



International
Health Insurance

Student Health Insurance Plans 2017-2018

A division of the Council on International Educational Exchange (CIEE), iNext has partnered with Global Benefits Group (GBG), experts in the international health insurance market, to create an array of international student health insurance products designed to meet the emerging and diverse needs of our clients at competitive price points. At iNext, we are committed to providing cutting-edge tools and services – including our online administrative system, customized client services websites, and multi-lingual fulfillment materials. Most importantly, our highest priority is to serve our clients and their participants in a manner that exceeds expectations.

Student Health Insurance Benefits Comparison

	iNext Essential	iNext Scholar	iNext Scholar Plus
DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Maximum Benefit Annually or Per Illness or Sickness	\$400,000 Annual Max \$150,000 per Injury/Sickness	\$1,000,000 Annual Max Unlimited Lifetime Max	Unlimited Annual Max Unlimited Lifetime Max
Overall Deductible	\$100 per Injury/Sickness (\$45 per Injury/Sickness at Student Health Center)	\$0 Annual Individual Deductible	\$0/250 In-Network or \$250/500 Out-of-Network Annual Individual Deductible
Deductibles or Co-pays for Specific Services	Plan Coinsurance: 100% of UCR \$300 Emergency Room Deductible per Occurrence (waived if admitted)	Plan Coinsurance: 100% UCR \$300 Emergency Room Deductible per Occurrence (waived if admitted) Office Visit Co-Pay: \$20 Outpatient \$0 Inpatient Annual Inpatient Deductible: \$250	Plan Coinsurance (After Deductible): 80% UCR \$300 Emergency Room Deductible per Occurrence (waived if admitted) Office Visit Co-Pay: \$25/50 In-Network or \$50/\$50 Out-of-Network (Doctor Exam/Consultation)
Home Country Coverage	\$500 per Policy Period	\$500 per Policy Period	\$500 per Policy Period
Area of Coverage	Worldwide	Worldwide	Worldwide
Pre-Existing Conditions	Covered After 180 Days	Covered After 180 Days	Waived for All Policies of 120 Days or More
Out-of-pocket MAX	–	–	\$6,350 In-Network or Unlimited Out-of-Network

Inpatient/Hospitalization Benefits

	iNext Essential	iNext Scholar	iNext Scholar Plus
DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Room and Board (Semi-Private Room)	\$1,000 per Day 30 Day Max per Policy Period	100% UCR	80% UCR
Intensive Care or Cardiac Care	\$1,525 per Day 8 Day max per Policy Period (Payable in Lieu of Hospital Room and Board Expense)	100% UCR	80% UCR
Hospital Miscellaneous Expenses (+ Pre-Admission Testing)	\$500 per Day 30 Day Max per Injury/Sickness (\$900 Max for Pre-Admin Testing)	100% UCR	80% UCR
Inpatient Consultation (Physician or Specialist)	\$400 Max per Injury/Sickness	100% UCR	80% UCR
Surgeon Expense (Inpatient or Outpatient)	\$3,000 per Policy Period	100% UCR up to \$50,000	80% UCR
Assistant Surgeon or Anesthesiologist	25% of Surgeon's Payable Benefit	included in surgeon expense	80% UCR
Diagnostic X-Ray and Lab Including Hi- Tech Scans (CT, MRI & PET) (Inpatient or Outpatient)	\$500/ Injury/Sickness (\$850 for hi-tech scans)	100% UCR \$15,000 per Policy Period	80% UCR
Ambulance Services	\$400 per Policy Period	Ground: 100% up to \$2,500 per Policy Period	100% UCR
Emergency Room	80% UCR after deductible	100% UCR after deductible	100% UCR after deductible
Chemotherapy or Radiotherapy	\$1,000 per Policy Period	Covered Under CT, MRI & PET Scan Benefit	80% UCR
Reconstructive Surgery	Covered Under Surgeon Expense	100% UCR	80% UCR
Mental Health (Inpatient)	Benefits Payable at 80%	\$25,000 per Policy Period	80% UCR
Inpatient Surgery	see surgeon expense	100% UCR	80% UCR
Maternity (Conception must occur while covered)	\$5,000/Policy Period for Normal Delivery \$7,500/Policy Period for C-section Delivery	\$7,500 per Policy Period for Normal Delivery \$10,000 per policy period for C-Section Delivery	80% UCR
Therapeutic Services, Physiotherapy	\$35 per Visit 12 Visits Max per Injury/Sickness (1 Visit per Day)	\$50 per Visit 12 Visits Max per Injury/Sickness	80% UCR \$70 per Visit 30 Visits Max per Injury/Sickness

