)</b> Physician's Services, Pathology, Radiology, and Diagnostic Tests, Stabilization of Chronic Medical Conditions, and Prescription Medication	VND 115,880,000
<b>Annual Individual Deductible</b> (Family is 3x Individual) A deductible is the amount You Pay per year before any benefits are provided under the plan. Unless otherwise stated under the specific benefit, the deductible applies to all benefits.	VND 0
<b>Plan Pays (Coinsurance)*</b> The Plan pays benefits at the Allowable Charge	100% UCR
<b>You Pay (Your Coinsurance cost share)**</b> This is the percentage/amount of each claim not covered by the plan.	0%
<b>Office Visit Copayment</b> This is a flat dollar amount You Pay in addition to your Deductible and Coinsurance cost share each time you consult with a Physician.	Nil
<b>Annual Individual Out-of-Pocket Maximum</b> (Family is 3x Individual) This is the maximum amount of Coinsurance cost share You Pay per year. Once reached, the Plan Pays benefits at 100% of the Allowable Charge. The annual Deductible, Office Visit Copayment and any other Copayments does not accumulate towards the annual Out-of-Pocket maximum.	Nil
<b>Other Items You Are Responsible to Pay**</b> In addition to the Deductible, Coinsurance cost share, and Office Visit Copayment, you are responsible to pay for charges exceeding the Allowable Charge, and charges exceeding the Annual Maximum Benefit, and Lifetime Maximum Benefit, charges incurred within a Waiting Period, and any other charges deemed not covered under the plan.	

OPTIONAL BENEFITS	
<b>Wellness Coverage</b>	Included
<b>Hearing Coverage</b>	Not Included
<b>Dental Coverage</b>	Not Included
<b>Vision Coverage</b>	Not Included

### INPATIENT AND HOSPITAL OUTPATIENT (DAYCARE) BENEFITS

<b>Hospital Charges</b> <ul style="list-style-type: none"> <li>Accommodations, <ul style="list-style-type: none"> <li>Standard Private Room</li> </ul> </li> <li>Nursing fees</li> <li>Operating theatre</li> <li>Physician or specialist consultations, treatment, and fees</li> <li>Ancillary Charges</li> <li>Medicines and medications</li> <li>Intensive Care and Coronary Care Unit</li> <li>Medical appliances and prosthetics</li> <li>Pathology, Radiology, Advanced Medical Imaging, and other diagnostic tests</li> <li>Physiotherapy</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
---	-------------------------------	------------------------

#### Benefit Description

Benefits are provided for room and board, special diets, and general nursing care. All charges more than the allowable private room class, or the amount shown for a private room are the responsibility of the Insured.

Benefits are also provided for treatment in the Intensive Care or Coronary Care Unit if it is the most appropriate place for the Insured to be treated, the care provided is an essential part of the Insured's treatment, and the care provided is routinely required by patients suffering from the same type of Illness or Injury, or receiving the same type of treatment.

The Insurer will pay costs if:

- Treatment is Medically Necessary for the Insured Person to be treated on an Inpatient or Daycare basis,
- The stay in the Hospital is for a medically appropriate period of time, and
- The treatment received is provided or managed by a Physician or specialist

Inpatient hospital confinements primarily for purposes of receiving non-acute, long term custodial care, respite care, chronic maintenance care, or assistance with Activities of Daily Living (ADL), are not eligible expenses.

<b>Accommodation charges for a parent of a hospitalized Insured child</b> <ul style="list-style-type: none"> <li>Annual Maximum Benefit: 365 Days</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
--	-------------------------------	------------------------

#### Benefit Description

Benefits are provided for overnight hospital accommodation for the parent of a hospitalized insured Dependent under the age of 16. The cost of meals for the parent will also be covered.

<b>Reconstructive Surgery</b>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
-------------------------------	-------------------------------	------------------------

### Benefit Description

Benefits are provided for reconstructive surgery to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit, (excluding abnormalities of the jaw or conditions related to TMJ disorder) provided that:

- The underlying medical condition causing the physical deformity is covered under this Policy, providing the deformity is not a Pre-existing condition,
- If the deformity is the result of an Accident, then the Accident must have occurred while covered under this Policy, and
- The surgery restores or improves function and is not solely for cosmetic purposes.

The Insurer provides reconstructive surgery for an Insured who has a mastectomy while covered under this Policy. Surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance are also included. If the Insured chooses to not have reconstructive surgery following a mastectomy, the Insurer allows for two breast prosthetics and mastectomy bras limited to the lowest cost alternative available that meets external prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy are covered.

<b>Hospital Cash Benefit</b> • Annual Maximum Benefit: 30 nights	<b>Plan Pays*</b> VND 2,897,000/night
---	--

### Benefit Description

Benefits are provided for a cash payment payable for each night spent in the Hospital where eligible treatment, covered under this Policy, is received by an Insured and the Insurer is not liable for the charges. Under no circumstances will the Insurer reimburse the Hospital Cash Benefit and benefit shown under Hospital Charges.

## OUTPATIENT BENEFITS (CLINIC SERVICES)

### Outpatient Benefits Annual Maximum Benefit (Outpatient Services Combined)

- Physician's Services
- Pathology, Radiology, and Diagnostic Tests
- Stabilization of Chronic Medical Conditions
- Prescription Medication

**Subject to Amount Shown on First Page under,  
Cost Sharing Obligations Under The Plan**

<b>Physician Services</b> • Physician or specialist consultations and treatment	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
--	-------------------------------	------------------------

### Benefit Description

Benefits are provided for medical visits to a Physician or specialist, in their office, if Medically Necessary. Benefits are limited to one visit per day per Insured Person. The Insurer may elect to pay more than one visit to different Physicians on the same day if the Physicians or specialist are of different specialties.

<b>Pathology, Radiology, and Diagnostic Tests</b> (Excluding advanced medical imaging)	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for Medically Necessary testing recommended by a Physician or a specialist to diagnose an Illness or Injury. The Insurer will pay costs for: <ul style="list-style-type: none"> <li>Blood and urine tests,</li> <li>Pathology,</li> <li>X-rays,</li> <li>Ultrasound scans,</li> <li>Electrocardiograms (ECG), and</li> <li>Other diagnostic tests (excluding advanced medical imaging).</li> </ul>		
<b>Stabilization of Chronic Medical Conditions</b> <ul style="list-style-type: none"> <li>Immediate relief/stabilization of acute symptoms/exacerbations of a Chronic Medical Condition</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for treatment to provide immediate relief/stabilization of acute symptoms/exacerbation of a Chronic Medical Condition. A Chronic Medical Condition is an Injury or Illness which may be expected to be of long duration and which may be marked by recurrences requiring continuous or periodic care. A Chronic Medical Condition has one or more of the following characteristics; it continues indefinitely, it comes back or is likely to come back, is permanent, or it requires long-term monitoring.		
<b>Prescription Medication</b> <ul style="list-style-type: none"> <li>Includes specialty medications</li> <li>Generic medications are required, if available</li> <li>Oral contraceptives are included</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for medication prescribed by a Physician and which would not be available without such prescription. This includes specialty medications that are used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, etc. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, experimental or investigational medications, or medical supplies such as bandages, wound care, latex gloves, etc. even if prescribed by a Physician are not covered.		
<b>OTHER BENEFITS NOT SUBJECT TO OUTPATIENT BENEFITS ANNUAL MAXIMUM BENEFIT</b>		
<b>Pre- and Post-Hospitalization Treatment</b> <ul style="list-style-type: none"> <li>Pre-Admission Testing: Up to seven days prior to hospitalization</li> <li>Annual Maximum Benefit: <b>90 days</b> following the date of discharge</li> <li>Includes Physician visits, prescribed medications and dressings, and other Medically Necessary treatment including physiotherapy.</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for outpatient treatments before and after a hospitalization event for the same diagnosis up to the limit specified above.		



