Global Student USA and **Global Student USA Preferred**

Accident and Sickness Insurance and Services
For International Students

The Leader in International
Student Benefits

International Services, Inc.

HTH Worldwide Insurance Services

To Enroll

by **Mail, Phone, Fax or Online**

Mail International Services, Inc.
#756, 1655 North Fort Myer Drive
Suite 700
Arlington, VA 22209

Visit www.nriol.net
E-Mail insurance@nriol.net

Call 877.593.5403
Fax 877.593.5409

Make Your Stay in the USA Safe and Healthy!

Each year, over 100,0000 international students and scholars protect themselves with HTH insurance plans. Our plans combine comprehensive, competitively priced insurance protection with critical information and medical assistance services to help you find and pay for quality healthcare services.

The **Global Student USA** and **Global Student USA Preferred** plans meet all U.S. visa requirements. HTH Worldwide Insurance Services administers these plans, delivering convenient customer service online and via a toll-free multilingual call center. Customers can search online among 700,000 medical providers nationwide, view plan information, download forms and more.

The **Global Student USA** and **Global Student USA Preferred** plans provide convenient access to HTH's Global Health and Safety databases online and via **mPassport**℠. Travelers can search for a doctor or translate medical terms, phrases and medications right from their handheld mobile device. **mPassport**℠ includes My Digital ID. Display your health plan identification card on your mobile phone.

Why Choose HTH Worldwide?

Leadership
HTH is a leader in global health insurance and assistance, serving hundreds of thousands of globalists annually.

Highest Standards
Every aspect of HTH insurance programs is designed to meet the highest expectations for quality and service.

Good Value
HTH offers plans tailored to customers' needs and priced to meet most budgets.

"HTH has been incredibly helpful with expediting treatment of our students. They are constantly communicating with me and answer all of my questions almost as soon as I send an email. I have been very impressed with HTH."

Stephany Slaughter
Study Abroad Advisor
Ohio State University

ELIGIBILITY

Plans are open to non-US citizens temporarily located outside their home country as a non-resident alien, engaged in full-time international education ages 14 to 64. Participants may be asked to verify their visa status by entering their I-20 or DS-2019 number. Dependent coverage is not available.

HOW TO ENROLL

To enroll in this program, complete the enrollment form and **See front cover for details.** Eligible Participants may enroll prior to departure from their home country, within 31 days of arrival in the Country of Assignment or within 31 days of matriculation/registration. The coverage may be purchased to cover any period of time, in full months, up to 12 months.

EFFECTIVE DATES

Coverage will begin on the date requested in the enrollment form or the date the completed enrollment form and fees have been received by HTH Worldwide Insurance Services, whichever is later. Coverage is effective 24 hours a day, worldwide, except whenever Covered Person is in his/her home country. Coverage will commence at 12:01 a.m. on the effective date of the insurance and terminate at 11:59 p.m. on the last date of coverage. Coverage will terminate on the earliest of the following dates: 1) upon termination of the Policy; 2) the date the participant ceases to meet eligibility requirements; 3) upon expiration of period of coverage requested in the enrollment form; 4) on the first date for which premium and fees have not been paid.

If the enrollment form is received by facsimile: Coverage begins/ends at 12:01 AM / 11:59 PM EST respectively on the day which is at least 24 hours after the time and date of the receipt of the enrollment form.

RENEWING COVERAGE

Coverage shall be continuous if an acceptable renewal form and premium are received by HTH Worldwide Insurance Services prior to the expiration of coverage. There is a 31-day grace period in which to pay the premium due. Premiums will be based upon the attained age of the covered participant at the time of renewal. Any Covered Person whose coverage under the Policy lapses after the grace period shall be subject to all Policy exclusions as of any subsequent effective date. Renewals may be subject to a minimum premium payment.

