



2020 - 2021 School Year

Employee Benefits for
**INTERNATIONAL
EDUCATORS**





WorldCare offers groups and individuals the ability to customize a comprehensive health insurance plan to fit specific benefit and pricing needs.

This plan is extremely flexible and affordable. It can be tailor-made with low deductibles and rich benefits or it can be made more affordable with increased deductibles, co-payments and benefit limitations.

WorldCare focuses on providing coverage to groups of employees living or working outside of their home country and to local nationals seeking coverage that is not available within their home country.

Schedule of Benefits

POLICY DESIGN			
Insured Person (per policy year)		\$2,000,000	
COVERED SERVICES AND BENEFIT LEVELS		PLAN REIMBURSEMENT	
Subject to Deductible, Coinsurance, Copayments, and Maximum Benefits.		Once the Annual Out-of-Pocket Maximum is met, the Plan reimbursement is 100%.	
	Outside U.S.	U.S. In-Network	U.S. Out-of-Network
HOSPITALIZATION AND INPATIENT BENEFITS			
Accommodations			
<ul style="list-style-type: none">Semi-private roomIntensive care (Medically Necessary)Medical treatment, medicines, laboratory, and diagnostic testsInpatient consultation by a Physician or SpecialistInpatient surgery/SurgeonInpatient ancillary services	100% UCR	90% Preferred Allowance	70% UCR
Parent Accommodations			
<ul style="list-style-type: none">Insured child up to age 18Annual Maximum Benefit: 30 days	100% UCR	90% Preferred Allowance	70% UCR
Reconstructive Surgery			
<ul style="list-style-type: none">The surgery or therapy restores or improves functionReconstruction is required as a result of Medically Necessary, non-cosmetic surgeryIf surgery is the result of an Accident then the Accident must have occurred while covered under this Policy	100% UCR	90% Preferred Allowance	70% UCR
Extended Care/Inpatient Rehabilitation			
<ul style="list-style-type: none">Must be confined to a facility immediately following a Hospital stay	100% UCR	90% Preferred Allowance	70% UCR
SURGICAL BENEFITS (OUTPATIENT)			
Outpatient Facility or Daycare Treatment			
<ul style="list-style-type: none">Physician's office or other free standing surgical facility	100% UCR	90% Preferred Allowance	70% UCR
Surgery/Surgeon and Anesthesiology Services			
	100% UCR	90% Preferred Allowance	70% UCR
EMERGENCIES			
Non-Emergency use of Emergency Room in the U.S.			
	N/A	50% Preferred Allowance	50% UCR
Emergency Room and Medical Services			
	100% UCR	90% Preferred Allowance	90% UCR
Ground Ambulance Services			
<ul style="list-style-type: none">Ground only (to the nearest Hospital)	100% UCR	90% Preferred Allowance	90% UCR
Emergency Dental			
<ul style="list-style-type: none">Limited to Accidental Injury onlyAnnual Maximum Benefit: \$5,000	100% UCR	90% Preferred Allowance	70% UCR
OUTPATIENT BENEFITS			
Outpatient Physician Visit/Consultation by Specialist			
	100% UCR	90% Preferred Allowance	70% UCR
Outpatient Diagnostic Testing			
<ul style="list-style-type: none">Echocardiography, Ultrasound, CAT Scan, PET Scan, MRI Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy), X-Rays, and Laboratory	100% UCR	90% Preferred Allowance	70% UCR
Alternative Medicine			
<ul style="list-style-type: none">Homeopathy, Acupuncture, and Traditional Chinese Medicine for a covered illnessAnnual Maximum Benefit: \$500 all therapies combined	100% UCR	90% Preferred Allowance	70% UCR
Therapeutic Services			
<ul style="list-style-type: none">Physical Therapy, Chiropractic, Occupational Therapy, Vocational Speech TherapyAnnual Maximum Benefit, all therapies combined: \$5,000	100% UCR	90% Preferred Allowance	70% UCR

