



2022-2023

International Student Insurance Program Summary



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Welcome

Welcome and thank you for choosing **GBG** while you are attending school in the US. GBG understands the challenges international students face when they choose to embark on an international study program. We strive to keep the process for obtaining and paying for medical services as simple and straightforward as possible and are available to assist every step of the way.

If you have questions about your coverage, please contact GBG Assist at **+1.866.914.5333** (US. Toll-Free) or **+1.786.814.4125** (Worldwide Collect).

The international student medical program that you have selected may contain both insured and uninsured benefits. Attached to this program summary is an insurance Summary of Benefits that provides information about your international student travel insurance benefits, which are provided by **Crum & Forster SPC** through ITI SP. This Summary of Benefits is not intended to be a contract of insurance. Complete provisions, including conditions, limitations and exclusions pertaining to the insurance coverage are contained in the Policy. In the event of any conflict between the Summary of Benefits and the policy, the policy will govern. You may view a copy of the policy by sending an email to our administrator as set forth in the summary of benefits. The policy, which was issued by Crum & Forster SPC to the Fairmont Specialty Trust, is renewable only at the option of the insurer. The policy is not designed to cover U.S. residents and citizens, and it is not subject to guaranteed issuance or renewal.

GBG is the marketing name for GBGI Limited including its subsidiary and affiliated companies. Administration and intermediary services for the insurance coverage under the policy are provided by or through operating subsidiaries of GBGI Limited, including GBG Administrative Services, Inc. and SHIP, Ltd.



Reach Us 24/7

You are supported by **GBG Assist**¹, a multilingual customer service team. GBG Assist is a non-insurance service which stands ready 24 hours a day, seven days a week to answer questions, provide solutions, and — should an emergency arise — support you until a resolution is reached. Let GBG Assist help you:

- Locate a provider
- Plan for medical procedures
- Coordinate emergency services
- Verify eligibility
- Answer claims status inquiries

Help in 180+ Languages and Dialects | 24/7/365 Customer Support



+1.866.914.5333
U.S. Toll-Free



+1.786.814.4125
Worldwide Collect



GBGAssist@gbg.com
Email



Your Member ID Card

Your **Member ID Card** contains valuable information to share when accessing medical care, such as your **GBG ID#** and **RXID#** for prescription medicine benefits (if applicable). This is the card you show to use your insurance benefits when you visit a doctor or pharmacy.

Access Your Member ID Card Online and On the Go

Your ID Card will also be available within 24 hours of enrollment in the online **Member Portal** or the **MyGBG app**, which can be downloaded from the [Apple App Store](#) or [Google Play Store](#).



Online Resources

Student Waiver Portal

The **Student Waiver Portal** includes key information such as answers to your Frequently Asked Questions (FAQs), GBG contact information, and a link to the Member Portal. We encourage you to use this resource for your insurance questions and needs. Visit www.students.gbg.com to learn more.



Member Portal

The **GBG Member Portal** is an online service portal where you can access forms, submit claims, view your claims, and utilize various other tools and services.

Create a Member Portal Account

1

Visit <https://www.gbg.com/members-login> and click **Sign Up**

2

You will need the following information:

- Your GBG ID # (Located on your Member ID Card)
- Your First and Last Name as it appears on your Member ID Card
- Your Date of Birth
- Email

3

After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your GBG Member Portal.



Finding the Right Healthcare Provider

This accident & health plan utilizes world class networks and service providers such as the **UnitedHealthcare Options PPO Network** and the **CVS Caremark Prescription Network**.

If you can't go to the Student Health Center, don't worry. You can easily search for in-network preferred providers by visiting <https://www.whyuhc.com/us1>. Keep in mind your medical expenses will typically be lower at a preferred provider's office when compared with doctors or hospitals that are out-of-network.



Ways to find the right provider...

Online

Visit the UnitedHealthcare website to search for a preferred provider
connect.werally.com/plans/uhc

Verify with Doctor

You can contact the doctor's office directly to verify if they are currently participating with UnitedHealthcare

Contact GBG Assist

You can also contact GBG Assist for help with finding a provider near campus



+1.866.914.5333



+1.786.814.4125

Filing a Claim

The United States healthcare system can be difficult to navigate because there are many different institutions and organizations that provide healthcare services. The following is general guidance regarding when to utilize some of the different healthcare providers. Note that this summary is merely an overview, and you should make any determination based on your medical condition. The level of insurance coverage for each option may vary, please see the Summary of Benefits.



