

# INTERNATIONAL STUDENT PROTECTION

## GLOBAL CARE PLANS

MEETS F-1 AND J-1 REQUIREMENTS

*Financial protection for students in case of unexpected medical emergencies while studying in the U.S.*



2025-2026



Leaders in Student & Sports Insurance Administration Since 1975



# PREMIER INTERNATIONAL STUDENT HEALTH INSURANCE

## WHAT THESE INTERNATIONAL STUDENT HEALTH INSURANCE PLANS COVER

Bob McCloskey Insurance provides access to the top international student health insurance plans for non-U.S. citizens on F-1 and J-1 visas studying in the U.S.

These plans provide financial protection for students in case of unexpected medical emergencies while studying in the United States.

Students receive access to healthcare services within the UnitedHealthcare network including hospital stays, doctor visits and medication costs.



## WHY IT'S BENEFICIAL

These international student health insurance plans offer peace of mind by ensuring students are financially protected against the uncertainties of needing medical attention while studying in the United States.

### ELIGIBILITY

**The following individuals are eligible for the international student health insurance plans:**

- All international students and scholars age 65 and under with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their home country while actively engaged in education or educational activities or research related activities.
- International students enrolled in and attending classes on a full-time basis in a high school, undergraduate school, graduate school and English as a second language program.

OPT participants, dual citizens or permanent residents of the United States are not eligible.

The company maintains its right to investigate student status.

### COVERAGE

**The international student health insurance plans provide medical coverage for:**

Non-U.S. citizens on F-1 and J-1 visas studying and residing in the United States

Accident and sickness medical expenses

Mental & nervous disorders including coverage for substance abuse

Prescription drugs with copays as low as 20 dollars

Emergency room, hospital, urgent care and physician visits

Emergency medical evacuation and repatriation

Two coinsurance options available

### POLICY RATES

|           | GLOBAL CARE<br>80/60 Coinsurance | GLOBAL CARE<br>90/70 Coinsurance |
|-----------|----------------------------------|----------------------------------|
| AGE GROUP | \$350 Deductible                 | \$100 Deductible                 |
| TO 25     | \$123.21                         | \$130.34                         |
| 25-29     | \$156.41                         | \$165.47                         |
| 30-34     | \$180.22                         | \$190.68                         |
| 35-39     | \$190.16                         | \$201.20                         |
| 40-44     | \$211.78                         | \$224.08                         |
| 45-49     | \$251.91                         | \$266.55                         |
| 50-54     | \$318.60                         | \$337.14                         |
| 55-59     | \$382.78                         | \$405.06                         |

(EFFECTIVE 7/1/25-6/30/26)

*For more information on our experienced administrative services or if you have questions, contact Administrative Concepts at (800) 476-4802 or visit us at [acitpa.com](http://acitpa.com).*





## PLAN INFORMATION

### FILING A CLAIM

#### **If your provider files the claim on your behalf:**

1. The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per accident or sickness.
2. You will receive an explanation of benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

**If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying. To do so, follow these steps:**

1. Download a claim form:  
[Global Care Online Enrollment](#)
2. Include your policy number (as shown on your ID card) on the claim form.
3. Attach bills for X-rays, lab charges, etc.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

#### **ADMINISTRATIVE CONCEPTS, INC.**

**PO BOX 4000 | COLLEGEVILLE, PA 19426 | FAX: (610) 293-9299**

*Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts at (800) 476-4802 or [claims@acitpa.com](mailto:claims@acitpa.com).*

## ACCESSING CARE

### UnitedHealthcare Network

To find a UHCG PPO provider:

1. Go to [www.whyuhc.com/us1](http://www.whyuhc.com/us1) and click "Search the network for your healthcare provider."
2. Then click "Search the network: Options PPO."
3. Under "What kind of medical care can we help you find?", start by clicking the blue font and entering a street address, city and state, 5-digit zip code or county.
4. Once entered, click "Update location."
5. Enter or select your search parameters by entering a specific provider's name or service in the search box or by clicking one of the category icons.

### ENROLLMENT

Visit the [Global Care Online Enrollment](#) to enroll online with a credit card OR follow instructions from your insurance representative, college or university.