PLAN BENEFITS

	GLOBAL STUDENT USA PREFERRED	GLOBAL STUDENT USA
Coverages	**Limits – Covered Person** **No dependents allowed – No U.S. Citizens**	**Limits – Covered Person** **No dependents allowed – No U.S. Citizens**
Medical Benefits		
Lifetime Maximum	$1,000,000	$1,000,000
Policy Year Maximum	$250,000	$250,000
Maximum Benefit per Injury or Sickness	$250,000	$250,000
Deductible per Injury or Sickness	$100 reduced to $50 if treatment is initiated at a Recognized Student Health Center	$100 reduced to $50 if treatment is initiated at a Recognized Student Health Center
Physician Office Visits, Hospital Inpatient and Outpatient Services[1]	First $5,000 Maximum: 100% of Reasonable Expenses after Deductible	First $10,000 Maximum: 80% of Reasonable Expenses after Deductible
Per Injury or Illness	Next $245,000: 80% of Reasonable Expenses	Next $240,000: 100% of Reasonable Expenses
Inpatient Hospital Service Limits	Intensive Care Facilities limited to $1,000 per day	Semi-private accommodations limited to $500 per day Intensive Care Facilities limited to $1,000 per day
Medical Benefit Limitations		
Maternity Care for a Covered Pregnancy[2]	Reasonable Expenses	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to $5,000 Maximum lifetime	Reasonable Expenses up to $5,000 Maximum lifetime
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to $500 Maximum lifetime	Reasonable Expenses up to $500 Maximum lifetime
Treatment of Specified therapies, including acupuncture and physiotherapy	Reasonable Expenses for up $10,000 maximum per Injury or Sickness on an Inpatient basis	Reasonable Expenses for up $10,000 maximum per Injury or Sickness on an Inpatient basis
Therapeutic termination of pregnancy	Reasonable Expenses up to $500 per Policy Year	Reasonable Expenses up to $500 per Policy Year
Medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports	Reasonable Expenses up to $5,000 Maximum per Policy Year	Reasonable Expenses up to $5,000 Maximum per Policy Year
Medical treatment of Injuries sustained as a result of a covered motor vehicle accident	Reasonable Expenses up to $10,000 Maximum per Policy Year	Reasonable Expenses up to $10,000 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to $250 per tooth	100% of Reasonable Expenses up to $250 per tooth
Professional ground or air ambulance service to nearest hospital	Reasonable Expenses up to $350 per Injury or Sickness	Reasonable Expenses up to $350 per Injury or Sickness
Outpatient prescription drugs	50% of actual charge	50% of actual charge
Home Country Coverage (While Insured)[3]	100% of Reasonable Expenses up to $5,000 lifetime maximum	100% of Reasonable Expenses up to $5,000 lifetime maximum
Other Coverages		
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to $10,000	N/A
Repatriation of Remains	Maximum Benefit up to $25,000	Maximum Benefit up to $25,000
Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to $100,000	Maximum Lifetime Benefit for all Evacuations up to $100,000
Bedside Visit	Up to a maximum benefit of $1,500 for the cost of one economy round trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person	Up to a maximum benefit of $750 for the cost of one economy round trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

POLICY FOOTNOTES

[1] PHYSICIAN OFFICE VISITS, INPATIENT HOSPITAL SERVICES, HOSPITAL AND PHYSICIAN OUTPATIENT SERVICES

Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi-private room.

[2] MATERNITY CARE FOR A COVERED PREGNANCY

The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

[3] HOME COUNTRY COVERAGE (WHILE INSURED)

Home Country Coverage (While Insured): Expenses incurred within the Covered Person's Home Country while insured under the Policy will be considered as Covered Medical Expenses up to the limits stated in the Schedule of Benefits, if not covered by other plan.

NOTE: Certain limitations and exclusions apply to each plan, which will be outlined in the Certificate of Coverage. HTH Worldwide plans conform to state statutes and therefore if any provision of the plan is in conflict with the statutes of the state in which the Insured Person resides on such date, the plan is hereby amended to conform to the minimum requirements of such state statutes. The benefits summarized above are underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC # 0812-93440 or HM Life Insurance Company of New York, New York, NY, NAIC # 0812-60213 under policy form series HM207-SI, HM207-TH or HM207-EH GC. The coverage requested may not be available in all states.

OTHER INCLUDED SERVICES

GLOBAL ASSISTANCE SERVICES

Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed.

MEDCARE PHARMACY DISCOUNT CARD

Prescription drug discounts through a program offered by Universal Rx, one of the leading pharmacy benefit companies. Universal Rx has an extensive nationwide pharmacy network that offers discounts on prescriptions.

GLOBAL HEALTH AND SAFETY SERVICES

Use your mobile phone or laptop to access global databases to ensure a safe, healthy journey. Find qualified, English-speaking doctors overseas, translate medications, conditions and medical terms, find health and security news and information for more than 600 international destinations and get round-the-clock emergency, toll-free assistance.

Global Student USA and Global Student USA Preferred

Monthly Program Rates

Please be advised that our rates are subject to change.

Coverage must be purchased in whole months.

Age of Participant	GLOBAL STUDENT USA PREFERRED	GLOBAL STUDENT USA
14-18	$72	$49
19-23	$99	$52
24-30	$169	$105
31-40	$220	$157
41-50	$373	$253
51-64	$482	$346

FRAUD NOTICE PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an insurance application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

Applicants applying for accident and health insurance in New York: Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending on state law.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

CANCELLATION and PREMIUM REFUNDS

Ten-Day Money-Back Guarantee: YOUR SATISFACTION IS GUARANTEED. If you are not completely satisfied with our product, simply return your Certificate or Policy of Insurance within ten days of receipt and include a letter indicating your desire to cancel. If you have not already used the insurance benefits, you will receive a full refund.

All other cancellations will only be allowed if the following requirements are met:
1) proof of ineligibility is provided; or 2) cancellation occurs within the first 10 days from the effective date or most recent renewal date; or 3) the Covered Member requests cancellation in writing. If cancellation is after 10 days, premium will be refunded in whole months only.

