



2020 - 2021 School Year

Employee Benefits for
**INTERNATIONAL
EDUCATORS**





Global Access offers individuals and groups the ability to build a comprehensive health insurance plan to fit their specific needs. Utilizing extremely flexible and affordable options, groups can design their benefits program with low deductibles and high benefit levels or reduce premium costs with increased deductibles and limited benefits.

Global Access features a European rating model, with age-banded rates and four levels of coverage -- Basic, Silver, Gold and Platinum. There are many customizable benefit options for each level.

Coverage is available to persons living or working outside of their home country and to local nationals seeking benefits not available within their home country.

Schedule of Benefits

Currency-USD	Basic	Silver	Gold	Platinum
Annual Maximum Per Insured (unless otherwise specified.)	\$850,000	\$2,000,000	\$2,000,000	\$2,000,000
Ancillary & Hospital Services				
Inpatient and Daycare Treatment				
Accidents and emergencies, intensive care and theatre costs.	Covered in Full ¹	Covered in Full ¹	Covered in Full ¹	Covered in Full ¹
Hospital accommodation (Semi-private room); nursing fees; medical expenses; ancillary charges; and fees for surgeons, consultants, anesthetists and medical practitioners.				
Prescribed medicines and drugs.				
Reconstructive surgery following an accident or following surgery for an eligible medical condition.				
Prostheses.				
MRI, PET and CT scans. X-rays, pathology, diagnostic tests and procedures. Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy.				
Allergies: treatment of allergic medical conditions.	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Physiotherapy, referral required.				
Parent accommodation, insured parent with inpatient insured child.	Covered in Full ¹	Covered in Full ¹	Covered in Full ¹	Covered in Full ¹
Accidental damage to natural teeth.				
Psychiatric treatment up to 30 days (12 months waiting period.)	Covered up to \$15,000	Covered up to \$30,000	Covered up to \$50,000	Covered up to \$70,000
Hospital Cash Benefit				
Cash payment payable for each night in Hospital where eligible treatment is received.	\$25 per night (up to max. 30 nights)	\$30 per night (up to max. 30 nights)	\$35 per night (up to max. 30 nights)	\$50 per night (up to max. 30 nights)
Hormone Replacement Therapy				
Hormone replacement therapy (pre- post-menopausal symptoms.)	Covered up to \$255	Covered up to \$255	Covered up to \$255	Covered up to \$255
Infertility				
Costs of routine tests.	Not Covered	Covered up to \$500	Covered up to \$600	Covered up to \$800
Sterilization				
Sterilization for medical necessity only.	Not Covered	Covered up to \$1,000	Covered up to \$1,300	Covered up to \$1,500

This Schedule of Benefits is an example only. For complete policy details, please refer to your final policy documents.

Currency-USD	Basic	Silver	Gold	Platinum
Clinic Services				
Outpatient Treatment				
Primary consultations, treatment, practitioners’ fees, prescribed medicines, drugs and dressings.	Not Covered	Covered up to \$5,000	Covered up to \$8,500	Covered in Full
X-rays, pathology, diagnostic tests and procedures.				
Specialists’ and consultants’ fees for consultations, prescribed medicines, drugs and dressings.				
Psychiatric treatment after 12 months continuous cover under the plan.		Covered up to \$1,000/yr as part of Outpatient \$5,000 annual limit	Covered up to \$1,500/yr as part of Outpatient \$8,500 annual limit	Covered up to \$3,500
Therapist’s treatment, including osteopathic, chiropractic, homeopathic and acupuncture treatment and Chinese herbal medicine. Referral required.		Covered up to \$1,000/yr ¹ as part of Outpatient \$5,000 annual limit	Covered up to \$1,500/yr ¹ as part of Outpatient \$8,500 annual limit	Covered up to \$3,500 ¹
Physiotherapy. Referral required.		Covered up to \$1,000/yr ¹ as part of Outpatient \$5,000 annual limit	Covered up to \$1,500/yr ¹ as part of Outpatient \$8,500 annual limit	Covered in Full ¹
Oncology tests, drugs and consultants’ fees including chemotherapy and radiotherapy.		Covered in Full	Covered in Full	Covered in Full
MRI, PET and CT scans pre-authorized.		Covered in Full	Covered in Full	Covered in Full
Outpatient surgical operations.		Covered in Full ¹	Covered in Full ¹	Covered in Full ¹
Post-hospitalization treatment.		Covered in Full, to 90 days	Covered in Full, to 90 days	Covered in Full, to 90 days
Wellness Benefit				
Adults (aged 18+): Routine health checks, including cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations.	Covered up to \$250	Covered up to \$300	Covered up to \$650	Covered up to \$850
Children (aged 0-17): Well-child tests & vaccinations.				
Dental				
X-rays, fillings, extractions, root canal treatment, gum treatment, semi-precious and replacement crowns. (Available after 6 months continuous cover.)	Not Covered	Not Covered	Covered up to \$850 Subject to 25% co-payment per claim	Covered up to \$1,250 Subject to 25% co-payment per claim
Optical Care				
Costs of prescription spectacles, contact lenses and frames.	Not Covered	Covered up to \$250	Covered up to \$350	Covered up to \$400
Oral Care				
Annual dental checkup including scraping, scaling, cleaning, polishing and bleaching.	Not Covered	Covered up to \$100	Covered up to \$140	Covered up to \$170