Inpatient/Hospitalization Benefit

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DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Durable Medical Equipment	\$1,000 per Policy Period	\$5,000 per Policy Period	80% UCR \$10,000 per Policy Period
Prescription Drugs (Including Contraceptives)	\$100 per illness/injuries Max 31-day supply	\$10,000 Max 31-day supply per prescription	80% UCR

Outpatient Benefits

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DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Mental Health (Outpatient)	80% UCR \$5,000 per Policy Period 40 Visits Max	100% UCR up to \$3,000 30 visits Max	80% UCR
Alcohol and Drug Abuse (Inpatient or Outpatient)	Same as any other injury/sickness (rehabilitative only)	100% UCR up to \$5,000 (rehabilitative only)	80% UCR
Emergency Dental Care	\$500 per Policy Period	100% up to \$200 Max per Tooth	100% UCR \$300 Max per Tooth
Outpatient or Ambulatory Surgery	\$1,000 per Policy Period	100% UCR up to \$50,000	80% UCR
Outpatient Physician Visit	\$50 per Visit/30 visits Max per Policy Period (1 Visit per Day)	\$200 per Policy Period	80% UCR
Diabetic Supplies	Covered under Prescription Drugs Benefit	Covered under Prescription Drugs Benefit	80% UCR \$7,500 per Policy Period
Endoscopy (e.g. Gastroscopy, Colonoscopy, Cystoscopy)	–	100% UCR	80% UCR
Homeopathic Care and Acupuncture	–	\$500 per Policy Period	80% UCR \$500 per Policy Period
Extended Care and Inpatient Rehabilitation	–	100% UCR 100 day Max per Policy Period	80% UCR 45 day Max per Policy Period
Private Duty Nursing	–	100% UCR 120 day Max per Policy Period	80% UCR 120 day Max per Policy Period

Outpatient Benefits

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DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Preventive Care and Annual Exams	–	100% UCR Infant Exam: 5 visits annually Child/Adult Exams: \$100 per Policy Period	100% UCR Infant Exam: 0-12 months 5 visits annually Child/Adult Exam: Annual Visit
Complications of Pregnancy	–	Included	Included
Motor Vehicle Accident	–	\$15,000 per Policy Period	80% UCR
Sports and Leisure Injuries	–	\$15,000 per Policy Period	80% UCR
Palliative Dental Care	–	\$600 per Policy Period	80% UCR \$600 per Policy Period
HIV, AIDS	–	100% UCR (available if condition is not pre-existing)	80% UCR (available if condition is not pre-existing)
War and Terrorism	–	–	Included
Hospice	–	–	80% UCR Inpatient Lifetime Benefit: 45 days Outpatient Lifetime Benefit: \$5,000

Affordable access to quality
healthcare that protects
your ability to pursue
your academic program

Additional Benefits

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DESCRIPTION OF BENEFITS	ECONOMICAL	ENHANCED	COMPREHENSIVE
Emergency Evacuation and Repatriation	\$60,000 per Policy Period	\$250,000 per Policy Period	\$300,000 per Policy Period
Return of Mortal Remains	\$50,000 per Policy Period	\$50,000 per Policy Period	\$50,000 per Policy Period
AD&D	\$10,000 Max Benefit	\$25,000 Max Benefit	\$30,000 Max Benefit
ATM Safe	\$500 per Occurrence	\$500 per Occurrence	\$500 per Occurrence
Travel Benefits: Lost Baggage	\$100 per Item \$500 per Policy Period (\$100 deductible)	\$150 per Item \$500 per Policy Period (\$100 deductible)	\$200 per Item \$500 per Policy Period (\$100 deductible)
Passport Recovery	–	\$750 per Policy Period	\$750 per Policy Period
Compassionate Care Visit	–	\$1,000 per Policy Period	\$1,000 per Policy Period



Global Benefits Group (GBG) has been specializing in the international financial services market since 1981, serving as leading underwriters, developers and distributors of products and services designed especially for the needs of overseas workers, international travelers and high net-worth local nationals. Our comprehensive student medical plans are designed to meet the F1 requirements of most U.S. colleges and universities, and can be purchased and automatically enroll you online for instant policy fulfillment. These plans feature the extensive Aetna network in the United States, as well as direct billing for medical claims through World Medical Network—GBG's proprietary worldwide provider network.



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