## CORE EXCLUSIONS

Please review the policy certificate for the full list of exclusions and definitions

The policy does not cover any loss resulting from any of the following unless otherwise covered under the policy by additional benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. Applies to Accidental Death & Dismemberment only.
2. Voluntary active participation in a riot or insurrection.
3. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
4. Charges which are in excess of usual, reasonable and customary charges.
5. Pre-existing conditions. However, a pre-existing condition will be covered after the plan participant has been continuously insured for 6 months under the same participating organization. Refer to the policy for credible coverage that will waive the pre-existing conditions exclusion.
6. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

*\*These are some of the exclusions in your coverage. For a full list, refer to the policy certificate.*

## CORE ACCIDENT AND SICKNESS BENEFITS

**Benefits will be provided only for the coverages listed below and will be paid only up to the amounts shown.**

|                                         |                                                                                                                                                                                                                                                                 |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>POLICY MAXIMUM (PER POLICY TERM)</b> | \$500,000 (80/60 Coinsurance) / \$600,000 (90/70 Coinsurance)                                                                                                                                                                                                   |
| <b>DEDUCTIBLE</b>                       | \$350 (80/60 Coinsurance) / \$100 (90/70 Coinsurance)                                                                                                                                                                                                           |
| <b>IN-NETWORK OUT-OF-POCKET MAXIMUM</b> | \$5,000 (80/60 Coinsurance) / \$2,000 (90/70 Coinsurance)                                                                                                                                                                                                       |
| <b>PRE-EXISTING CONDITIONS</b>          | Pre-existing conditions are not covered under this plan of insurance. However, a pre-existing condition will be covered after the plan participant has been continuously insured for six (6) months under the same international student health insurance plan. |

*Any Deductibles, Coinsurance, and Benefit Maximums apply on a per Plan Participant basis, per Policy Term.*

## BENEFITS

| BENEFIT COVERAGE                                        | BENEFIT AMOUNT                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | GLOBAL CARE<br>80/60 Coinsurance                                                                                                                                                                                                                                | GLOBAL CARE<br>90/70 Coinsurance                                                                                                                                                                                                                                |
| HOSPITAL ROOM & BOARD BENEFIT                           | <p>80% of the Preferred Allowance, subject to a \$150 copay (In-Network); 60% of the Semi-Private Room Rate, subject to a \$300 deductible (Out-of-Network)</p> <p>Maximum allowable for newborn hospital is \$3,000 (In-Network)/ \$1,500 (Out-of-Network)</p> | <p>90% of the Preferred Allowance, subject to a \$100 copay (In-Network); 70% of the Semi-Private Room Rate, subject to a \$200 deductible (Out-of-Network)</p> <p>Maximum allowable for newborn hospital is \$4,000 (In-Network)/ \$1,500 (Out-of-Network)</p> |
| INTENSIVE CARE/CARDIAC CARE UNIT BENEFIT                | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| HOSPITAL MISCELLANEOUS EXPENSE BENEFIT                  | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| SURGEON OR ASSISTANT SURGEON (IN OR OUTPATIENT) BENEFIT | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| PRE-ADMISSION TESTING BENEFIT                           | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| ANESTHESIA BENEFIT                                      | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| DAY SURGERY MISCELLANEOUS BENEFIT                       | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| DIAGNOSTIC X-RAY AND LAB BENEFIT                        | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network); MRI, PET & CT Scans subject to \$100 copay (In-Network) and \$250 deductible (Out-of-Network)                                                                                         | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network); MRI, PET & CT Scans subject to \$100 copay (In-Network) and \$200 deductible (Out-of-Network)                                                                                         |
| AMBULANCE BENEFIT                                       | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| PHYSICIAN VISIT BENEFIT (INPATIENT)                     | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                                                                                                                        | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                                                                                                                        |
| PHYSICIAN VISIT BENEFIT (OUTPATIENT)                    | 80% of the Preferred Allowance, subject to \$25 copay (In-Network); 60% of URC, subject to \$50 deductible (Out-of-Network); Copay waived at Student Health Center                                                                                              | 90% of the Preferred Allowance, subject to \$25 copay (In-Network); 70% of URC, subject to \$50 deductible (Out-of-Network); Copay waived at Student Health Center                                                                                              |

