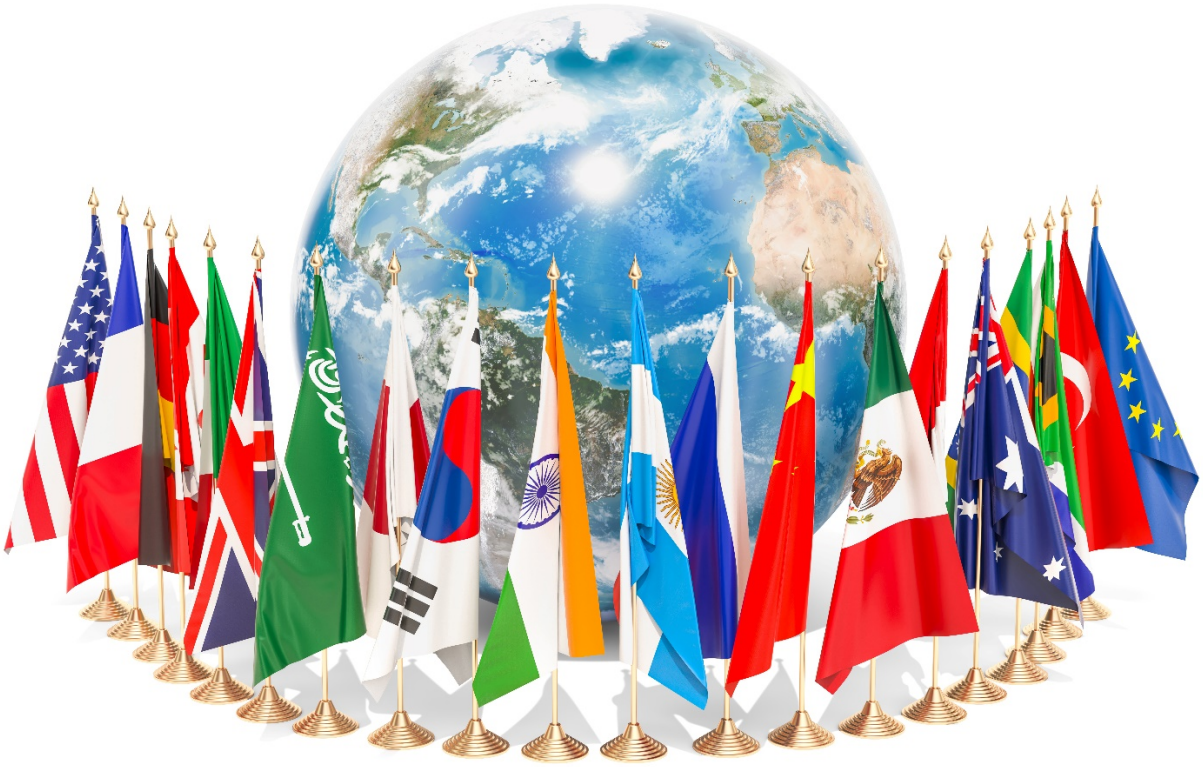
Insurance for Students

FutureHealth

IFS Secure Basic Plan

INTERNATIONAL STUDENT HEALTH INSURANCE SCHEDULE OF BENEFITS



IFS-025

Welcome! This is a short-term medical Plan intended to provide Accident and Illness coverage while you are temporarily away from your Home Country and studying abroad.

