

U.S. Students Abroad Health Plan

Accident and Sickness Insurance and Services

To Enroll

by Mail, Phone, Fax or Online



HTH Worldwide

Mail eGlobalHealth Insurers Agency, LLC
5489 S. Westwood Avenue
Springfield, MO 65810

Visit <http://www.eGlobalHealthInsurance.com>
E-Mail info@eGlobalHealthInsurance.com

Call 417-882-1413
Fax 417-459-4623

The Leader in International
Student Benefits

eGlobalHealth Insurers Agency, LLC

HTH Worldwide Insurance Services

Make Your Stay Abroad Safe and Healthy!

Each year, over 100,000 students and scholars traveling protect themselves with HTH insurance plans. Our plans combine comprehensive, competitively priced insurance protection with critical information and international medical assistance services to help you find and pay for quality healthcare services all around the world.

HTH Worldwide has carefully selected and contracted with over 5,000 physicians and hospitals in 180 countries outside the U.S. to serve our members.

HTH Worldwide Insurance Services administers these plans, delivering convenient customer service online and via a toll-free multi-lingual call center. Members can search for a doctor, view plan information, download forms and more.

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's 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 studying abroad. 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

U.S. Citizens and Legal Residents of the United States ages 14 to 64, who are students/scholars/faculty members and who are engaged in international educational activities outside of the United States.

HOW TO ENROLL

To enroll in this program, complete the enrollment form and **See front cover for details**. If enrolling by mail, attach a check or money order for the premium or include the credit card information on the enrollment form. If enrolling by facsimile, premium must be paid by credit card.

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 while the Covered Person is outside the United States. 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.

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.

OTHER INFORMATION

HTH Worldwide reserves the right to provide the name and other non-health-related information to the enrollee's sponsoring institution

RENEWING COVERAGE

Coverage shall be continuous if 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

SCHEDULE OF BENEFITS	Limits for Eligible Participant
MEDICAL EXPENSES	
Lifetime Maximum Benefits	\$250,000
Policy Year Maximum Benefits	\$100,000
Maximum Benefit per Injury or Sickness	\$100,000
Basic Medical Expense Benefit per Injury or Sickness	Up to \$10,000 Maximum: 100% of Reasonable Expenses After Deductible
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness	After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$90,000 Maximum
Physician Office Visits	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses
Inpatient Hospital Services Maximum payment for Intensive Care Facility up to \$1,000 per day	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses
Hospital and Physician Outpatient Services	For Basic, After Deductible, 100% of Reasonable Expenses. For SMM Benefit, After Deductible, 80% of Reasonable Expenses
Pregnancy Coverage	Reasonable Expenses up to Maximum per Policy Year
Deductible	\$50 per Injury or Sickness
Benefit Period	After the Covered Person's effective date or until coverage terminates under the Policy, whichever is less
ACCIDENTAL DEATH AND DISMEMBERMENT	Maximum Benefit Principal Sum up to \$10,000
REPATRIATION OF REMAINS	Maximum Benefit up to \$15,000
MEDICAL EVACUATION	Maximum Lifetime Benefit for all Evacuations up to \$50,000
BEDSIDE VISIT	Up to a maximum benefit of \$1,500 for the cost of one (1) economy round-trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

BENEFITS LISTED BELOW ARE SUBJECT TO LIFETIME MAXIMUMS, ANNUAL MAXIMUMS, MAXIMUMS PER INJURY AND SICKNESS, DEDUCTIBLES, COINSURANCE, OUT-OF-POCKET MAXIMUMS AND PLAN TYPE LIMITS

MEDICAL EXPENSES	Limits - Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$2,500 Maximum per lifetime
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Reasonable Expenses up to \$500 Maximum per lifetime
Therapeutic termination of pregnancy	Reasonable Expenses up to \$500 Maximum per Policy Year
Repairs to sound, natural teeth required due to an Injury	100% of Reasonable Expenses up to \$250 per tooth
Outpatient prescription drugs	50% of actual charge
Professional ground ambulance service to nearest hospital	Reasonable Expenses up to \$250 per Injury or Sickness

GLOBAL HEALTH AND SAFETY SERVICES AND RATES

IN ADDITION TO INSURANCE BENEFITS, THIS PLAN PROVIDES GLOBAL HEALTH AND SAFETY SERVICES:

Global 24-hour telephone medical assistance including the evaluation and monitoring of medical treatment and comprehensive management of evacuations and repatriations.

HTH's Global Health and Safety accessed online and via your mobile phone:

HTH Physician Community	available in more than 180 countries. Find a qualified, contracted English-speaking doctor in your destination.
CityHealth Profiles SM	bring you critical healthcare information, including vaccination requirements and emergency listings, for over 600 destinations outside the U.S.
Security Profiles	give you up-to-date information about terrorism, kidnapping and threats, as well as advice on how to minimize risks in nearly 500 destinations.
HTH Drug Translation Guide	help you find the prescription or over-the-counter equivalent medication you need.
HTH Medical Phrase and Terms Translation Guide	helps you communicate clearly with a doctor, nurse or pharmacist.



U.S. Students Abroad provides convenient access to HTH's Global Health and Safety databases online and via **mPassportSM**. Travelers can search for a doctor or translate medical terms, phrases and medications right from their handheld mobile device. **mPassportSM** includes My Digital ID. Display your health plan identification card on your mobile phone.

Access top notch care via:

- The Web
- Your Mobile Device
- HTH's 24/7 call center

U.S. Students Abroad Health Plan Monthly Program Rates

Rates are subject to change.

IF PARTICIPANT IS	PARTICIPANT ONLY
Under Age 31	\$34
Age 31- 64	\$90

U.S. Students Abroad Health Plan

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 _____

COVERAGE INFORMATION

I WISH TO ENROLL FOR INSURANCE UNDER THE TERMS OF THE MASTER POLICY AS FOLLOWS:

I want my insurance to begin on _____ and to continue for a period of _____ Months.
(Month) (Day) (Year)

ACCIDENTAL DEATH AND DISMEMBERMENT

Participant's Beneficiary _____
(Name and Relationship)

MONTHLY PREMIUM from table on previous panel	\$ _____
Multiply by Whole Months of coverage	X _____
Total Premium Enclosed	\$ _____

PAYMENT INFORMATION

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

If credit card, I authorize HTH Worldwide Insurance Services to bill my account for the Total Premium.

CARD# _____ EXP. DATE: _____

Name as it appears on card: _____
(Signature of Cardholder if different from Participant)

I hereby certify that, as the proposed participant, I am a U.S. resident and that I am engaged in international educational activities outside of the United States .

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 that 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 # 51267 _____

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 only if one of 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 for any unused portion of the enrollment period.

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 with 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, including routine care of a newborn infant
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses 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. Expenses incurred within the Covered Person's Home Country
15. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia
16. Expenses incurred in connection with weak, strained or flat feet; corns; or calluses
17. Diagnosis and treatment of acne and sebaceous cyst
18. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture
19. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury
20. Self-inflicted Injuries while sane or insane; suicide; or any attempt thereof 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
21. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion
22. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight
23. Elective termination of pregnancy
24. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping
25. 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
26. 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
27. Expenses incurred for treatment of sports-related accidents resulting from interscholastic, intercollegiate, intramural, club or professional sports
28. Expenses incurred as a result of pregnancy that is not covered

*subject to state law

The Administrator is **HTH Worldwide**

One Radnor Corporate Center
Suite 100
Radnor, PA 19087

U.S. Students Abroad Health Plan is 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 #OC26161. 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.

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