This brochure describes the benefits under the plan of insurance. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Global Citizen Association underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC # 0812-93440 or HM Life Insurance Company of New York, New York, NY, NAIC # 0812-60213 under policy form HM207-SI, HM207-TH or HM207-EH GC. The coverage requested may not be available in all states. Complete information on the insurance is contained in the Certificate of Insurance, which will be provided to you as evidence of coverage under the policy.

Any provision of this plan as described that may be in conflict with the laws of the state where the purchaser is located will be administered to conform to the requirements of that state's laws, including mandated state benefits. Therefore, Participants may be entitled to additional benefits.

POLICY EXCLUSIONS*

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses incurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Outpatient treatment for specified therapies including, but not limited to Physiotherapy and acupuncture.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. Self inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Elective termination of pregnancy.
23. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
24. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
25. Expenses incurred as a result of pregnancy that is not covered.
26. **For Global Student USA Preferred Only:** Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

*subject to state law

The Administrator is **HTH Worldwide**
One Radnor Corporate Center
Suite 100
Radnor, PA 19087

Global Student USA Preferred and Global Student USA are marketed through Worldwide Insurance Services (WIS) (a Subsidiary of Highway to Health, Inc.), d/b/a HTH Worldwide Insurance Services, d/b/a Worldwide Insurance Services, Inc. of Virginia, d/b/a Worldwide Services Insurance Agency. California License #0C26161. Massachusetts License #178214 – Gerald Winfred Hopkins. In Florida, Florida designated Resident – Agent Robert A. Messenger #D055891(FL)

Insurance Underwritten By

HM Life Insurance Company, Pittsburgh, PA, NAIC # 0812-93440 or HM Life Insurance Company of New York, New York, NY, NAIC # 0812-60213 under policy form series HM207-SI, HM207-TH or HM207-EH GC.

The coverage requested may not be available in all states.

HM-T-GSP08

Global Student USA and Global Student USA Preferred

Enrollment Form

PLEASE PRINT - ANSWER ALL QUESTIONS. YOUR APPLICATION WILL BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED. Price includes membership fee for the Global Citizens Association.

PERSONAL INFORMATION

Name of Participant _____ Gender: ❑ M ❑ F Date of Birth _____

(First) (Middle) (Last) (Month) (Day) (Year)

Mailing Address _____

(Street) (Room/Apt.#) (City) (State) (Zip)

Home Phone ( ) _____ Mobile Phone ( ) _____ E-Mail _____

Have you previously been insured by HTH Worldwide Insurance Services? ❑ Yes ❑ No If yes, provide certificate number _____

ADDITIONAL INFORMATION

Status: ❑ Graduate ❑ Undergraduate ❑ Scholar ❑ Faculty ❑ Trainee ❑ Other (Describe) _____

Home Country _____ Host Country _____

Name of School or Organization Affiliation in Host Country _____ Student I.D. # _____

Type of visa held ❑ F Visa ❑ J Visa ❑ 10 digit DS-2019 or I-20 Sevis Number _____ ❑ School Web Address _____

ACCIDENTAL DEATH AND DISMEMBERMENT

Applicable to Global Student USA Preferred Only Participant's Beneficiary _____

(Name and Relationship)

COVERAGE INFORMATION

I wish to enroll for insurance under the terms of the Master Policy as follows:

Coverage Type ❑ Global Student USA Preferred ❑ Global Student USA

I want my insurance to begin on _____ and to continue for a period of _____ Months.

(Month) (Day) (Year)

Plans are open to non-US citizens temporarily located outside their home country as a non-resident alien, engaged in full-time international education between the ages of 14 and 64. At the time of claim submission, Participants may be asked to verify their visa status by entering their I-20 or DS-2019 number. Dependent coverage is not available.

Premium for Participant	$ _____
Multiply by Whole Months of coverage	X _____
Total Premium Enclosed	$ _____

PAYMENT INFORMATION-REMITTANCES ACCEPTED IN U.S. FUNDS ONLY

METHOD OF PAYMENT: ❑ CHECK (make payable to **"HTH Worldwide"**) ❑ MONEY ORDER Credit Cards: ❑ MASTERCARD ❑ VISA ❑ AMEX ❑ DISCOVER

If paying by credit card, I authorize HTH Worldwide to bill my account for the Total Premium listed above

CARD# _____ EXP. DATE: _____

Name as it appears on card: _____ _____

(Signature of Cardholder if different from Participant)

I certify that, as the proposed participant, that the information on this Enrollment Form is true and correct to the best of my knowledge, that I am a non-resident alien and not a resident of the United States and I am temporarily engaged in educational activities on a full-time basis. I understand that I may be required at the time of claim submission to verify my Visa status and coverage may be rescinded if it is determined that improper or inaccurate information was provided. Further, I understand that a participant whose coverage under this policy lapses shall be subject to all policy exclusions as of any subsequent effective date, and I understand the Company will not pay benefits for one (1) year for Pre-Existing Conditions (subject to state law).

Date / / Signature of Participant _____

ENROLL

by **Mail, Phone, Fax or Online**

See front cover for details.

For Agent's use only. Agent # 25225