<b>Therapeutic Treatment</b> (Physician Referral Required) <ul style="list-style-type: none"> <li>• Osteopathic</li> <li>• Chiropractic</li> <li>• Homeopathic</li> <li>• Acupuncture</li> <li>• Chinese Herbal Medicine</li> <li>• Annual Maximum Benefit: VND 6,900,000, all treatments combined</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for those treatments which are evidence-based and recommended by a Physician. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.		
<b>Physiotherapy</b> (Physician Referral Required) <ul style="list-style-type: none"> <li>• Annual Maximum Benefit: VND 69,000,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for physiotherapy treatment that is Medically Necessary and restorative in nature to help carry out the normal Activities of Daily Living (ADL). Treatment must be from a qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.		
<b>Routine Care of Chronic Medical Conditions</b> <ul style="list-style-type: none"> <li>• Annual Maximum Benefit: VND 115,000,000</li> <li>• Lifetime Maximum Benefit: VND 2,300,000,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for maintenance, routine check-ups, prescribed medications, dressings, and palliative treatment of a Chronic Medical Condition. A Chronic Medical Condition is an Injury or Illness which may be expected to be of long duration and which may be marked by recurrences requiring continuous or periodic care. A Chronic Medical Condition has one or more of the following characteristics; it continues indefinitely, it comes back or is likely to come back, is permanent, or it requires long-term monitoring, consultations, check-ups, examinations, or tests.		
<b>Advanced Medical Imaging</b>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for Medically Necessary advanced imaging recommended by a Physician or a specialist to diagnose or treat an Illness or Injury. <ul style="list-style-type: none"> <li>• Magnetic Resonance Imaging (MRI),</li> <li>• Computed tomography (CT),</li> <li>• Positron Emission Tomography (PET), and</li> <li>• Other biological imaging procedures.</li> </ul>		

**OTHER BENEFITS (INPATIENT/OUTPATIENT)**

<b>Surgical Procedures/Anesthesiology</b>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for covered surgical services received in a Hospital, outpatient facility, daycare treatment facility, Physician's office or other approved facility. Surgical services include: use of operating room and recovery room, operative and cutting-procedures, treatment of fractures and dislocations, surgical dressings, and other Medically Necessary services. Benefits are provided for the service of an anesthesiologist, other than the operating surgeon or assistant, who administers anesthesia for a covered surgical or obstetrical procedure.		
<b>Psychiatric Treatment</b> <ul style="list-style-type: none"> <li>Inpatient Annual Maximum Benefit: 30 days</li> <li>Outpatient Annual Maximum Benefit: Not Covered</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. Benefits are for health treatment in a Hospital or approved facility. A Physician or a licensed clinical psychologist must provide all mental health care services.  The following services do not meet the criteria established by the Insurer for consideration under this benefit: <ul style="list-style-type: none"> <li>Services for conditions not determined by the Insurer as to be emotional or personality illnesses, or</li> <li>Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or retardation, or</li> <li>Services for mental disorders or illness which are not amenable to favorable modification.</li> </ul>		
<b>Cancer Care</b>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Following the diagnosis of cancer, the Insurer will pay for costs for evidence-based treatment including, radiotherapy, chemotherapy, and oncology.		
<b>Organ Transplant</b> <ul style="list-style-type: none"> <li>Expenses for donors are not covered</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Transplants of Kidney, Liver, Heart, Lung, or Heart and Lung in respect of the Insured being the recipient and not the organ donor. Treatment must be received in an institution recognized for these procedures by a competent government authority.		
<b>Home Nursing</b> <ul style="list-style-type: none"> <li>Annual Maximum Benefit: VND 80,500,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for primary care services of a registered nurse at the Insured's home immediately after or instead of Inpatient and Daycare treatment.		

<b>HIV/AIDS</b> <ul style="list-style-type: none"><li>Initial diagnoses/treatment after the Insured's Effective Date under this Policy</li><li>Lifetime Maximum Benefit: VND 1,969,960,000</li></ul>	Not Covered	
<b>Benefit Description</b> <p>Benefits are provided for Medically Necessary, non-experimental services, supplies and medications for the treatment of Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), and other sexually transmitted diseases and related conditions. Such conditions that were diagnosed prior to the effective date and are Pre-existing are not eligible for benefit consideration under the plan.</p>		
<b>EMERGENCY SERVICES</b>		
<b>Emergency Room and Medical Services</b>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> <p>Benefits are provided for a Medical Emergency when treatment and expenses are incurred in a Hospital's emergency room. Admission to the Hospital is not required for benefit consideration. Use of the emergency room within the United States, for non-emergency services is a costly alternative and all services provided may not be eligible for full benefit consideration.</p>		
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"><li>Ground ambulance (to the nearest hospital)</li></ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> <p>Benefits are provided for Medically Necessary local ambulance to transport the Insured:</p> <ul style="list-style-type: none"><li>From the scene of an Accident or Injury to a hospital,</li><li>From one hospital to another, or</li><li>From the Insured's home to a hospital.</li></ul>		
<b>Emergency Dental</b> <ul style="list-style-type: none"><li>Limited to Accidental Injury only</li><li>Overall Annual Maximum Benefit: VND 115,000,000<ul style="list-style-type: none"><li>➤ Inpatient: 100%</li><li>➤ Outpatient: VND 11,588,000</li></ul></li></ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> <p>Treatment after an extraoral accident, for immediate pain relief. The Insurer will pay up to the amount shown for treatment necessary as a result of an extraoral impact to sound, natural teeth and received within 48 hours from the date and time of the accident/injury for the immediate relief of pain the Insured Person suffers as the direct result of an accident occurring during the period of insurance. Damage to teeth caused by chewing foods or a toothache, does not qualify as an emergency.</p>		
<b>Terminal Illness/Hospice Care</b> <ul style="list-style-type: none"><li>Lifetime Limit: VND 1,380,000,000</li></ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> <p>Benefits are provided for palliative treatment and hospice care on diagnosis of a terminal condition.</p>		
<b>Personal Accident Death Benefit</b> <ul style="list-style-type: none"><li>Employee only benefit, covered to age 65</li></ul>	Not Covered	

## ADDITIONAL BENEFITS

### Compassionate Emergency Visit

- Annual Maximum Benefit: one return trip

#### Plan Pays\*

100% UCR

#### You Pay\*\*

0%

#### Benefit Description

Benefits are provided for travel and accommodation expenses of an Insured Person to travel from their Country of Residence to their Home Country to visit a parent, guardian or close relative (under the age of 75), who is a resident of the Insured Person's Home Country, and whom is hospitalized for a serious medical condition, is terminally ill, or who has expired. Transportation costs will be by commercial carrier and in economy class only.

### Medical Evacuation/Repatriation

- Emergency air transportation

#### Plan Pays\*

100% UCR

#### You Pay\*\*

0%

#### Benefit Description

Benefits are provided in the event of an Emergency that requires medical evacuation, GBG Assist must approve and arrange such emergency medical air transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Insured Person shall be transported. Approved medical evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment. If the Insured Person chooses not to be treated at the facility and location arranged by GBG Assist, then transportation expenses shall be the responsibility of the Insured. Failure to arrange transportation as indicated will result in non-payment of transportation costs. The cost of a person accompanying an Insured Person is covered under this Policy, with expenses subject to pre-approval by GBG Assist.

**Sea and Offshore Evacuation** If an Insured Person is injured or becomes ill at sea (i.e. cruises, yachting, etc.), the Insurer will not consider any benefit until the Insured Person is on land. This means any costs involved from an evacuation from sea to land will not be considered under this Policy. Sea evacuation must be to a country within the purchased area of coverage. Once on land, this Policy will cover medical costs and further evacuation, according to the Policy coverage and terms.

### Repatriation of Mortal Remains

#### Plan Pays\*

100% UCR

#### You Pay\*\*

0%

#### Benefit Description

Benefits are provided for a benefit for either repatriation of mortal remains, or local burial. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences. The necessary clearances for the return of an Insured Person's mortal remains by air transport to the Home Country must be coordinated by GBG Assist.