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Currency-USD	Basic	Silver	Gold	Platinum
Major Medical Conditions and Services				
Chronic Medical Conditions				
Stabilization of acute exacerbations/episodes of chronic medical conditions.	Covered within the limits of the Inpatient and Daycare services and up to a period of 90 days after discharge.	Covered within the limits in the Inpatient, Daycare and Outpatient services.	Covered within the limits in the Inpatient, Daycare and Outpatient services.	Covered within the limits in the Inpatient, Daycare and Outpatient services.
Maintenance, routine checkups, prescribed drugs, dressings and palliative treatment.	Not Covered	Covered up to a lifetime limit of \$60,000	Covered up to a lifetime limit of \$85,000	Covered up to a lifetime limit of \$100,000
Terminal Illness				
Palliative treatment and hospice care on diagnosis of a terminal condition.	Not Covered	Covered up to a lifetime limit of \$60,000 ¹	Covered up to a lifetime limit of \$85,000 ¹	Covered up to a lifetime limit of \$100,000 ¹
Organ Transplant				
Treatment for and in relation to an organ transplant of either; kidney, liver, heart, lung, or heart and lung, for recipient only.	Covered up to \$400,000 ¹	Covered up to 400,000 ¹	Covered up to \$400,000 ¹	Covered up to \$500,000 ¹
HIV/AIDS				
Treatment for HIV/AIDS and related medical conditions. (Available after 4 years of continuous coverage.)	Not Covered	Covered up to a lifetime limit of \$85,000	Covered up to a lifetime limit of \$85,000	Covered up to a lifetime limit of \$85,000
Nursing at Home				
Primary care services of a registered nurse in the insured's home immediately after, or instead of, inpatient or daycare treatment.	Covered up to \$2,500 ¹	Covered up to \$3,500 ¹	Covered up to \$4,500 ¹	Covered up to \$8,500 ¹
Other Services				
Compassionate Emergency Visit				
Economy class return airfare from the country of residence to home country to visit a close family member placed on a critical list, up to the attained age of 75 years. Limited to one return trip per insured per plan year. Economy fare only.	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Repatriation of Mortal Remains				
In the event of death, the costs of preparation and air transportation of the body, from the place of death to the home country, or local burial.	Covered in Full	Covered in Full	Covered in Full	Covered in Full

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Currency-USD	Basic	Silver	Gold	Platinum
Maternity Benefit (Optional)				
<p>For all levels of Global Access, Maternity is an optional benefit. The Maternity Benefit option includes coverage for normal pregnancy, childbirth and complications. (Waiting Period: See Exclusions.)</p> <p>As an alternative, Global Access also offers "Complications Only" coverage (i.e, only newborn accommodation & termination covered in full; congenital abnormalities and birth defects covered up to \$35,000.)</p>	Not Available	<p>Co-insurance Options: 0/10/20%</p> <p>Individuals: \$8,500 Maximum Benefit Limit</p> <p>Groups: \$5,000 Maximum Benefit Limit</p>	<p>Co-insurance Options: 0/10/20%</p> <p>Individuals: \$8,500 Maximum Benefit Limit</p> <p>Groups: \$6,000 Maximum Benefit Limit</p>	<p>Co-insurance Options: 0/10/20%</p> <p>Individuals: \$8,500 Maximum Benefit Limit</p> <p>Groups: \$8,500 Maximum Benefit Limit</p>

Key Benefits

- Annual maximum limits of up to \$2 million
- Inpatient and outpatient coverage available
- Pre-existing and chronic conditions covered
- Optional Maternity Benefit
- Online & Live Customer Service 24/7
- Worldwide direct-bill network
- On-line claims filing

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Experience and Expertise in the International Marketplace



Global Benefits Group has been specializing in the financial services market for 40 years, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas students and international travelers.

GBG underwrites medical, life, disability, travel and other specialty insurances for groups and individuals who are expatriates, third-country nationals or high net-worth local nationals.

**Global Benefits Group is the leading
provider of medical insurance to the
international educational community,
with customers in over 120 jurisdictions.**

As globalization of the world's economy has continued to accelerate, GBG has developed a specialized underwriting structure that is required to meet the needs of this select market niche. This structure is devoted to one business only: underwriting risks for organizations and individuals whose life and work transcend geographic boundaries.



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