

# GLOBAL CARE ELITE

Meets F-1  
and J-1  
Requirements

2024-25





# WELCOME TO GLOBAL CARE ELITE

## WHAT GCE COVERS

- Provides financial protection for students in case of unexpected medical emergencies while studying in the U.S.
- Ensures access to healthcare services within the UnitedHealthcare network including hospital stays, doctor visits, and medication costs.

## WHY IT'S BENEFICIAL

GCE offers peace of mind by ensuring students are financially protected against the uncertainties of needing medical attention while studying in the United States.

## ELIGIBILITY

### Students:

- All international students and scholars aged 65 and under with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities. International students enrolled in and attending classes on a full-time basis in a high school, undergraduate school, graduate school and English as a second Language program are eligible to enroll.
- OPT participants, dual citizens or permanent residents of the United States are not eligible.
- The Company maintains its right to investigate student status.

## COVERAGE

### GCE provides medical coverage for:

- Non-US citizens on F-1 and J-1 visas studying and residing in the United States
- Accident and Sickness medical expenses
- Mental & Nervous disorders including coverage for substance abuse
- Prescription drugs with copays as low as 20 dollars
- Emergency Room, Hospital, Urgent Care and physician visits
- Emergency Medical Evacuation and Repatriation
- Optional Athletic Sports benefit add on

## POLICY RATES

(Effective 7/1/24 - 6/30/25)

Coverage	Basic	Basic + Sports Coverage Benefit		
		\$0	\$10,000	\$15,000
Age Group				
0 - 24	\$93.72	\$114.33	\$116.68	\$119.02
25 - 29	\$110.90	\$135.30	\$138.07	\$140.84
30 - 39	\$128.08	\$156.27	\$159.47	\$162.67
40 - 49	\$182.75	\$222.96	\$227.52	\$232.10
50 - 59	\$273.35	\$333.49	\$340.32	\$347.16



# PLAN INFORMATION

## FILING A CLAIM

**If your provider files the claim on your behalf:**

- 1) The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per Accident or Sickness.
- 2) You will receive an Explanation of Benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
- 3) The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

**If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying by completing these steps:**

- 1) Download a claim form from <https://acienroll.azurewebsites.net/globalcare>.
- 2) Include your policy number (as shown on your ID card) on the claim form.
- 3) Attach bills for X-rays, lab charges, etc.
- 4) Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

## ACCESSING CARE

**UnitedHealthcare Network**

**To find a PPO provider:**

- 1) Go to [www.uhc.com](http://www.uhc.com) and click "Find a doctor."
- 2) Search as a guest and click "Medical Directory" then "Employer and Individual Plans." Under "What plan are you looking for" select "Options PPO."
- 3) Under "What type of medical care can we help you find near" start by clicking the blue font and entering a street address, city & state, 5 digit zip code or county.
- 4) Once entered, click "Update location."
- 5) Enter or select your search parameters by entering a specific providers name, or service in the search box or by clicking one of the category icons.

## ENROLLMENT

- Visit <https://acienroll.azurewebsites.net/globalcare/bmi> to enroll online with a credit card OR follow instructions from your insurance representative, college or university.

**Administrative Concepts, Inc.**  
PO Box 4000  
Collegeville, PA 19426

**Fax: (610) 293-9299**

**Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts at (800) 476-4802 or [claims@acitpa.com](mailto:claims@acitpa.com).**



# PLAN INFORMATION (CONTINUED)

## CORE EXCLUSIONS

**Please review the policy certificate for the full list of exclusions and definitions**

The policy does not cover any loss resulting from any of the following unless otherwise covered under the policy by additional benefits:

- 1) Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. Applies to Accidental Death & Dismemberment only.
- 2) Voluntary active participation in a riot or insurrection.
- 3) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
- 4) Charges which are in excess of usual, reasonable and customary charges.
- 5) Pre-existing conditions, however a pre-existing condition will be covered after the plan participant has been continuously insured for 6 months under the same participating organization. Refer to the policy for credible coverage that will waive the Pre-ex exclusion.
- 6) Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

These are some of the exclusions in your coverage. For a full list refer back to the policy certificate.

## CORE ACCIDENT AND SICKNESS BENEFITS

**Benefits will be provided only for the Coverages listed below and will be paid only up to the amounts shown.**

<b>POLICY MAXIMUM</b>	<b>\$500,000</b>
<b>DEDUCTIBLE</b>	<b>\$350</b>
<b>Out-of-Pocket Maximum</b>	<b>\$5,000</b>
<b>Pre-Existing Conditions</b>	<b>Pre-Existing conditions are not covered under this plan of insurance. However, a Pre-Existing condition will be covered after the Plan Participant has been continuously insured for six (6) months under the same GCE insurance plan.</b>

Any Deductibles, Coinsurance, Co-payments, and Benefit Maximums apply on a per Plan Participant basis.