### Non-emergency medical evacuation

- Annual Maximum Benefit: VND 46,000,000

#### Plan Pays\*

100% UCR

#### You Pay\*\*

0%

#### Benefit Description

The costs to transport you to appropriate medical facilities to receive treatment when your medical condition is not an emergency. if:

- appropriate treatment is not available locally, and
- appropriate treatment is available in your chosen location.

#### Insurer also cover costs for

- Taxi transfers to and from the hotel on arrival and departure
- A taxi from the hotel to the hospital, and back, once a day for the duration of your evacuation
- Reasonable overnight accommodation costs including breakfast for the duration of your evacuation, until you're fit to travel back to your point of departure

**This benefit also extends to these travel and accommodation costs for a companion or non-medical escort to accompany you,** if your medical condition prevents you from travelling alone and you do not need a medical escort. The cost of their return economy class travel will only be covered from your point of departure.

## War and Terrorism (passive only)

- Annual Maximum Benefit: Not Covered

Not Covered

### Benefit Description

Benefits are provided for bodily Injury resulting from certain acts of war and terrorism, excluding the use of nuclear, chemical, or biological weapons of mass destruction. The following activities are considered as acts of war and terrorism and are covered under this benefit, provided the Insured Person is not an active participant or training in such activities; 1) War, hostilities or warlike operations (whether war be declared or not), 2) Invasion, 3) Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, 4) Civil war, riot, rebellion, overthrow of the legally constituted government, 5) Military or usurped power, 6) Explosions of war weapons, 7) Murder or assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, and 8) Terrorist activity.

## OPTIONAL BENEFITS

Refer to the Schedule of Benefits to determine if any of these benefits are included under this Policy

## OPTIONAL OUT OF AREA BENEFITS

### Emergency Medical Treatment Outside the Area of Coverage

- Annual Maximum Benefit:
  - Inpatient: Covered
  - Outpatient: VND 11,500,000

**Plan Pays\***  
100% UCR

**You Pay\*\***  
0%

### Benefit Description

Benefits are provided for a Medical Emergency when the Insured is travelling in a territory outside the Area of Coverage.

## OPTIONAL MATERNITY

### Routine pregnancy and childbirth

- Dependent daughters are not covered
- Annual Maximum Benefit: Not Covered

Not Covered

### Benefit Description

Benefits are provided for the following maternity benefits:

- Obstetrical and other services rendered in a licensed Hospital or approved birthing center, including anesthesia, delivery, Medically Necessary caesarean section (elective caesarean section are not covered), prenatal and postnatal care for any condition related to pregnancy, including but not limited to childbirth and miscarriage, and
- All prenatal and postnatal Physician's office visits, laboratory and diagnostic testing, and
- Prenatal vitamins are covered during the term of the pregnancy only, if prescribed by a Physician.

### Complications from pregnancy

- Not subject to maternity Annual Maximum Benefit

**Plan Pays\***  
100% UCR

**You Pay\*\***  
0%

### Benefit Description

Benefits are provided for complications of pregnancy. A complication of pregnancy is limited to conditions that are caused by pregnancy and require medical treatment prior to, or subsequent to, termination of pregnancy, and diagnosis of which is distinct for pregnancy and which constitutes a classifiably distinct complication of pregnancy. A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.

<b>Congenital conditions/birth anomalies</b> <ul style="list-style-type: none"> <li>Maximum Benefit: VND 811,160,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for birth defects of a structural or functional anomaly for diagnosed congenital abnormalities.		

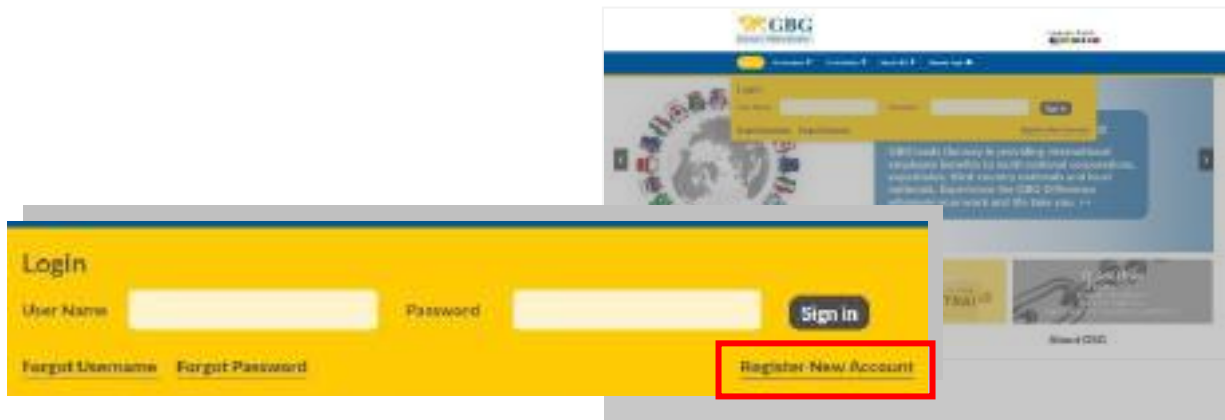
<b>Newborn Care</b> <ul style="list-style-type: none"> <li>Provisional coverage during the first 31 days limited to: Not Covered</li> </ul>	Not Covered
<b>Benefit Description</b> Benefits are provided for hospital nursery services and medical care provided by the attending Physician for newborn infants in the Hospital. Such services include but are not limited to: general exams, immunizations, hearing tests, blood test for Phenylketonuria (PKU), and circumcision. Charges for Hospital nursery services and professional services for the newborn infant are covered separately from the mother's maternity benefit and are subject to satisfaction of the Policy Period Deductible and Coinsurance.  When a child is born under a pregnancy covered by the maternity benefit, the child is covered on a provisional basis during the first 31 days of life, up to the stated maximum. Deductible and Coinsurance will apply. In order to continue the child's benefits after 31 days, the Insured will: <ul style="list-style-type: none"> <li>Provide written notification to the Insurer within 31 days of the date of birth. The newborn child shall be accepted from the date of birth, for full coverage according to the terms of the Policy, regardless of medical status, and</li> <li>The newborn child will be enrolled for the same coverage as the Insured.</li> </ul> Any request received beyond the 31-day notification period shall result in benefits limited to the provisional coverage maximum and coverage being effective from the date of notification. Coverage is not guaranteed and is subject to submission of a medical health statement.	

