

SUMMARY OF BENEFITS

INTERNATIONAL STUDENT (INBOUND TO U.S.)

Gardner-Webb University
2024



Please note that this summary contains a description of the insurance benefits provided by the insurance coverage you have purchased. The coverage is provided by a group insurance policy issued to the Fairmont Specialty Trust by Crum & Forster SPC through ITI SP. By purchasing this coverage, you have become a participant in the Fairmont Specialty Trust, a copy of the subscription agreement is contained herein. This description is not intended to be a contract of insurance. Complete provisions pertaining to the insurance coverage are contained in the policy. In the event of any conflict between this plan summary and the policy, the policy will govern. The policy is not designed to cover U.S. residents and citizens, and it is not subject to guaranteed issuance or renewal.

This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

USCHIP is the marketing name for USCHIP, LLC. TSS is the marketing name for Total Scholastic Solutions, LLC, including its subsidiary and affiliated companies. Administration and intermediary services for the insurance coverage are provided by or through operating subsidiaries of Total Scholastic Solutions, LLC, including TSS Assist, Inc., TSS Administrative Services, Inc., USCHIP, LLC, and SHIP, Ltd. Insurance products are provided by an insurance company unaffiliated with TSS.

FACE PAGE

Policyholder	Fairmont Specialty Trust
Sponsoring Organization Name	Gardner-Webb University
Sponsoring Organization Address	110 South Main Street, PO Box 877, Boiling Springs, North Carolina, 28017
Plan Number	SGP021226
Effective Date	01 August 2024
Termination Date	31 July 2025
Currency	USD

SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. The benefits are divided into three sections; Medical Expense Benefits, Non-Medical Expense Benefits, and Accidental Death & Dismemberment 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 16 years and maximum of 40 years;

- 1. Student must have a current passport and be travelling outside their Home Country, and
- 2. Student must have a valid F, M, H, O, 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 Period of Insurance	\$100,000
Lifetime Maximum	Unlimited
Individual Deductible per Period of Insurance	
• In-Network Provider	\$100 per Insured Person 2x Individual per family
• Out-of-Network Provider	\$100 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 Visit Copayment** \$0 per visit not subject to Deductible

- **Physician/Specialist Office Visit Copayment** \$10

- **Urgent Care Center Visit Copayment** \$20

- **Emergency Room Visit Copayment** \$250
(Waived if admitted)

Out-of-Pocket-Maximum per Period of Insurance

- In-Network \$1,000 per Insured Person
2x Individual per family
- Out-of-Network \$1,000 per Insured Person

The Deductible does not apply to the Out-of-Pocket Maximum (refer to the definition of Out-of-Pocket Maximum for applicability).

Pre-Existing Condition Limitation (12 months Lookback Period)

Student and Dependents: Coverage for Pre-Existing Conditions is limited to \$2,500 during the first 6 months of coverage

NOTE: Deductible and Copayment will be waived when treatment is rendered at the Student Health Center. Benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Customary and Reasonable charges.

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). Coinurance reduces to 60% UCR when Out-of-Network Providers in the U.S. are used.

HOSPITALIZATION AND INPATIENT BENEFITS

Accommodations including semi-private room 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

Extended Care, Skilled Nursing Facility, and Inpatient Rehabilitation

- Must be confined to facility immediately following a hospital stay 80% Preferred Allowance

OUTPATIENT BENEFITS

Physician Visit or Consultation by Specialist

- Office visit Copayment applies 80% Preferred Allowance
- Urgent Care Center Copayment applies

Diagnostic Testing

- X-Ray and Laboratory
- MRI, PET, and CT scans 80% Preferred Allowance
- Office visit Copayment applies when testing is done outside an office visit.

Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational, and Speech Therapy

- Maximum Benefit per Injury or Illness: 20 visits
- Office visit Copayment applies 80% Preferred Allowance

SURGICAL BENEFITS (INPATIENT/OUTPATIENT)**Inpatient, Outpatient or Ambulatory Surgery****Includes:**

- Surgeon's Fees
- Facility fees 80% Preferred Allowance
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

EMERGENCY BENEFITS**Emergency Room and Medical Services**

- Copayment waived, if admitted 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 80% Preferred Allowance

MATERNITY CARE

The following Waiting Period(s) applies to Maternity Care benefits:

- Primary Insured: No Waiting Period
- Dependent Spouse: Conception must occur at least ten (10) months after the Effective Date.

Normal delivery or Medically Necessary Caesarean Section, pre-natal care, and post-natal care

80% Preferred Allowance

Complications of Pregnancy

80% Preferred Allowance

OTHER BENEFITS (INPATIENT/OUTPATIENT)

Preventive Care and Annual Exams

- Newborn to 12 months: 9 visit maximum
 - Child/Adult: Annual exams, immunizations
 - In-Network or Student Health Center only, no benefits if an Out-of-Network Provider is used
 - Maximum Benefit per Period of Insurance: \$1,500
 - Deductible and Copayment does not apply
- 80% Preferred Allowance
(Student Health Center payable at UCR)

Cancer Care and Oncology

80% Preferred Allowance

Durable Medical Equipment

- Reimbursement of rental up to the purchase price

80% UCR

Prescription Medications

- Up to 31-day supply per prescription
- Includes oral contraceptives
- CVS/Caremark network pharmacy is required

80% of charges

Sports and Other Activities

- Injuries arising from Interscholastic, Intramural, Intercollegiate, cheerleading and Club sports
- Injuries arising from Interscholastic, Intercollegiate and cheerleading: Maximum benefit per Period of Insurance: \$20,000
- Covered Sports Conditions bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries

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

- Maximum Benefit per Period of Insurance: \$100,000

Included

Return of Mortal Remains

- Maximum Benefit: \$20,000

Included

Emergency Reunion

- Maximum Benefit per Period of Insurance: \$10,000

Included

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum for Primary Insured Person	\$10,000
--	----------

Principal Sum for Insured Dependent Spouse	\$10,000
--	----------

Principal Sum for Insured Dependent Child(ren)	25% of the Insured Person's Principal Sum
--	---

Time Period for Loss	90 days from the date of the covered Accident
----------------------	---

Loss of:	Benefit: Percentage of Principal Sum
----------	--------------------------------------

Accidental Death	100%
------------------	------

Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes	100%
--	------

Loss of One Hand and One Foot	100%
-------------------------------	------

Loss of One Hand or Foot and Entire Sight of One Eye	100%
--	------

Loss of One Hand or Foot	50%
--------------------------	-----

Loss of Sight of One Eye	50%
--------------------------	-----