| BENEFIT COVERAGE                                                                                    | BENEFIT AMOUNT                                                                                                                                                     |                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                     | GLOBAL CARE<br>80/60 Coinsurance                                                                                                                                   | GLOBAL CARE<br>90/70 Coinsurance                                                                                                                                   |
| CONSULTANT PHYSICIAN BENEFIT                                                                        | 80% of the Preferred Allowance, subject to \$25 copay (In-Network); 60% of URC, subject to \$50 deductible (Out-of-Network)                                        | 90% of the Preferred Allowance, subject to \$25 copay (In-Network); 70% of URC, subject to \$50 deductible (Out-of-Network)                                        |
| URGENT CARE BENEFIT                                                                                 | 80% of the Preferred Allowance, subject to \$25 copay (In-Network); 60% of URC, subject to \$50 deductible (Out-of-Network)                                        | 90% of the Preferred Allowance, subject to \$25 copay (In-Network); 70% of URC, subject to \$50 deductible (Out-of-Network)                                        |
| RADIATION/CHEMOTHERAPY BENEFIT                                                                      | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                           | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| EMERGENCY ROOM BENEFIT                                                                              | 80% of the Preferred Allowance, subject to \$150 copay (In-Network); 60% of URC, subject to \$250 deductible (Out-of-Network); Copay/deductible waived if admitted | 90% of the Preferred Allowance, subject to \$100 copay (In-Network); 70% of URC, subject to \$200 deductible (Out-of-Network); Copay/deductible waived if admitted |
| MATERNITY AND PRE-NATAL CARE EXPENSE BENEFIT (CONCEPTION MUST OCCUR WHILE COVERED UNDER THE POLICY) | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                           | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| THERAPEUTIC TERMINATION OF PREGNANCY BENEFIT                                                        | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                           | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| EMERGENCY DENTAL EXPENSE BENEFIT (UP TO \$2,500 PER POLICY TERM)                                    | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                           | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| INPATIENT PHYSIOTHERAPY EXPENSE BENEFIT                                                             | 80% of the Preferred Allowance (In-Network); 60% of URC (Out-of-Network)                                                                                           | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| OUTPATIENT PHYSIOTHERAPY EXPENSE BENEFIT (UP TO \$5,000/30 VISITS MAXIMUM PER POLICY TERM)          | 80% of the Preferred Allowance, subject to a \$25 copay (In-Network); 60% of URC, subject to a \$50 deductible (Out-of-Network)                                    | 90% of the Preferred Allowance, subject to a \$25 copay (In-Network); 70% of URC, subject to a \$50 deductible (Out-of-Network)                                    |
| MENTAL & NERVOUS/ALCOHOL & DRUG ABUSE INPATIENT EXPENSE BENEFIT (30 DAY MAXIMUM PER POLICY TERM)    | 80% of the Preferred Allowance, (In-Network); 60% of URC (Out-of-Network)                                                                                          | 90% of the Preferred Allowance (In-Network); 70% of URC (Out-of-Network)                                                                                           |
| MENTAL & NERVOUS/ALCOHOL & DRUG ABUSE OUTPATIENT EXPENSE BENEFIT (30 VISIT MAXIMUM PER POLICY TERM) | 80% of the Preferred Allowance, subject to a \$25 copay (In-Network); 60% of URC, subject to a \$50 deductible (Out-of-Network)                                    | 90% of the Preferred Allowance, subject to a \$25 copay (In-Network); 70% of URC, subject to a \$50 deductible (Out-of-Network)                                    |
| PRESCRIPTION DRUG EXPENSE BENEFIT (BASED ON 30-DAY SUPPLY PER PRESCRIPTION) *                       | Generic: \$20 copay<br>Contraceptive: \$15 copay<br>All Other: \$50 copay                                                                                          | Generic: \$20 copay<br>Contraceptive: \$15 copay<br>All Other: \$50 copay                                                                                          |
| EMERGENCY TRANSPORTATION SERVICES                                                                   | Emergency Medical Evacuation & Repatriation of Mortal Remains Covered at 100% of Actual Expenses                                                                   | Emergency Medical Evacuation & Repatriation of Mortal Remains Covered at 100% of Actual Expenses                                                                   |