### OPTIONAL WELLNESS CARE

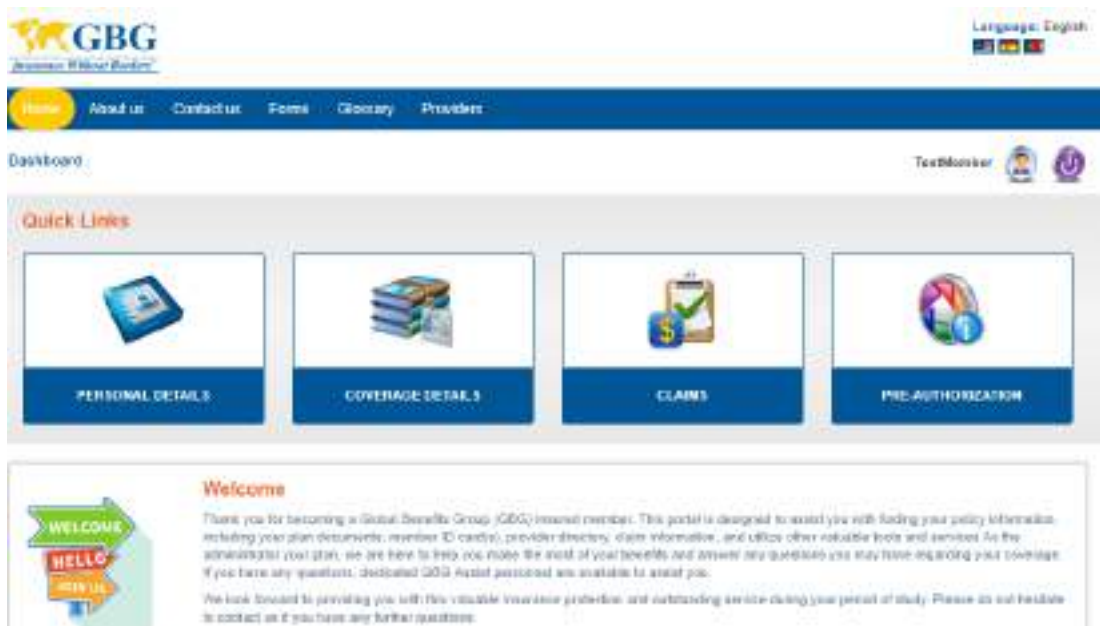
<b>Adult Female</b> <ul style="list-style-type: none"> <li>Deductible does not apply</li> <li>Annual Benefit Maximum: VND 9,200,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for female routine medical exams and age appropriate immunizations. This includes office visit, exam, age appropriate routine mammogram, Papanicolaou (PAP) screening, cardiovascular screening, cancer screening, diagnostic tests, radiology, and laboratory testing. Travel immunizations are not covered.		
<b>Adult Male</b> <ul style="list-style-type: none"> <li>Deductible does not apply</li> <li>Annual Benefit Maximum: VND 9,200,000</li> </ul>	<b>Plan Pays*</b> 100% UCR	<b>You Pay**</b> 0%
<b>Benefit Description</b> Benefits are provided for adult male routine medical exams and age appropriate immunizations. This includes office visit, exam, Prostate Specific Antigen (PSA) screening ages 50 or older, cardiovascular screening, cancer screening, diagnostic tests, radiology, and laboratory testing. Travel immunizations are not covered.		

## HOW TO REGISTER AS A NEW MEMBER

1. Visit [www.gbg.com](http://www.gbg.com) and click on **Member Login**, then **Register New Account**.



2. Fill in applicable personal information and select two security questions. Your **GBG ID #** and **Name** must be listed exactly as they appear on your ID card. Special symbols ("@", ".", etc.) are accepted in usernames.
3. After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your new Member Services.



## AREA OF COVERAGE

The Area of Coverage selected under this plan is shown on the Schedule of Benefits. If territorial exclusions are shown, benefits are provided for a Medical Emergency in such territories up to the amount shown on the Schedule of Benefits.

A Medical Emergency is defined as a sudden, unexpected, and unforeseen event caused by an Illness or Injury that manifests itself by symptoms of sufficient severity that a prudent layperson would reasonably expect that a failure to receive immediate medical attention would place the health of the Insured Person in serious jeopardy. A Medical Emergency excludes the following;

- Treatment related to the condition that existed prior to arrival in a country outside the Area of Coverage,
- Routine medical treatment,
- Treatment that could have been postponed until return within the Area of Coverage,
- Treatment that has been planned in advance,
- Treatment arising from circumstances that could have been reasonably anticipated by the Insured, and
- Maternity treatment.

## PRE-AUTHORIZATION REQUIREMENTS AND EMERGENCY SERVICES

Pre-Authorization is a process by which an Insured Person obtains approval for certain medical procedures or treatments prior to the commencement of the proposed medical treatment. This requires the submission of a completed Pre-Authorization request form to GBG Assist a minimum of five business days prior to the scheduled procedure or treatment date.

### **The following services require pre-authorization worldwide**

- Any Hospitalization including maternity delivery, or
- Outpatient or ambulatory surgery, or
- Care for Chronic Conditions,
- All cancer treatment (Including Chemotherapy and Radiation), or
- Home Health Care including nursing services, or
- Hospice Care, or
- Organ Transplants, or
- Durable Medical Equipment expected to accumulate over \$10,000 in costs per Policy Period, or
- Prescription medications in excess of \$3,000 per refill, or
- Air Ambulance services will be coordinated by the Insurer's air ambulance provider.
- Any condition, which does not meet the above criteria, but are expected to accumulate over \$10,000 of medical treatment per Policy Period.

Either you, your doctor, or your representative must call the number listed on the back of the Medical Identification Card to obtain Pre-Authorization and verification of network utilization. Prior to the performance of services a letter of authorization will be provided.



Medical Emergency Pre-Authorizations must be received within 48 hours of the admission or procedure. In instances of an Emergency, you or the Insured should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the network.

Failure to obtain Pre-Authorization will result in a 30% reduction in payment of Covered Expenses. Any such penalty will apply to the entire episode of care, and does not apply to the Out-of-Pocket Maximum. If treatment would not have been approved by the Pre-Authorization process, all related claims will be denied.

Pre-Authorization approval does not guarantee payment of a claim in full, as additional Copayments and Out-of-Pocket expenses may apply. Benefits payable under the Policy are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

In the event of an Emergency that requires medical evacuation, contact GBG Assist in advance in order to approve and arrange such emergency medical air transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Insured Person shall be transported. Approved medical evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment. If the Insured Person chooses not to be treated at the facility and location arranged by GBG Assist, then transportation expenses shall be the responsibility of the Insured. Failure to arrange transportation as indicated will result in non-payment of transportation costs.

*Sea and Offshore Evacuation:* If an Insured Person is injured or becomes ill at sea (i.e. cruises, yachting, etc.), the Insurer will not consider any benefit until the Insured Person is on land. This means any costs involved for an evacuation from sea to land will not be considered under this Policy. Once on land, this Policy will cover medical costs and further evacuation, according to the Policy coverage and terms. If an Insured Person is at sea, the Insurer will request the Insured Person be evacuated by sea rescue to a country within their purchased area of coverage, where circumstances allow.

## PROVIDER ACCESS

### Worldwide Provider Network

GBG maintains a Worldwide Provider Network for the ease and convenience of Insured Persons accessing medical care around the world. These facilities are known for the care they provide in their local territory, but also have been chosen for their expertise in dealing with expatriates.

Inside the U.S., GBG provides access to a Preferred Provider network:

- **In-Network Preferred Provider:** This consists of all Providers as well as other preferred Providers designated by the Insurer and listed on the website. In-Network Providers have agreed to accept a negotiated discount for services. The Medical Identification Card contains the logo for the network. Present the Medical ID card to the Physician or Hospital.
- **Out-of-Network Provider:** Utilizing Providers that are Out-of-Network is a more costly financial option for the Insured. The Insurer reimburses such Providers up to an Allowable Charge as determined by the Insurer. The Provider may bill the Insured the difference between the amounts reimbursed by the Insurer and the Provider's billed charge. Additionally, the Insured will pay a Coinsurance amount that is higher than if an In-Network Provider were used.

All network Providers, either in the U.S. or in other parts of the world will bill GBG directly, eliminating the requirement for you to pre-pay the Provider and file claims for reimbursement.

You can access a list of Provider facilities online at [www.gbg.com](http://www.gbg.com). GBG Assist can also refer you to an appropriate provider, as well as provide additional provider referrals including specialists.

## SPORTS AND OTHER ACTIVITIES

The Policy covers **leisure sports and activities** meaning such activities that are for relaxation or fun, do not require any special training, and do not heighten the risk of Injury or death to an individual. Examples of such covered activities include but are not limited to: kayaking, snorkeling, paddle boarding, sailing, white water rafting levels 1-3, and scuba diving to 15 meters.

This Policy does not cover **hazardous or extreme sports and activities** meaning any activity requiring an increased skill set and higher level of training to safely participate, and that if not properly executed could result in risk of Injury or death. Examples of such excluded activities include but are not limited to: bungee jumping, base jumping, parachuting, scuba diving to depths deeper than 15 meters, race car driving, off piste skiing, and rock climbing.

This Policy does not cover **professional sports and activities** meaning any activity where a participant receives compensation for their performance.