# BENEFITS



Benefit Coverage	Benefit Amount	
	In-Network Provider Benefit	Out-of-Network Provider Benefit
Hospital Room & Board Benefit	80% of the Preferred Allowance, subject to a \$200 copay  Maximum allowable for newborn hospital \$5,000	60% of the Semi-Private Room Rate, subject to a \$350 deductible  Maximum allowable for newborn hospital \$1,500
Intensive Care/Cardiac Care Unit Benefit	80% of the Preferred Allowance	60% of URC
Hospital Miscellaneous Expense Benefit	80% of the Preferred Allowance	60% of URC
Surgeon (In or Outpatient) Benefits	80% of the Preferred Allowance	60% of URC
Assistant Surgeon Benefit	80% of the Preferred Allowance	60% of URC
Pre-Admission Testing Benefit	80% of the Preferred Allowance	60% of URC
Anesthesia Benefit	80% of the Preferred Allowance	60% of URC
Day Surgery Miscellaneous Benefit	80% of the Preferred Allowance	60% of URC
Diagnostic X-Ray and Lab Benefit	80% of the Preferred Allowance (MRI, PET & CT Scans subject to a \$100 copay)	60% of URC, subject to a \$250 deductible (MRI, PET & CT Scans subject to a \$250 deductible)
Ambulance Benefit	80% of the Preferred Allowance	60% of Actual Charges
Physician Visit Benefit (Inpatient)	80% of the Preferred Allowance	60% of URC
Physician Visit Benefit (Outpatient)	80% of the Preferred Allowance, subject to a \$25 copay (Copay waived at student center)	60% of URC, subject to a \$50 deductible
Consultant Physician Benefit	80% of the Preferred Allowance, subject to a \$25 copay	60% of URC, subject to a \$50 deductible
Urgent Care Benefit	80% of the Preferred Allowance, subject to a \$50 copay	60% of URC, subject to a \$150 deductible
Radiation/Chemotherapy Benefit	80% of the Preferred Allowance	60% of URC
Emergency Room Benefit	80% of the Preferred Allowance, subject to a \$150 copay (Copay waived if admitted)	60% of URC, subject to a \$350 deductible (Deductible waived if admitted)
Maternity and Pre-Natal Care Expense Benefit (Conception must occur while covered under the Policy)	80% of the Preferred Allowance	60% of URC
Sports Benefits are \$10,000, \$15,000, & \$20,000	80% of the Preferred Allowance	60% of URC
Therapeutic Termination of Pregnancy Benefit	80% of the Preferred Allowance	60% of URC
Emergency Dental Expense Benefit Up to \$2,500 per Policy Term	80% of the Preferred Allowance	60% of URC
Physiotherapy Expense Benefit (Inpatient)	80% of the Preferred Allowance	60% of URC

MENTAL & NERVOUS CONDITIONS EXPENSE BENEFIT AND ALCOHOL & DRUG ABUSE EXPENSE BENEFIT		
Inpatient Expense 30 day maximum per Policy Term;	80% of the Preferred Allowance	60% of URC
Outpatient Expense 30 visit maximum per Policy Term;	80% of the Preferred Allowance, subject to a \$25 copay	60% of URC, subject to a \$50 deductible

For a complete listing of benefits and exclusions please refer to the policy certificate.

# TRAVEL ASSISTANCE SERVICES DETAILS

## Travel Support Services

- Interpretation/Translation: Upon request, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.
- Locating Lost or Stolen Items: On Call will assist in locating lost luggage and help you coordinate the replacement of transportation tickets, travel documents or credit cards.
- Medical Monitoring: During the course of a medical emergency resulting from an accident or sickness, On Call will monitor your case to determine whether the care is adequate from a Western Medical perspective.
- Medical and Dental Search and Referral: On Call will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.
- Advance of Emergency Medical Expenses: On Call will advance on-site emergency inpatient medical payments to secure admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or a friend. Assignment of benefits allows Insurer to claim with the Insured's primary insurance when hospital refuses admission or discharge.
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses: On Call will arrange to fill a prescription that has been lost, forgotten, or requires a refill, subject to local law, whenever possible. On Call will also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.
- Transfer of Insurance Information and Medical Records: Upon your request, On Call will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.
- Assistance with Vaccine and Blood Transfers: If based upon your physician's prescription, needed vaccines or blood products are not available locally, On Call will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

# TRAVEL ASSISTANCE PROGRAM

## PROVIDED BY ON CALL INTERNATIONAL

### Emergency Transportation Services:

- Emergency Medical Evacuation/Medically-Necessary Repatriation
- Repatriation of Mortal Remains
- Transportation after Stabilization
- Visit by Family Member/Friend
- Return of Dependent Children

### Emergency Support Services:

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

**FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY**

**Local: 603-691-5690**

**Toll Free: 833-371-2554**

**Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)**



# TRAVEL ASSISTANCE PROGRAM (CONTINUED)

## NON-INSURANCE PERSONAL ASSISTANCE SERVICES

**These are Non-Insurance Services provided by On Call International:**

- **Pre-Trip Information:** Upon request, On Call will provide information services such as visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.
- **Interpretation/Translation:** If during your trip you need an interpretation, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.
- **Legal Referral/Bail:** Upon request, On Call will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, On Call will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or a friend. You are responsible for associated fees.
- **Emergency Cash Advance:** On Call will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.