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

COVERED SERVICES AND BENEFIT LEVELS		PLAN REIMBURSEMENT		
Subject to Deductible, Coinsurance, Copayments, and Maximum Benefits.		Once the Annual Out-of-Pocket Maximum is met, the Plan reimbursement is 100%.		
		Outside U.S.	U.S. In-Network	U.S. Out-of-Network
PREVENTIVE CARE				
Deductible is waived for the following benefits:				
Child Wellness (up to age 12 months) <ul style="list-style-type: none">Includes child immunizations and routine medical examsMaximum 9 visits				
Adult Female Screenings <ul style="list-style-type: none">PAP Screening and baseline mammogram with office visit				
Adult Male Screenings <ul style="list-style-type: none">PSA Screening with office visit		100% UCR	90% Preferred Allowance	70% UCR
Adult Screenings <ul style="list-style-type: none">Annual physical examination, tests, and age appropriate adult immunizations, excludes travel immunizationsAnnual Maximum Benefit: \$400				
Family Medical History Screenings <ul style="list-style-type: none">Screening exam/testing due to family medical historyAnnual Maximum Benefit: \$250				
MATERNITY CARE				
Normal delivery or Medically Necessary caesarean section, prenatal and postnatal care <ul style="list-style-type: none">Covered up to \$10,000, 50% Coinsurance thereafterDependent daughters are not coveredFertility/infertility services, treatments, drugs and/or procedures are excluded from coverage		100% UCR	90% Preferred Allowance	70% UCR
Complications of pregnancy, premature birth, congenital conditions, and birth anomalies <ul style="list-style-type: none">Not subject to overall maternity maximum		100% UCR	90% Preferred Allowance	70% UCR
OTHER BENEFITS				
Mental Health <ul style="list-style-type: none">Lifetime Benefit Maximum: \$25,000Inpatient Annual Maximum Benefit: 180 daysOutpatient Annual Maximum Benefit: 20 visits		100% UCR	90% Preferred Allowance	70% UCR
Alcohol and Substance Abuse <ul style="list-style-type: none">Rehabilitative treatment onlyAnnual Maximum Benefit: \$2,500		100% UCR	90% Preferred Allowance	70% UCR
Diabetic Supplies <ul style="list-style-type: none">Insulin Pumps and associated suppliesAnnual Maximum Benefit: \$5,000		100% UCR	90% Preferred Allowance	70% UCR
<ul style="list-style-type: none">Durable Medical EquipmentWheelchairs, Hospital beds, and other similar equipmentReimbursement of rental up to purchase price		100% UCR	90% Preferred Allowance	70% UCR
Prosthetic Devices <ul style="list-style-type: none">Limbs and other devices intended to replace the functionality of a body partHearing aids are excluded		100% UCR	90% Preferred Allowance	70% UCR
Home Health Care Including Nursing Services <ul style="list-style-type: none">Annual Maximum Benefit: 100 days/year		100% UCR	90% Preferred Allowance	70% UCR
Transplant Services (Human Organ, Bone Marrow, Stem Cell) <ul style="list-style-type: none">Expenses for donor are not coveredInstitute of Excellence required in the U.S.		100% UCR	90% Preferred Allowance	Not Covered
Hospice <ul style="list-style-type: none">Inpatient Lifetime Maximum Benefit: 45 DaysOutpatient Lifetime Maximum Benefit: \$5,000		100% UCR	90% Preferred Allowance	70% UCR
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +), AIDS Related Complex (ARC), sexually transmitted diseases and all related conditions <ul style="list-style-type: none">Benefit is not covered if condition was diagnosed a Pre-Existing Condition		100% UCR	90% Preferred Allowance	70% UCR
Medical Evacuation/Repatriation <ul style="list-style-type: none">Emergency air transportation		100%	100%	100%
Repatriation of Remains			\$20,000 Maximum Benefit	
War and Terrorism (Passive only)		Included		

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PRESCRIPTION DRUG BENEFITS (REIMBURSEMENT PLAN)			
	Outside U.S.	U.S. In-Network Pharmacy	U.S. Out-of-Network Pharmacy
Prescription Drugs	20% Member Coinsurance	20% Member Coinsurance	40% Member Coinsurance
	90 Day per Prescription Fill	180 Day Supply per Prescription Fill	180 Day Supply per Prescription Fill
Mail Order Drugs	Contact Customer Service (only available for delivery within the U.S.)		
Pre-Authorization through GBG Assist is required if you have a medication that will be in excess of \$3,000 per refill, otherwise, it may not be covered under this plan.			
Important Notes:			
1. Generic drugs are required if available.			
2. The medical plan Deductible does not apply to the pharmacy benefit.			
3. The Coinsurance or Copayment amounts for the pharmacy benefit do not accrue to the medical plan Out-of-Pocket Maximum.			
4. Oral contraceptives are included.			