GBG Assist is available to provide clarification if a specific sport or activity would be covered under the Policy and should be contacted prior to engagement.

## CLAIMS: HOW TO FILE A CLAIM, CLAIMS STATUS, AND COMPLAINTS PROCEDURE

Benefits will be paid on a Usual, Customary, and Reasonable basis, subject to Policy exclusions, limitations, and conditions for the charges listed, if they are:

- Incurred as a result of Illness or accidental bodily Injury, under the care of a Physician;
- Medically Necessary;
- Ordered by a Physician; and
- Delivered in an appropriate medical setting

Claims for benefits must be filed within **180 days** of treatment to be eligible for reimbursement of Covered Expenses. Claim forms should be submitted only when the medical service provider does not bill the Insurer directly, and when you have Out-of-Pocket expenses to submit for reimbursement. In order for claims payment to be made, claims must be submitted in a form acceptable to Insurer.

### Medical, Prescription Medication, Dental, and Vision Claims

To file your claim, submit it online at [www.gbg.com](http://www.gbg.com). Log into the member area, select "Submit Claim", and then follow the instructions to complete the online claim form. After submitting the claim, you will receive a claim reference number and an electronic receipt will be sent to you by email.

If you are unable to submit your claim electronically, you can mail, or fax your completed claim form along with copies of supporting documentation.

Submit claims by:

<b>Web:</b>	<b>Mail:</b>	<b>Fax:</b>	<b>Email:</b>
www.gbg.com	GBG Administrative Services 7600 Corporate Center Drive, Suite 500 Miami, FL 33126 USA	+1 949 271 2330	eclaims@gbg.com

### Reimbursement Options

Claims reimbursements will be made by:

- Electronic Direct Deposit for Insureds where the receiving bank is located in the US
- Wire Transfer for Insureds and overseas Providers where the receiving bank is located outside of the US
- Check sent to Insured or Provider where electronic payment is not possible

### Status of Claims

You can check the claims status online by logging on to our website. All Explanation of Benefits will be provided electronically to members through the same website. Questions about a particular claim or claim reimbursement can be emailed to us via our website or to our Customer Service department. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review.

### Coordination of Benefits

When you or your Insured Dependents have coverage under another insurance contract, benefits will be reduced under this Policy to avoid duplication of benefits available under the other contract including benefits that would have been payable had you filed a claim for them (See Policy for more detailed information).

### Subrogation

If you or your Insured Dependents receive benefits under this Policy that result from an event for which a third party is or may be liable, you and your Dependents have certain obligations and the Insurer has certain subrogation and reimbursement rights.

### Releasing Necessary Information

It may be necessary for the Insurer to request a complete medical file on you or an Insured Dependent for purpose of claims review or administration of the Policy. It may also be necessary to share such information with a medical or utilization review board, or a reinsurer. The release of such confidential medical information will only be with written consent of the Insured.

### Fraudulent Claims

If any claim under this Policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

## COMPLAINTS PROCEDURE

At times, You may have a concern You would like to tell Us about or disagree with a decision made regarding Your coverage. You can make a complaint or file an appeal to get help for Your situation. The following procedures must be followed for a complaint to be reviewed.

### Who to Contact?

The most important factors in getting Your complaint dealt with as quickly and efficiently as possible are:

- Be sure You are talking to the right person; and
- That You are providing the necessary information.

### When You Contact Us

Please provide the following information:

- Your name, telephone number, and email address;
- Your policy and/or claim number and the plan of benefits (medical, travel, disability) You are insured for; and
- Please explain clearly and concisely the reason for Your complaint.

### Step One: Making a Complaint

If Your complaint relates to:

#### 1. The sale of the policy You purchased or any information You were given during the sales process:

- If You purchased the policy using a broker or other intermediary, please contact them first.
- If You purchased the policy directly from Us either from a local representative, using the website, or through a group plan of benefits, please contact Us directly at:

Toll Free	Phone	Email
+1.866.914.5333 (within the U.S. and Canada)	+1.786.814.4125 (outside the U.S. and Canada)	<a href="mailto:complaints@gbg.com">complaints@gbg.com</a>

- You may also submit Your complaint via Our **Complaint Form**, which may be accessed by visiting Our website and navigating to the Forms page: [www.gbg.com/#/oursolutions/forms](http://www.gbg.com/#/oursolutions/forms).

#### 2. A claim for benefits, the terms and conditions of the policy, or other benefit related information:

- Complaints related to a claim denial should be submitted as soon as possible. We will review the information and provide a response within four weeks or will request additional time, if needed.
- Claims and benefits related complaints should be referred to Our Complaints Department:

Toll Free	Phone	Email
+1. 877.916.7920 (within the U.S. and Canada)	+1. 949.916.7941 (outside the U.S. and Canada)	<a href="mailto:customerservice@gbg.com">customerservice@gbg.com</a>

- You may also submit Your complaint via Our **Appeal Form**, which may be accessed by visiting Our website and navigating to the Forms page: [www.gbg.com/#/oursolutions/forms](http://www.gbg.com/#/oursolutions/forms).

GBG Insurance Limited is licensed and regulated by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002.

We always aim to resolve Your complaint and provide a final response within four weeks, but if it looks like it will take Us longer than this, We will let You know the reasons for the delay and regularly keep You up to date with Our progress.

## **Step Two: Beyond Your Insurer**

If We can't respond fully to Your complaint within three months after You contact Us, or You are unhappy with Our final response, You can refer Your complaint to the Channel Islands Ombudsman (CIFO).

You must contact CIFO about Your complaint within six months of the date of Our final response to Your complaint or CIFO may not be able to review Your complaint. You must also contact CIFO within six years of the event complained about or (if later) two years of when You could reasonably have been expected to become aware that You had a reason to complain.

### **You may contact CIFO at:**

<b>Address</b>	<b>Email</b>	<b>Guernsey local phone</b>
Channel Islands Financial Ombudsman PO Box 114 Jersey, Channel Islands JE4 9QG	<a href="mailto:complaints@ci-fo.org">complaints@ci-fo.org</a>	+44 (0)1481 722218
	<b>Website</b>	<b>International phone</b>
	<a href="http://www.ci-fo.org">www.ci-fo.org</a>	+44 1534 748610

## **NOTICE OF PRIVACY PRACTICES**

This notice describes how personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The confidentiality of your personal information is of paramount concern to us. We maintain records of the services we cover (claims), and we also maintain information about you that we have used for enrolment processing. We use these records to administer your policy benefits and coverage; we may also use these records to ensure appropriate quality of services provided to you and to enhance the overall quality of our services, and to meet our legal obligations. We consider this information, and the records we maintain, to be protected personal information. We are required by law to maintain the privacy of personal information and to provide our insureds with notice of our legal duties and privacy practices with respect to personal information. This notice describes how we may use and disclose your personal information. It also describes your rights and our legal obligations with respect to your personal information.

<sup>1</sup>References to "we," "us," or "our" in this document refer to the insurance company which issued your coverage, GBG Insurance Limited, or any of its subsidiaries or affiliates (collectively, the GBG Group). A list of these companies can be found on our full privacy policy that is available at:

<https://www.gbg.com/#/AboutGBG/PrivacyPolicy>. Alternatively, a hard copy is available on request.

## HOW WE MAY USE OR DISCLOSE YOUR PERSONAL INFORMATION

We collect and process your personal information as necessary for performance under your insurance policy or complying with our legal obligations, or otherwise in our legitimate interests in managing our business and providing our products and services. These activities may include:

1. Use of sensitive information about the health or vulnerability of you, or others involved in your assistance guarantees, in order to provide the services described in your insurance policy;
2. Disclosure of personal information about you and your insurance cover to companies within the GBG group of companies, to our service providers and agents in order to administer and service your insurance cover, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
3. Monitoring and/or recording of your telephone calls in relation to coverage for the purposes of record-keeping, training and quality control;
4. Technical studies to analyze claims and premiums, adapt pricing, support subscription processes and consolidate financial reporting (including regulatory); detailed analyses on claims/calls to better monitor providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;
5. Obtaining and storing any relevant and appropriate supporting evidence for your claim, for the purpose of providing services under your insurance policy and validating your claims; and
6. Sending feedback requests or surveys relating to our services, and other customer care communications.

