



## Medical Benefits for Division Study Financing

Note – The benefits outlined below reflect all students studying in USA

MEDICAL BENEFITS	COVERAGE
<b>Injury and Sickness Benefits</b>	US\$ 500,000.00
<b>Lifetime Maximum Coverage</b>	Unlimited
<b>Repatriation</b>	Unlimited
<b>USA Benefit Payment: Co-insurance Percentage</b>	
<ul style="list-style-type: none"> <li>▪ USA Treatment within Managed Care Network or Emergency treatment</li> <li>▪ USA Treatment outside of Managed Care Network</li> </ul>	<p>Specified by United Health Care</p> <p>Specified by United Health Care</p>
<b>Doctors Visit - Office, Home, Hospital</b>	100% of UR&C charges Maximum visit - 1 per day
<b>Specialist Visit</b>	100% of UR&C charges Maximum visit - 1 per day
<b>Emergency Doctor's Visit - Home/Hospital</b>	100% of UR&C charges Maximum visit - 1 per day
<b>Other Health Care Professionals</b>	100% of UR&C charges Maximum visit - 1 per day / 20 per year
<b>Diagnostic Expense</b>	100% of UR& C charges
<b>Prescription Medication</b>	100% of UR&C charges (Over the counter medication not covered) Reimbursement limited to prescribed drugs as set out and required by law in the insurer's jurisdiction.
<b>Hospital (In-Patient) Expenses</b>	
<ul style="list-style-type: none"> <li>▪ Daily Room &amp; Board</li> <li>▪ Intensive Care</li> <li>▪ Surgical Benefit</li> <li>▪ Other Hospital Services</li> </ul>	<p><b>Specified by United Health Care</b></p> <p><b>Specified by United Health Care</b></p>
<b>Air Ambulance</b>	
<input type="checkbox"/> Per Occurrence	Pre- approval mandatory benefit will be paid at 100% of UR & C Charges (Two (2) One-Way Trips max. per calendar year)
<b>Ground Ambulance</b>	Specified by Overseas Claims Manager
<b>Accommodation – for parent accompanying the patient</b>	Maximum of \$100.00 per night Maximum of 20 nights per year
<b>Maternity Benefits</b>	100% of UR&C charges
<ul style="list-style-type: none"> <li>▪ Normal/Caesarean Delivery</li> <li>▪ Coverage includes pre-natal care</li> <li>▪ Complications including Extra-Uterine Pregnancy are treated as any other illness</li> <li>▪ Gynecologist do not require referrals</li> </ul>	
<b>Psychiatric Benefits</b>	Maximum Benefit of \$2,000.00(100% of the UR&C charges both in-patient and out-patient benefit including the visits to the psychiatrist up to the specialist maximum \$35.00 upon referral. Maximum visit - 1 per day

MEDICAL BENEFITS	COVERAGE
<b>Physiotherapy</b>	80% of UR& C charges Annual Maximum of \$1,100.00 Maximum visit - 1 per day
<b>Dental Care</b> <input type="checkbox"/> Crowns and Bridges are not covered	80% of R& C charges Annual Maximum of \$550.00
<b>Vision Care</b> <ul style="list-style-type: none"> <li>▪ Eye Examination</li> <li>▪ Frames (standard)</li> </ul> Contact Lenses (per pair) <ul style="list-style-type: none"> <li>▪ When medically necessary</li> <li>▪ If not medically necessary</li> </ul> Lenses (for glasses) <ul style="list-style-type: none"> <li>▪ Single (each)</li> <li>▪ Bi-focal (each)</li> <li>▪ Multi-focal (each) <input type="checkbox"/> Lenticular (each)</li> </ul>	100% of UR& C charges Maximum US\$ 45.00 (1 examination per year) Up to US\$70.00 Maximum per calendar year (1 set per 24-month period).  Up to US\$ 100.00 one set per calendar year Up to US\$ 28.00 one set per calendar year  Up to US\$80.00 Maximum per calendar year Up to US\$175.00 Maximum per calendar year Up to US\$195.00 Maximum per calendar year Up to US\$198.00 Maximum per calendar year
<b>Preventative Care</b> <input type="checkbox"/> Annual Preventative Care Benefit	100% of the R & C Charges, to a maximum of \$ 200.00
<ul style="list-style-type: none"> <li>▪ Annual Physical Examination Benefits is basically intended for the covered <b><i>Student and Spouse only</i></b></li> <li>▪ Annual GYN &amp; Pap Smear Test for each Female Student or covered Female Spouse of a Male Student</li> <li>▪ Annual Mammogram for each Female Student or covered Female Spouse of a Male Student</li> <li>▪ Annual Proctology/ Prostrate examination for each Male Student or covered Male Spouse of a Female Student <input type="checkbox"/></li> <li>▪ Routine Well baby Immunization for each dependent child up to age 5</li> </ul>	

**Coverage outside of Area of Validity**

This coverage is valid only when student is on a vacation or during an internship. Conditions apply as follows:

- (A) For acute and existing cases on medical indication, after agreement of our Medical Adviser, reimbursement will be made up to maximum two times the local tariffs of the most recognized hospital in validity.
- (B) For non-acute and existing cases, on referral, which require treatment abroad due to non-availability in the area of validity, the costs shall be compensated in accordance with (A) above. The Company will further reimburse hotel accommodation costs for the referred cases which do not require Medical Quotation.
- (C) For non-acute and existing cases without prior agreement of our Medical Advisor, reimbursement will be made according to the local tariffs of the most recognized hospital in the area of validity where the Policy was issued.

**Definitions** 1. Area of valid validity – USA.

2. R & C Charges – Reasonable and Customary Charges.