A **Student Health Center** is the designated clinic at your school and can treat most minor illnesses or injuries. It is typically located on campus and is staffed by qualified medical professionals. This is often less expensive option for treatment and is your first place to go when seeking medical help in person, except in cases of emergency.



Mini-Clinic or Minute Clinic are retail clinics that provide specific medical services. You can usually find these types of clinics in a pharmacy, such as a CVS store. These clinics are a convenient option for patients who have a minor illness or injury. Some clinics also offer preventative measures such as vaccinations and health screenings.



Urgent Care facilities can treat most illnesses or injuries. They are usually staffed with a team of doctors and nurses and an appointment is not usually required. The cost associated with an urgent care facility is usually much lower than an emergency room when used for non-life-threatening conditions.



Hospital Emergency Rooms should only be used in medical emergency situations. A medical emergency situation is where you reasonably believe that your life or health would be jeopardized if you are not in a hospital. Using an emergency room can be very expensive. If you are using an emergency room for convenience or for any reason other than a medical emergency, you may be responsible for higher out of pocket costs.



FOR MEDICAL EMERGENCIES DIAL 911

This is the emergency assistance number used across the U.S.
Contact GBG Assist within **48 hours** after receiving treatment for an emergency.

¹DialCare Physician Access telemedicine program is provided exclusively by a third-party vendor and not by GBG. GBG does not administer the telemedicine program, and is not an affiliate, agent, or principal of the program. Physician Access is a non-insurance service and is not part of the insurance underwritten by Crum & Forster SPC. Services may not be available at all times, or in all locations, or for all members. Check your program summary add-on documents to determine if this service is available.

Filing a Claim

When using an in-network preferred provider, the provider will bill GBG directly and submit the claim on your behalf. However, when using an out-of-network doctor, you may have to pay out of pocket for medical services or prescriptions and seek reimbursement from the insurance company. When this happens, you will need to file a claim to get reimbursed for covered expenses.

How to File a Claim...

Log In

Log in to the Member Portal and download the appropriate form by selecting **Forms, Student Insurance Forms**

Fill in

Complete the form in its entirety. Missing information can delay reimbursement.

Send in

Submit the form electronically, or by:
E-mail: eclaims@gbg.com
Fax: +1.949.271.2330
Mail: GBG Administrative Services, Inc.
PO Box 211008
Eagan MN 55121 USA

If you are unable to submit your claim electronically, you can contact us to have a copy of your claim form mailed to you within 15 days of your request enabling you to mail or fax your completed claim form and copies of supporting documentation. After submitting the claim, you will receive a claim reference number and an electronic receipt for the claim will be sent to you by email.

I Submitted My Claim - Now What?

Once you submit a claim to GBG, it will be reviewed by our Claims team. You will be notified of your claim status in the member portal, via mail or email. You may be asked to fill out additional forms if more information is needed. If that is the case, you must complete the forms and return them to get reimbursed.

If you have questions about the claims process or status of your claims, call **+1.800.730.2417**.

Below are common statuses that you may see listed in the member portal:

- **In Process**, in which case the claim has been received and is moving through the internal review cycle based on your benefit plan;
- **Pending**, the claims assessor will soon update the claim status; this does not indicate that there is an issue with the claim;
- **Paid**, the claim is now processed, and payment has been sent; or
- **Denied**, because a claim assessor has determined that the claim should not be paid for a particular reason. For example, the treatment is excluded or not covered under the policy





Disclaimer: This program summary is intended as a brief summary of benefits and services. It is not a policy document. If there is any difference between this program summary and your policy document, the provisions of the policy document will prevail.

Insurance coverage is not subject to and does not provide benefits required by the Patient Protection and Affordable Care Act ("PPACA"). PPACA requires US citizens or certain US residents to obtain PPACA-compliant insurance coverage, or "minimum essential coverage." Tax penalties may be imposed on US residents or citizens who do not maintain PPACA-compliant 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. Please consult an attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.