These activities are carried out within the UK and European Economic Area (EEA), and outside the EEA. The data protection laws and/or the agreements we have entered into with the receiving parties in relation to the processing of data outside the EEA provide a similar level of protection to the laws and/or agreements we have entered into within the EEA.

You are entitled, on request, to a copy of the personal information we hold about you, and you have other rights in relation to how we use your data (as set out in our website privacy policy). Please let us know if you think any information we hold about you is inaccurate, so that we may correct it.

If you have any questions about this Notice of Privacy Practices or our use of your personal information you may contact the Data Protection Officer. Contact details are below:

**GBG Insurance Limited**  
**Data Protection Officer**  
P.O. Box 68, Albert House  
South Esplanade, St Peter Port  
Guernsey, GY1 3BY  
Email address: [dataprotection@gbg.com](mailto:dataprotection@gbg.com)

## EXCLUSIONS AND LIMITATIONS

Unless stated otherwise on the Schedule of Benefits, the following services and benefits are excluded from coverage under this Policy.

1. **Abortion:** Any voluntarily induced termination of pregnancy and complications thereof, except if the mother's life is in danger
2. **AIDS/HIV:** Pre-Existing Conditions of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARC), HIV positive, all secondary diseases, and all sexually transmitted diseases.
3. **Alcohol/Substance Abuse:**
  - a. Treatment related to the detoxification, rehabilitation, and all support service;
  - b. Treatment of any Illness or Injury arising directly or indirectly from alcohol or illegal substance abuse or other addiction, or any medications or medicines that are not taken in the dosage or for the purposed prescribed.
4. **Breast reduction:** All services and treatments.
5. **Charges in Excess of Usual, Customary, and Reasonable:** Any portion of any charge in excess of UCR for the particular service or treatment for the specific geographical area.
6. **Charges Incurred before the Effective Date and After the Expiration Date:** Claims and costs for medical treatment occurring before the effective date of coverage (including waiting periods) or after the expiration date of the Policy are not covered. This includes any portion of a covered prescription to be used after the expiration of the current Policy Period.
7. **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.
8. **Counselling (Non-Medical) and Testing Services:** Non-medical counselling services including but not limited to marriage and family counselling, educational counseling, aptitude testing, and educational testing and services.
9. **Consultations:** Telephone, E-mail, internet consultations, telemedicine, missed appointments, after hour's expenses, and charges made by a Provider who is a member of the Insured Person's family.
10. **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 Policy. Medical complications arising from such treatments or procedures are also not covered.
11. **Dental Care:** General dental care including oral exams, preventive treatment, fillings, extractions, root canal, crowns, inlays, bridges, and orthodontic treatment, **unless the Optional Dental Benefit has been selected.** The following is not covered under the Optional Dental Benefit. a) Dental services at a Hospital, including general anesthesia are not covered under the medical plan; b) False teeth and replacement of lost or stolen crowns, bridges, or dentures; c) Implants and all related services; d) Temporomandibular Joint Disorders (TMJ) or Malocclusion Temporomandibular Joint Disorders and mouth guards for teeth grinding.



- 12. Epidemic:** Treatment and services related to infectious diseases declared to be an outbreak, epidemic, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other government or government agency or ruling body of the country where the outbreak or epidemic has occurred in. Additionally, such coverage is also excluded if there has been an official warning issued against travel to the area, by the State Department, Embassy, Airline or other governmental agency, prior to travel to the affected country. This exclusion will not apply if exposure occurs accidentally or unknowingly while travelling to or from areas not declared to be at risk, or if exposure occurs as a result of residing or working in the area prior to the outbreak.
- 13. Exceptional Risks:** Treatment related to: a) Injury sustained while participating in a hazardous or extreme sport or activity or training for any professional sport or activity, b) Injury sustained while participating in, or training for, or as a consequence of war (declared or not); acts of terrorism, c) Chemical contamination; d) The malicious use of nuclear, chemical, or biological weapons or warfare; e) Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel.
- 14. 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.
- 15. 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 unless Medically Necessary, and any expenses for male or female reversal of sterilization. c) Contraceptive devices including the insertion or removal of such devices.
- 16. Genetic Screening:** Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- 17. Growth Hormones:** Treatment related to the aging process, increasing athletic ability, and treatment for medical conditions not generally accepted by the medical community or demonstrated medical efficacy. Generally accepted therapeutic uses of growth hormones are covered for medical conditions covered by this Policy.
- 18. Hair Treatment:** Treatment for alopecia or hair loss including but not limited to hairplasty, hair transplants or any other procedure to stimulate hair growth, the temporary removal of hair by laser, electrolysis, waxing, or any other means.
- 19. Hearing Care:** Routine hearing examinations and hearing aids **unless the Optional Hearing Benefit has been selected.** The surgical implantation of or removal of bone anchored hearing devices is not covered by the Optional Hearing Benefit.
- 20. High Performance Prosthetic:** Devices for sports or improvement of athletic performance, and power enhancement or power controlled devices, nerve stimulators, and other such enhancements to prosthetic devices.
- 21. Illegal Activities:** Illnesses and Injuries resulting or arising from or occurring during the commission or perpetration of a violation of law.
- 22. Immunizations for Travel:** Vaccinations and preventive medications recommended or required for travel to specific countries.



- 23. Maternity Coverage:** All expenses related to pregnancy and childbirth including complications of pregnancy, premature birth, and congenital/birth anomalies unless **the Optional Maternity coverage has been selected**. Elective caesarean section is not covered under the Optional Maternity coverage.
- 24. Medical Examinations or Certificates:** Any examination, immunization, or tests necessary for the issuance of medical certificates or determining employment, or suitability for school, sport related activities, or travel or determining insurability.
- 25. Non-Covered Treatments:** Treatment of any Illness or Injury, or charges relating to such that is: a) Not ordered or recommended by a Physician, or, b) Not Medically Necessary, or, c) Not rendered under the scope of the Physician's licensing; or d) Not professionally recognized or is determined by Insurer to be unnecessary for proper treatment.
- 26. 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.
- 27. Organ Transplant Donor Expenses:** Donor search and donor medical services are not covered under the transplant benefit. Storage of bone marrow, stem cell, or other tissue or cell, and all expenses for cryopreservation of more than 24 hours are also excluded.
- 28. Personal Comfort and Convenience Items:** Expense for items that are provided solely for personal comfort or convenience such as television, private rooms, housekeeping services, special diets, telephone charges, and take home supplies.
- 29. 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.
- 30. Preparation Classes:** Related to maternity or delivery of a newborn child.
- 31. Preventive/Wellness Care:** Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health, **unless the Optional Wellness Benefits has been selected**. Body scans are not covered under the Optional Wellness Benefit.
- 32. Sanctions:** Notwithstanding any other terms under this Policy, the Insurer shall not provide coverage nor make any payments or provide any service or benefit to any Insured, beneficiary, or third party who may have any rights under this Policy to the extent that such cover, payment, service, benefit, or any business or activity of the Insured Person would violate any applicable trade or economic sanctions law or regulation.
- 33. Skin Conditions:** Acne, rosacea, skin tags, and any other treatment to enhance the appearance of the skin, except for cystic or pustular acne.
- 34. Sleep Studies:** Sleep studies and other treatments relating to sleep apnea.
- 35. Smoking Cessation:** Treatments whether or not recommended by a Physician.
- 36. 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.