2021-2022 IF Student Secure Basic Plan Rates

Age Band	Monthly Rate (30 Days)	Annual Rate
Student Age 12-24	$ 52.00	$ 631.45
Student Age 25-29	$ 89.00	$ 1,073.10
Student Age 30-64	$ 211.00	$ 2,565.95

- ***Using an In-Network medical Provider in the U.S results in lower out-of-pocket costs to you.*** See the section titled "Preferred Provider Network" for assistance with locating a Provider.
- ***Pre-Authorization is a process for obtaining approval for specified non-emergency, medical procedures or treatments***. Failure to Pre-Authorize when required will result in a reduction in payment by the Insurer. See the section titled, "Pre-Authorization Requirements and Procedures" for more complete details.
- ***Prescription Medication must be obtained from a CVS/Caremark pharmacy***. Present your Medical Identification card to the pharmacist and a discount will be applied. Payment is due at the time of purchase. Follow the claims filing procedures for reimbursement per the benefits shown under the Schedule of Benefits. See the section titled, "How to File a Claim" for instructions on reimbursement. A list of participating pharmacies can be viewed at www.gbg.com.
- ***Hospital Emergency Rooms*** should only be used in Medical Emergency situations. A Medical Emergency situation is where your life or health is in jeopardy. Using an emergency room is very expensive. If you are using an emergency room for convenience or for any reason other than a Medical Emergency, you will be responsible for a large portion of the payment.

How You Can Reach Us

Questions about Enrollment, ID Card, Waiver Assistance:

- 1-800-356-1235 or
- info@insuranceforstudents.com

To Enroll in this plan, please visit: www.InsuranceForStudents.com

Pre-Authorization, and Help Locating a Provider (24/7)

- Worldwide Collect +1.786.814.4125
- Inside USA/Canada Toll Free +1.866.914.5333

We look forward to providing you with this valuable insurance protection and outstanding service during your period of study.

SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. The benefits are divided into two sections: Medical Expense Benefits and Non-Medical Expense Benefits. Please read the Description of Benefits sections for full details. All benefits described are subject to the definitions, exclusions and provisions.

ELIGIBLE PERSONS

Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below:

Class 1

A registered full time undergraduate or a graduate student attending classes who is a minimum age of 12 years and maximum of 64 years:

- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid F, J, M, or Q visa. F1 visa holder on OPT are not eligible.

Class 2

- The spouse or domestic partner of a Class 1 Insured Person

Class 3

- The Dependent child(ren) of a Class 1 Insured Person

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are subject to the Insured Person's Deductible, Copayment, and Coinsurance amount. After satisfaction of the Deductible and applicable Copayments, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and reimbursement level.

GENERAL FEATURES AND PLAN SPECIFICATIONS	
U.S. Provider Network	United Healthcare
Area of Coverage	Worldwide Basis, Excluding Home Country
Maximum Benefit Payable per covered Illness or Injury	$250,000
Lifetime Maximum	Unlimited
Individual Deductible per Period of Insurance	
•In-Network Provider	$250 per Insured Person, 2x Individual per family
•Out-of-Network Provider	$1,000 per Insured Person, 2x Individual per family

The Deductible for In-Network does not accrue towards the Out-of-Network Deductible.

COPAYMENTS
Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.
When a Copayment applies, the service is not subject to Deductible.

• **Student Health Center Copayment**	$15 per visit not subject to Deductible
• **Physician/Specialist Office Visit Copayment**	$40
• **Urgent Care Center Copayment**	$50
• **Hospital Copayment per Admission**	$200
• **Emergency Room Copayment** (waived if admitted)	$300 per Occurrence
• **Advanced Medical Imaging Copayment**	$350

Out-of-Pocket-Maximum per Period of Insurance

• In-Network	Unlimited per Insured Person
• Out-of-Network	Unlimited per Insured Person

The Deductible does not apply to the Out-of-Pocket Maximum

Pre-Existing Condition Limitation (12 months Lookback Period)	**Student:** Pre-Existing Conditions are covered after a 6 months Waiting Period. Waived with credible coverage **Dependents:** Pre-Existing Conditions are covered after a 24 months Waiting Period.

COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Coinsurance, Copayment, 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. (if available). Coinsurance reduces to 70% UCR when Out-of-Network Providers in the U.S. are used.
HOSPITALIZATION AND INPATIENT BENEFITS	
Accommodations including semi-private room • Copayment applies	80% Preferred Allowance
Intensive Care/Cardiac Care	80% Preferred Allowance
Mental Health	80% Preferred Allowance
Inpatient Consultation/Visit by a Physician or Specialist	80% Preferred Allowance
Diagnostic Testing and Hospital Miscellaneous Expense	80% Preferred Allowance
Pre-Admission Testing	80% Preferred Allowance

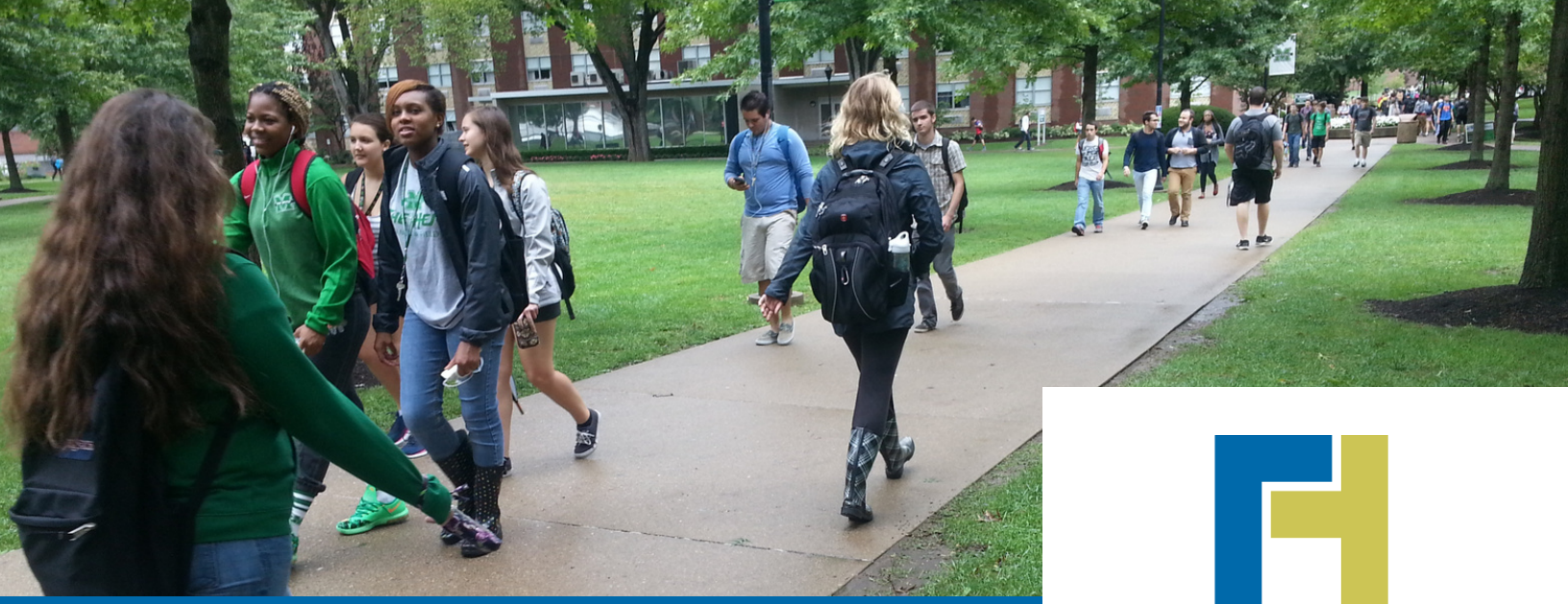
OUTPATIENT BENEFITS	
Physician Visit or Consultation by Specialist • Office visit Copayment applies • Urgent Care Center Copayment applies	80% Preferred Allowance
Diagnostic Testing • X-Ray and Laboratory	80% Preferred Allowance
Advanced Medical Imaging • Magnetic Resonance Imaging (MRI) • Computed tomography (CT) • Positron Emission Tomography (PET) • Other radiology imaging procedure • Copayment applies	80% Preferred Allowance
Mental Health • Office visit Copayment applies	80% Preferred Allowance
SURGICAL BENEFITS (INPATIENT/OUTPATIENT)	
Inpatient, Outpatient or Ambulatory Surgery Includes: • Surgeon's Fees • Out of network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary & Reasonable for surgery) • Facility fees • Laboratory tests • Medications and dressings • Other medical services and supplies	80% Preferred Allowance
EMERGENCY BENEFITS	
Emergency Room and Medical Services • Copayment waived, if admitted • Non-emergency use of the emergency room is Not Covered	80% Preferred Allowance
Ambulance Services • Emergency local ground ambulance	80% Preferred Allowance
Emergency Dental • Limited to accidental Injury of sound natural teeth sustained while covered • Maximum Benefit per Period of Insurance: $1,000, up to $200 per tooth	80% Preferred Allowance
MATERNITY CARE	
Normal delivery or Medically Necessary C-Section, pre-natal, post-natal care, and Complications of Pregnancy • Conception must occur while covered under the Policy	80% Preferred Allowance

