



# Pioneer Elite

## Plan Summary

Accident & Sickness Insurance Plan for International Student Athletes



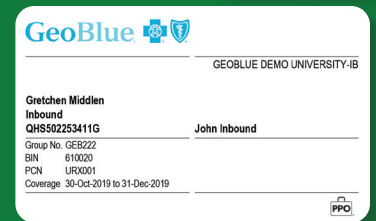


# PIONEER ELITE INSURANCE PLAN

International Student Protection is pleased to present our Pioneer Elite insurance plan for international student athletes studying in the U.S. The Pioneer Elite Plan exceeds the state department requirements for J-1 visa holders and provides exceptional coverage at a low monthly rate.

## Why choose Pioneer Elite?

- Options of \$10,000, \$15,000 or \$20,000 Benefit for Sports Injuries
- Access to 24/7 Global TeleMD™ & Global Wellness Assist services
- Office Visit Copay Waived at Student Health Center
- No exclusions for drug or alcohol related conditions
- No exclusions for self-inflicted injuries
- No pre-certification or pre-authorization needed for specialists
- Access to Blue Cross Blue Shield lowers out-of-pocket expenses



## Superior Service

ISP Plans are distinguished by personalized service. All participants have access to live, fully trained customer service representatives. In addition, our automated online enrollment system makes purchasing coverage and checking the status of a claim convenient and easy.

## Ease of Administration

**MANDATORY OR VOLUNTARY PLAN:** Students can enroll directly through our website, or we can accept group enrollments from the college or university.

**WAIVER/VERIFICATION FORMS:** Our GeoBlue Plan Administrator is available to assist you and your students. We strive to return completed forms within 24 hours.

**APPROVED PLAN:** We work with many schools that have reviewed our plan and have approved it as an accepted waiver option. This simplifies the waiver process for both students and administrators, as the student simply submits their ID Card/ Proof of coverage to verify that they have met their school's requirements.



## MONTHLY RATES



|                        | Pioneer Elite 10K | Pioneer Elite 15K | Pioneer Elite 20K |
|------------------------|-------------------|-------------------|-------------------|
| Age 29 and Under       | \$181             | \$218             | \$244             |
| Age 30 & Over          | \$240             | \$277             | \$303             |
| Dependent (Spouse)     | \$643             | \$680             | \$705             |
| Dependent (Each Child) | \$614             | \$650             | \$677             |

## PIONEER ELITE PLAN BENEFITS

|   | In Network   | Out of Network   |
|---|--|--|
| Coverage Year Limit   | Unlimited  |  |
| Maximum per Covered Injury or Sickness (per person)         | \$500,000  |  |
| Intercollegiate, Interscholastic, Intramural or Club Sports | Allowed Amounts up to \$10,000 or \$15,000 or \$20,000 Maximum per Injury of Sickness                |  |
| Deductible per Insured Member                               | \$350 per Coverage Year  |  |
| Coinsurance per Insured Member                              | 80% of PPO Allowance for the first \$25,000; 100% of Covered Expenses thereafter                     | 60% of Usual and Customary   |
| Maximum Out-of-Pocket per Insured Member                    | \$5,000<br>Maximum out-of-pocket excludes Deductibles/Copays/Non Covered Charges                     |  |
| Physician Office Visits                                     | After the Deductible is Satisfied, 80% of the Allowed Amount after a \$25 Copay per visit            | After the Deductible is Satisfied, 60% of the Allowed Amount after a \$50 Copay per visit  |
| Hospital and Physician Outpatient Services                  | After the Deductible is Satisfied, 80% of the Allowed Amount after a \$50 Copay per visit            | After the Deductible is Satisfied, 60% of the Allowed Amount after a \$250 Copay per visit |
| Inpatient Hospital Services                                 | After the Deductible is Satisfied, 80% of the Allowed Amount after a \$150 Copay per visit           | After the Deductible is Satisfied, 60% of the Allowed Amount after a \$250 Copay per visit |
| Emergency Hospital Services                                 | After the Deductible is Satisfied, 80% of the Allowed Amount after a \$150 Copay per visit           | After the Deductible is Satisfied, 60% of the Allowed Amount after a \$250 Copay per visit |
| Prescription Drug Copay                                     | \$25 Generic / \$50 All Other  |  |
| Extension of Benefits                                       | Up to 31 Days if Hospitalized for a Covered Accident or Sickness at time of Coverage Expiration Date |  |
| Pre-Existing Condition Limitation                           | N/A  |  |
| Mental and Nervous Disorders including Substance Abuse      |  |  |
| Inpatient   | Allowed Amount for a Maximum period of 30 Days per Coverage Year                                     |  |
| Outpatient  | Allowed Amount for a Maximum period of 30 Visits per Coverage Year                                   |  |
| Acupuncture and Physiotherapy (Outpatient)                  | Reasonable Expenses Up to 30 Visits per Coverage Year  |  |
| Chiropractic Care   | Allowed Amount Up to \$5,000 Maximum per Coverage Year   |  |
| Repairs to Sound, Natural Teeth Required Due to an Injury   | Allowed Amount up to \$2,500 per Coverage Year   |  |
| Emergency Medical Evacuation                                | 100% of Actual Cost  |  |
| Emergency Family Travel Arrangements                        | Up to \$2,500  |  |
| Emergency Family Reunion Arrangements                       | Up to \$2,500  |  |
| Repatriation of Mortal Remains                              | 100% of Actual Cost  |  |
| Accidental Death & Dismemberment                            | \$10,000   |  |

## IN ADDITION TO PIONEER ELITE, ISP CAN PROVIDE INSURANCE SOLUTIONS FOR:

- ☑ International Students
- ☑ U.S. Students & Faculty Going Abroad
- ☑ Trip Cancellation
- ☑ J2 Visa Holders & International Visitors
- ☑ U.S. Citizens Traveling Abroad

If you have international students coming to the U.S. or a group of students traveling abroad and you do not see a plan that meets your needs, please contact us to design a customized group insurance plan based on your University's requirements.

## Accident & Sickness Insurance Plan for International Student Athletes

*This brochure provides a brief summary of the ISP plan contained within. All benefits provided are subject to the definitions, limitations, exclusions and other provisions within the policy. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to the policy. Product is not available in every by state. If any conflict should arise between the contents of this brochure and the respective policies, the terms of the policy will govern in all cases.*

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association. This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan.

Services are provided by WorkPlace Options, an independent company that is not affiliated with GeoBlue and does not provide Blue Cross or Blue Shield products or services. WorkPlace Options is solely responsible for referring participants for counseling, coaching and work-life services by providers who are appropriately licensed by local authorities. The evaluation and efficacy of any service delivered by a provider lies solely with the employee, spouse, dependent or other authorized party who inquires on behalf of the participant. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider counseling or the counselor/participant relationship.

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT.

## FOR MORE INFORMATION, PLEASE CONTACT THE FOLLOWING:

**First Agency, an authorized agency of GeoBlue®**  
**5071 West H Avenue, Kalamazoo, Michigan 49009**  
**(269) 381-6630 / Fax: (269) 492-0084**



[www.1stAgency.com](http://www.1stAgency.com)

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