- 37. Self-Inflicted Illnesses or Injuries:** Treatment for any conditions as a result of self-inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane. 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.
- 38. Surrogacy:** Care and treatment for an individual acting as a surrogate including the delivery of the child.
- 39. 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.
- 40. Vision Care:** Exam, frames, lenses, **unless the optional Visions Benefits has been selected.** The following is not covered by the Optional Vision Benefit. a) Optional lens coating for anti-glare, anti-scratch, or UV sun protection and sunglasses and related accessories; b) Other devices to assist with impaired vision; c) Laser surgery to improve visual acuity including PRK, LASIK, and Custom LASIK.
- 41. 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.

## DEFINITIONS

**Accident:** Any sudden and unforeseen event occurring during the Policy Period, resulting in bodily Injury, the cause or one of the causes of which is external to the Insured Person's own body and occurs beyond the Insured Person's control.

**Actively Studying:** A Student will be considered Actively-Studying if they are enrolled with the policyholder, listed as active student for the relevant semester, and/or are attending classes on the date the insurance Policy takes effect.

**Activities of Daily Living (ADL):** Those activities normally associated with the day-to-day fundamentals of personal self-care, including but not limited to: walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, medication, and getting in and out of bed.

**Active participant:** An active member of the military forces e.g. Army, Navy, Air Force, Territorial Army or Police or any other special forces activated by Government or other public authorities to defend law and order in case of a warlike operation, or any other person who takes up arms in an active or defensive role.

**Acute:** A disease or Illness characterized by symptoms of rapid onset, severe symptoms, and brief duration including any intense symptoms, such as severe pain.

**Admission:** The period from the time that an Insured Person enters a Hospital, Extended Care Facility, or other approved medical care facility as an Inpatient until discharge.

**Air Ambulance:** An aircraft specially equipped with the necessary medical personnel, supplies and Hospital equipment to treat life-threatening Illnesses and/or Injuries for persons whose conditions cannot be treated locally and must be transported by air to the nearest medical center that can adequately treat

their conditions. This service requires Pre-Authorization. A commercial passenger airplane does not qualify as an Air Ambulance.

**Allowable Charge:** The fee or price Insurer determines to be the Usual, Reasonable and Customary Charge for medical care services provided to Insured Persons that are covered under the Policy. The Insured Person is responsible for the payment of any balance over the Allowable Charge (except in the U.S. when a Preferred Provider has delivered the service, then there is no balance due). All services must be Medically Necessary. Once an allowable charge is established then the Deductible, Coinsurance, Copayments and any excess charges must be paid by the Insured Person.

**Annual Maximum Benefit:** The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by Insurer per person, per Policy Period regardless of the actual or Allowable Charge. This is after the Insured Person has met his obligations of Deductible, Coinsurance, Copayments and any other applicable costs.

**Biological agent:** Any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**Chemical agent:** Any compound that, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

**Chronic Medical Condition:** An Injury or Illness which may be expected to be of long duration and which may be marked by recurrences requiring continuous or periodic care. A Chronic Medical Condition has one or more of the following characteristics; it continues indefinitely, it comes back or is likely to come back, is permanent, or it requires long-term monitoring, consultations, check-ups, examinations, or tests.

**Coinsurance:** The percentage amount of the Allowable Charges that the Insured Person and the Insurer will share after the Deductible is met.

**Complications of Pregnancy:** A condition:

- Caused by pregnancy, and
- Requiring medical treatment prior to, or subsequent to termination of pregnancy, and
- The diagnosis of which is distinct for pregnancy, and
- Which constitutes a classifiably distinct complication of pregnancy.

A condition simply associated with the management of a difficult pregnancy is not considered a complication of pregnancy.

When pregnancy is not terminated, complications of pregnancy include; a) acute nephritis, b) nephrosis, c) cardiac decompensation, d) missed abortion, e) eclampsia, f) puerperal infection, g) R.H. Factor problems, h) severe loss of blood requiring transfusion, and i) other similar medical and surgical conditions of comparable severity related to pregnancy.

When pregnancy is terminated; complications include; a) non-elective cesarean section, b) ectopic pregnancy that is terminated, and c) spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

**Confinement:** Inpatient stay at an approved Extended Care Facility for necessary skilled treatment or rehabilitation in accordance with the contract.

**Congenital Condition:** Any heredity condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. These deviations, either physical or mental, include but are not limited to, genetic and non-genetic factors or inborn errors of metabolism.

**Country of Residence:** Where the Insured Person resides during the majority of any calendar or Policy Year, or where the Insured Person has resided more than 180 days during any 12-month period while the Policy is in effect.

**Covered Expenses:** The Usual, Customary, and Reasonable charges incurred by an Insured Person, while covered under this Policy, for Medically Necessary services, treatments or supplies described under the provisions titled Medical Coverage and, if applicable, covered dental expense and/or covered vision expense.

**Copayment:** A fixed dollar amount that may be applied per office visit each time medical services are received. Ancillary services such as laboratory and radiology service (i.e. blood tests, x-rays) that may be in conjunction with an office visit do not require a separate Copayment. Copayments do not apply to the Deductible or to the Out-Of-Pocket Maximum.

**Custodial Care:** Includes: 1) the provision of room and board, nursing care, or such other care which is provided to an individual who is mentally or physically disabled and who, as determined by the individual's attending Physician, has reached the maximum level of recovery; and 2) in the case of an institutionalized person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and 3) rest cures, respite care and home care provided by family members. Upon receipt and review of a claim, the Insurer or an independent medical review will determine if a service or treatment is Custodial Care.

**Deductible:** The amounts of covered Allowable Charges payable by the Insured Person during each Policy Period before the Policy benefits are applied. Such amount will not be reimbursed under the Policy. The Deductible is not considered part of the annual Out-of-Pocket Maximum.

**Dependent:** Refers to a member of the Insured Person's family who is enrolled under the Policy with the Insurer after meeting all the eligibility requirements of the Policyholder and the Insurer and for whom Premiums have been received.

**Durable Medical Equipment (DME):** Orthopedic braces, artificial devices replacing body parts and other equipment customarily and generally useful to a person only during an Illness or Injury and determined by Insurer on a case by case basis to be Medically Necessary including motorized wheelchairs and beds. See DME Section for more details and services that are not consider eligible benefits.

**Effective Date:** The date upon which an Insured Person's coverage will commence under this Policy, as determined by the Insurer.

**Eligible Student:** A student of the Policyholder who meets all of the Eligibility criteria under this Policy.

**Eligibility:** The requirements that an Insured Person and/or his dependents if applicable must meet at all times in order to be covered as described under this Policy.

**Emergency Treatment:** Medical care for a Medical Emergency that is required for the immediate relief of an acute symptom or upon advice from a licensed physician cannot be delayed until your return to your Home Country.

**Emergency Dental Treatment:** Emergency dental treatment is urgent treatment necessary to restore or replace sound natural teeth damaged as a result of an Accident. Sound teeth do not include teeth with previous crowns, fillings, or cracks. Damage to teeth caused by chewing foods does not qualify for Emergency Dental coverage.

**Student:** An individual enrolled with the Policyholder to study and attend classes at the Policyholder's location.

**Expatriate:** A person who resides outside of their Home Country.

**Experimental and/or Investigational:** Any treatment, procedure, technology, facility, equipment, medication, medication usage, device, or supplies not recognized as accepted medical practice by the Insurer.

**Extended Care Facility:** A nursing and/or rehabilitation center approved by the Insurer that provides skilled and rehabilitation services to patients who are discharged from a Hospital or who are admitted in lieu of a Hospital stay. The term Extended Care Facility does not include nursing homes, rest home, health resorts, homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of substance abuse addicts or alcoholics, or similar institutions.

**GBG Assist:** The customer service division of the Insurer. They provide, 24/7 assistance service to answer any customer needs around the world, including emergency evacuation, benefit coordination, locating a network provider, and Pre-Authorization of medical services.

**Hazardous Activity:** Activities that might heighten the risk of disease or death to an individual.

**HIV:** All diseases caused by and/or related to the HIV Virus including Acquired Immune Deficiency Syndrome (AIDS).

**Home Country:** Where the Insured resides the majority of any calendar year or Policy Period, or where the Insured has resided more than 180 days during any 12-month period while the Policy is in effect.