OTHER BENEFITS (INPATIENT/OUTPATIENT)	
Cancer Care and Oncology	80% Preferred Allowance
Physical Therapy • Maximum Benefit per covered Illness or Injury: 12 visits	80% Preferred Allowance
Diabetic Medical Supplies • Includes Insulin Pumps and associated supplies • Maximum Benefit per Period of Insurance: $5,000	80% UCR
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions	80% Preferred Allowance
Durable Medical Equipment • Reimbursement of rental up to the purchase price • Maximum Benefit per Period of Insurance: $1,000	80% UCR
Alcohol and Substance Abuse	80% Preferred Allowance
Prescription Medications • Up to 31-day supply per prescription • Includes oral contraceptives • CVS/Caremark network pharmacy is required • Maximum Benefit per Period of Insurance: $2,000	70% of Charges
Motor Vehicle Accident • Injuries caused by Accident	80% Preferred Allowance
Sports and Other Activities • Injuries arising from Intramural and Club sports	80% Preferred Allowance
Passive War and Terrorism	Included

NON-MEDICAL EXPENSE BENEFITS

Non-Medical Expense Benefits do not accumulate towards the Medical Expense Maximum Benefit payable per Period of Insurance or toward the Lifetime Maximum.

ADDITIONAL BENEFITS	
Medical Evacuation and Repatriation	100%
Return of Mortal Remains	100%



A Student Assistance Program

FutureHealth
www.MyFutureHealth.com

Hotline # 833-445-5058

- 24/7/365 Confidential and free hotline for any issue, mental health or otherwise
- Free access to online health and wellness education and documentaries
- Hotline and website available in multiple languages
- $50 gift cards given out to top website users every quarter
- Up to 3 face-to-face mental health visits paid for when referred by hotline
- Your buddy will email you daily to see how you are doing

EASY to register! Visit
www.MyFutureHealth.com

Have A Question? Contact Us At:

413-858-2610 Q@fhsmail.com

DIALCARE

PHYSICIAN ACCESS

DialCare Physician Access is a modern, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing students convenient access to quality care while studying and traveling in the U.S. When medically appropriate, a DialCare doctor may prescribe a short term, non-DEA controlled medication that they can pick up at the pharmacy of their choice.

Members can conveniently connect with a doctor with no consult fee.

Disclosure: THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance.

When to use DialCare Physician Access:

- For non-emergency medical issues and questions
- During or after normal business hours, nights, weekends and holidays
- If member lives a significant distance from a primary care doctor
- When a primary care doctor is not available
- When traveling and in need of non-urgent medical care or advice

What conditions can be treated?

- Allergies
- Fever
- Respiratory infections
- Asthma
- Gout
- Sinus infections
- Bronchitis
- Insect bites
- Skin inflammations
- Cold & flu
- Sore throat
- Digestive issues
- Joint aches & pains
- Sports injuries
- Ear infections
- Rashes
- Urinary tract infections
- And more!

DialCare PHYSICIAN ACCESS