PRESCRIPTION DRUG BENEFITS (ELECTRONIC NETWORK PLAN)			
Formulary Plan	Outside U.S.	U.S. In-Network Pharmacy	U.S. Out-of-Network Pharmacy
	Not applicable	Yes	Yes
Prescription Drugs <ul style="list-style-type: none">Tier 1 GenericTier 2 PreferredTier 3 Non-Preferred	20% Member Coinsurance 90 Day per Prescription Fill	Member Copayment \$10 per prescription \$20 per prescription \$40 per prescription	20% Member Coinsurance 180 Day Supply per Prescription Fill
Mail Order Drugs	Contact Customer Service (only available for delivery within the U.S.)		
Pre-Authorization through GBG Assist is required if you have a medication that will be in excess of \$3,000 per refill, otherwise, it may not be covered under this plan.			
Important Notes: <ol style="list-style-type: none">Generic drugs are required if available.The Coinsurance or Copayment amounts for the pharmacy benefit do not accrue to the medical plan Out-of-Pocket Maximum.The medical plan Deductible does not apply to the pharmacy benefit.Oral contraceptives are included.Formulary Plan: A schedule of prescription drugs approved for use by the Insurer, if not otherwise excluded. A preferred list of drugs within a therapeutic class for purposes of drug purchasing, dispensing, and/or reimbursement.			

VSP ACCESS PLAN/ VSP SIGNATURE NETWORK	
The VSP Access plan is a discount only program ; all Out-of-Pocket expenses applied after the discounts are the responsibility of the Insured Person	
Well Vision Exam	<ul style="list-style-type: none"> 20% off a thorough eye exam.
Glasses	<ul style="list-style-type: none"> 20% off unlimited complete pairs of prescription glasses, all lens options, and unlimited non-prescription sunglasses.
Contact Lenses	<ul style="list-style-type: none"> 15% off contact lens services, excluding materials Exclusive offers for VSP members include: mail-in rebate savings up to \$110 on eligible Bausch & Lomb contacts and up to \$125 on eligible ACUVUE Brand Contact Lenses.
Laser Vision Care Program	<ul style="list-style-type: none"> VSP contracted laser centers provide discounts for laser surgery including PRK, LASIK, and Custom LASIK.

OPTIONAL DENTAL BENEFITS

Annual Maximum Per Covered Person⁵

(Class 1, Class 2, and Class 3 services included)

\$1,200

Annual Dental Deductible (Class 2 and Class 3)

- Family Deductible is 3 times Individual

\$100

Orthodontic Treatments (Class 4)

\$500 Annual Maximum Benefit

Covered Services

Benefit Levels

Preventive Dental Services (Class 1)

- Not subject to dental Deductible
- Necessary diagnostic examinations and preventive treatment

100% UCR

Basic Dental Services (Class 2)

- Basic restoration, periodontal treatments, endodontic, and oral surgery

80% UCR

Major Dental Services (Class 3)

- Crowns, inlays, bridges, and extraction of wisdom teeth. Covered Expenses include the necessary supplies and services of a Physician for installation or replacement

50% UCR

Orthodontic Dental Services (Class 4)

(Available to insureds up to age 19)

- Study models (including pan oral x-rays), impressions, removable string appliances (braces), fixed appliances (including adjustments), extractions, and re-cementing of brackets

50% UCR

Dental Exclusions:

- Cosmetic surgery or supplies or procedures, or
- Replacement of lost, missing or stolen crown, bridge or dentures, or
- Services or supplies which do not meet general accepted dental standards, or
- Experimental treatment and treatment which is not Medically Necessary, or
- Implantology and all related services, or
- Dentures or false teeth, and
- Night mouth guards or other services for teeth grinding.

OPTIONAL VISION BENEFITS

Examination (each policy year)

\$75

Frame Allowance

\$75

Lens Allowance

- Single Lens
- Bifocal
- Trifocal
- Contact Lenses

\$90

\$125

\$150

\$150

Vision Exclusions

- Optional Lens Coating for anti-glare, anti-scratch, UV sun protection.
- Sunglasses and/or related accessories are not included in coverage.

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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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