**Home Health Care Plan:** A program: 1) for the care and treatment of an Insured Person in his home; 2) established and approved in writing by his attending Physician; and 3) Certified, by the attending Physician, as required for the proper treatment of the Illness or Injury, in place of Inpatient treatment in a Hospital or in an Extended Care Facility.

**Hospice:** An agency which provides a coordinated plan of home and Inpatient care to a terminally ill person and which meets all of the following tests: 1) has obtained any required state or governmental license or Certificate of Need; 2) provides service 24 hours a day, 7 days a week; 3) is under the direct

supervision of a Physician; 4) has a nurse coordinator who is a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.); 5) has a duly licensed social service coordinator; 6) has as its primary purpose the provision of Hospice services; 7) has a full-time administrator; and 8) maintains written records of services provided to the patient.

**Hospital:** Includes only acute care facilities licensed or approved by the appropriate regulatory agency as a Hospital, and whose services are under the supervision of, or rendered by a staff of Physicians who are duly licensed to practice medicine, and which continuously provides 24 hour a day nursing service under the direction or supervision of registered professional nurses. The term Hospital does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, custodial care, care of substance abuse addicts or alcoholics, or similar institutions.

**Illness:** Any sickness, disease, disorder or alteration in the Insured Person's medical condition as duly diagnosed by a Physician.

**Injury:** Physical harm caused by accidental and external means.

**Inpatient:** A person admitted to an approved Hospital or other health care facility for a Medically Necessary overnight stay.

**Insured Student:** An Eligible Student who is enrolled for and entitled to coverage under this Policy and for whom the required Premium has been paid.

**Insured Person (or Insured):** A Student enrolled for and entitled to coverage under this Policy and for whom the required Premium has been paid.

**Insurer:** The insurance company who is liable for losses incurred under this Policy. The Insurer is shown on the Policy Face Page. The Insurer may also be referenced as We, Us, or Our in this Policy.

**Late Enrollee:** An Insured Person who enrolls for coverage more than 31 days after the date of eligibility.

**Lifetime Maximum:** The maximum amount payable by the Insurer per individual Insured Person as indicated in the Schedule of Benefits, as long as the Policy remains in force.

**Local National:** A person who resides and is employed in the country where he is a citizen.

**Mandatory Plan:** An insurance plan into which all students that meet the Eligibility definition are required to enroll. A waiver of coverage is not permitted for any Eligible Student.

**Medical Emergency:** A sudden, unexpected, and unforeseen event caused by an Illness or Injury that manifests itself by symptoms of sufficient severity that a prudent layperson would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**Medical Identification Card:** The card provided to each Insured Person. This card contains limited benefit information, as well as contact information for submitting claims and emergency medical treatment. Insureds may in certain circumstances have two identification cards.

**Medically Necessary:** Those services or supplies which are provided by Hospital, Physician or other approved medical providers that are required to identify or treat an Illness or Injury and which, as determined by Insurer, are as follows:

- Consistent with the symptom, or diagnosis and treatment of condition, disease or Injury, and
- Appropriate with regard to standards of accepted professional practice, and
- Not solely for the Insured Person's convenience, the Physician's convenience or any other provider's convenience, and
- The most appropriate supply or level of service, which can be provided. When applied to an Inpatient, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an Outpatient, and
- Is not a part of or associated with the scholastic education or vocational training of the patient, and
- Is not Experimental or Investigative

**Nurse:** A person licensed as a Registered Nurse, (R.N.) or Licensed Practical Nurse, (L.P.N.) by the appropriate licensing authority in the areas which he practices nursing.

**Outpatient:** Services, supplies or equipment received while not an Inpatient in a hospital, or other medical care facility, or overnight stay. Outpatient surgery is inclusive of all invasive procedures including colonoscopy and endoscopy procedures.

**Out-of-Pocket Maximum:** The maximum amount of expenses the Insured Person will pay for Allowable Charges during the Policy Period after the Deductible is met. Once the Policy Period Coinsurance maximum is reached, the Insurer shall pay 100% of eligible Covered Expenses for the remainder of the Policy Period.

**Physician:** Any person who is duly licensed and meets all of the laws, regulations, and requirements of the jurisdiction in which he practices medicine, osteopathy or podiatry and who is acting within the scope of that license. This term does not include: (1) an intern, or (2) a person in training.

**Policy:** The agreement between the Insurer and the Policyholder. The Policy includes this document, the Policyholder application form, amendments, enrollment forms including health statements if required, and a complete eligibility census including a list of Eligible Students not Actively Studying make up the entire contract between the parties.

**Policy Effective Date:** The date that this Policy is first implemented, without regard to renewals thereafter.

**Policyholder:** An employer or other group that: a) has applied for coverage and is named as the Policyholder on the Policy Face Page of this Policy, and b) is providing a group insurance plan for its Students and their Dependents if applicable under this Policy. The Policyholder may also be referenced as You or Your in this Policy.

**Policy Period (or Policy Year):** The period of time during which this Policy is in effect, provided all Policy conditions are met. The Policy Period begins on the Policy Effective Date and ends on the Policy End Date as shown on the Policy Face Page.



**Pre-Existing Condition:** Any Illness or Injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed medication, or where distinct symptoms were evident prior to the effective date.

**Premium (s):** The consideration owed by the Policyholder to the Insurer in order to secure benefits for its eligible Students under this Policy.

**Premium Payment Mode:** The recurring cycle specified on the Policy Face Page upon which the Premium for this Policy is due.

**Prescription Medications:** Prescription Medications are medications which are prescribed by a Physician and which would not be available without such prescription. Certain treatments and medications, such as vitamins, herbs, aspirin, cold remedies, medicines, experimental or Investigative medications, or medical supplies even when recommended by a Physician, do not qualify as Prescription Medications.

**Provider:** The organization or person performing or supplying treatment, services, supplies or medications.

**Rehabilitation:** Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery.

**Renewal Date:** The date that is 12 months from the date the Policy was first issued, and recurs every 12 months thereafter. In some instances, the first renewal date may be shorter or longer than 12 months if special circumstances apply.

**Repatriation or Local Burial:** This is the expense of preparation and the air transportation of the mortal remains of the Insured Person from the place of death to their Home Country, or the preparation and local burial of the mortal remains of an Insured Person who dies outside their Home Country. This benefit is excluded where death occurs in their Home Country.

**Respite Care:** Inpatient care for a chronically or terminally ill patient, for the sole purpose of relieving the patient's primary caregiver.

**Schedule of Benefits:** The summary description of the benefits purchased by the employer, payment levels and maximum benefits, provided under this Policy. The Schedule of Benefits is part of this Policy.

**Subrogation:** The term subrogation refers to circumstances under which the Insurer may recover expenses for a claim paid out when another party should have been responsible for paying all, or a portion of that claim.

**Terrorism:** Terrorist activity means an act, or acts, of any person, or groups of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization or government.



**Usual, Customary and Reasonable:** The lower of: 1) the provider's usual charge for furnishing the treatment, service or supply; or 2) the charge determined by the Insurer to be the general rate charged by others who render or furnish such treatments, services or supplies to persons: 1) who reside in the same geographical area; and 2) whose Illness or Injury is comparable in nature and severity.

The Usual, Customary, and Reasonable charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: 1) complexity, 2) degree of skill needed, 3) type of specialist required, 4) range of services or supplies provided by a facility, and 5) the prevailing charge in other areas.

**Voluntary Plan:** Eligible Students and/or dependents are not required to enroll for coverage. Specific underwriting requirements detail the condition on which an eligible individual can be covered.

**Waiting Period:** The period of time specified on the Schedule of Benefits which must pass before coverage will begin.

**Administered By:**  
Global Benefits Group,



**Insured By:**  
Post and Telecommunication Joint Stock Insurance (PTI)