*\*Prescriptions through Express Scripts Pharmacy. Refer to Certificate of Coverage for out-of-network benefits.  
For a complete listing of benefits and exclusions, please refer to the Certificate of Coverage.*



# TRAVEL ASSISTANCE PROGRAM

## TRAVEL ASSISTANCE SERVICES DETAILS

### Travel Support Services

**Interpretation/Translation:** Upon request, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

**Locating Lost or Stolen Items:** On Call will assist in locating lost luggage and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

**Medical Monitoring:** During the course of a medical emergency resulting from an accident or sickness, On Call will monitor your case to determine whether the care is adequate from a Western Medical perspective.

**Medical and Dental Search and Referral:** On Call will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.

**Advance of Emergency Medical Expenses:** On Call will advance on-site emergency inpatient medical payments to secure, admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or a friend. Assignment of benefits allows the insurer to claim with the insured's primary insurance when the hospital refuses admission or discharge.

**Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses:** On Call will arrange to fill a prescription that has been lost, forgotten or requires a refill, subject to local law, whenever possible.

On Call will also arrange for shipment of replacement eyeglasses/corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

**Transfer of Insurance Information and Medical Records:** Upon your request, On Call will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.

**Assistance with Vaccine and Blood Transfers:** If based upon your physician's prescription, needed vaccines or blood products are not available locally, On Call will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

## EMERGENCY TRANSPORTATION SERVICES:

- Emergency Medical Evacuation/ Medically Necessary Repatriation Covered at 100% of Actual Expenses
- Repatriation of Mortal Remains Covered at 100% of Actual Expenses
- Transportation after Stabilization
- Visit by Family Member/Friend (Eligible Expenses Covered up to \$2,500)
- Return of Dependent Children

## EMERGENCY SUPPORT SERVICES:

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

## FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

Local: (603) 691-5690

Toll Free: (833) 371-2554

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)



## NON-INSURANCE PERSONAL ASSISTANCE SERVICES

These are Non-Insurance Services provided by On Call International:

**Pre-Trip Information:** Upon request, On Call will provide information services such as visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

**Interpretation/Translation:** If during your trip you need an interpretation, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

**Legal Referral/Bail:** Upon request, On Call will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, On Call will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or friend. You are responsible for associated fees.

**Emergency Cash Advance:** On Call will advance up to \$500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

### FOR MORE INFORMATION, CONTACT BOB MCLOSKEY INS.

Peter Ginnegar  
Sr. Vice President  
CA Ins. License #0C89731  
Morganville, NJ 07751  
818-209-7713(Cell)  
[peteg@bobmccloskey.com](mailto:peteg@bobmccloskey.com)

Dylan Hoski  
Account Executive  
Morganville, NJ 07751  
908.239.4726 (Cell)  
[www.bobmccloskey.com](http://www.bobmccloskey.com)  
[dylanh@bobmccloskey.com](mailto:dylanh@bobmccloskey.com)



### ABOUT BOB MCCLOSKEY INSURANCE

Bob McCloskey Insurance was founded in 1975 by Bob McCloskey Sr. The agency quickly grew into an industry leader, providing special risk accident insurance products to the education market as well as other industry segments. We believe our most important role is that of an advocate for each of our customers and providing you with the most appropriate coverage for the best price, combined with our hands-on claim services, ensures that we "Got You Covered."



Note: This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act. PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. 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. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

**Privacy Statement**

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at (800) 476-4802 or by visiting us at [www.acitpa.com/privacy-policy](http://www.acitpa.com/privacy-policy). Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to Administrative Concepts, Inc: Toll Free (800) 476-4802 • PO Box 4000, Collegeville, PA 19426. Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records. This is brief summary of the features available in this plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply.

**Notice**

Please keep this Brochure as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to Fairmont Specialty Trust. For a detailed plan description, exclusions, and limitations please view the plan on file with Fairmont Specialty Trust. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.