

Global Student USA and Global Student USA Preferred

Formerly Healthcare Advantage and Preferred Health Plans

Accident and Sickness Insurance
For International Students

2007-2008

To Enroll

by Mail, Phone, FAX or Online



ServeGlobe Inc.
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Beachwood, Ohio 44122

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877-778-4562

ServeGlobe Inc.

HTH Worldwide Insurance Services

05/07

Make Your Stay in the USA Safe and Healthy!

Each year, tens of thousands of international students and scholars protect themselves with HTH insurance plans while they are in the USA. Our plans combine comprehensive, competitively priced insurance protection with critical information and medical assistance services to help you find and pay for quality healthcare services.

The **Global Student USA** and **Global Student USA Preferred** plans meet all U.S. visa requirements. HTH Worldwide Insurance Services administers these plans, delivering convenient customer service online and via a toll-free multilingual call center. Customers can search for a doctor, view plan information, download forms and more.

Why Choose HTH Worldwide?

Leadership

HTH is a leader in global health insurance and assistance, serving hundreds of thousands of globalists annually.

Highest Standards

Every aspect of HTH insurance programs is designed to meet the highest expectations for quality and service.

Good Value

HTH offers plans tailored to customers' needs and priced to meet most budgets.

ELIGIBILITY

Plans are open to non-US citizens temporarily located outside their home country as a non-resident alien, engaged in full-time international education between the ages of 14 and 64. Participants may be asked to verify their visa status by entering their I-20 or DS-2019 number. Dependent coverage is not available.

HOW TO ENROLL

To enroll in this program, complete the enrollment form and **See back cover for details**. Eligible Participants may enroll prior to departure from their home country, within 31 days of arrival in the Country of Assignment or within 31 days of matriculation/registration. The coverage may be purchased to cover any period of time, in full months, up to 12 months.

EFFECTIVE DATES

Coverage will begin on the date requested in the enrollment form or the date the completed enrollment form and fees have been received by HTH Worldwide Insurance Services, whichever is later. Coverage is effective 24 hours a day, worldwide, except whenever Covered Person is in his/her home country. Coverage will commence at 12:01 a.m. on the effective date of the insurance and terminate at 11:59 p.m. on the last date of coverage. Coverage will terminate on the earliest of the following dates: 1) upon termination of the Policy; 2) the date the participant ceases to meet eligibility requirements; 3) upon expiration of period of coverage requested in the enrollment form; 4) on the first date for which premium and fees have not been paid.

If the enrollment form is received by facsimile: The coverage will be effective at 12:01 a.m. on the day which is at least 24 hours after the time and date of the receipt of the enrollment form.

PLAN BENEFITS 2007-2008

| | GLOBAL STUDENT USA PREFERRED | GLOBAL STUDENT USA |
|---|--|--|
| Coverages | Limits – Covered Person No dependents allowed – No U.S. Citizens | Limits – Covered Person No dependents allowed – No U.S. Citizens |
| Medical Benefits | | |
| Lifetime Maximum Benefits | \$1,000,000 for Participant | \$1,000,000 for Participant |
| Policy Year Maximum Benefits | \$250,000 for Participant | \$250,000 for Participant |
| Maximum Benefit per Injury or Sicknesses | \$250,000 for Participant | \$250,000 for Participant |
| Basic Medical Expense Benefit per Injury or Sickness | Up to \$5,000 Maximum: 100% of Reasonable Expenses after Deductible. | Up to \$10,000 Maximum: 80% of Reasonable Expenses after Deductible. |
| Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness | After Basic Medical Expense Benefit Maximum has been paid, 80% of Reasonable Expenses up to an additional \$245,000 Maximum for Participant | After Basic Medical Expense Benefit Maximum has been paid, 100% of Reasonable Expenses up to an additional \$240,000 Maximum for Participant |
| Deductible | \$100 per Injury or Sickness – Deductible is reduced to \$50 if treatment is received at Recognized Student Health Center or if initial treatment is received at Recognized Student Health Center. | \$100 per Injury or Sickness – Deductible is reduced to \$50 if treatment is received at Recognized Student Health Center or if initial treatment is received at Recognized Student Health Center. |
| Physician Office Visits, Inpatient Hospital Services, Hospital and Physician Outpatient Services ¹ | For Basic, after Deductible, 100% of Reasonable Expenses. For SMM Benefit, after Deductible, 80% of Reasonable Expenses. For Inpatient Hospital Services – Maximum payment for Intensive Care Facilities up to \$1,000 per day. | For Basic, after Deductible, 80% of Reasonable Expenses. For SMM Benefit, after Deductible, 100% of Reasonable Expenses. For Inpatient Hospital Services – Maximum payment for semi-private accommodations up to \$500 per day and for Intensive Care Facilities up to \$1,000 per day. |
| Medical Benefit Limitations | | |
| Maternity Care for a Covered Pregnancy ² | Reasonable Expenses | Reasonable Expenses |
| Inpatient treatment of mental and nervous disorders including drug or alcohol abuse | Reasonable Expenses up to \$5,000 Maximum per lifetime | Reasonable Expenses up to \$5,000 Maximum per lifetime |
| Outpatient treatment of mental and nervous disorders including drug or alcohol abuse | Reasonable Expenses up to \$500 Maximum per lifetime | Reasonable Expenses up to \$500 Maximum per lifetime |
| Treatment of Specified therapies, including acupuncture and Physiotherapy | Reasonable Expenses for up to \$10,000 maximum per Injury or Sickness on an Inpatient basis. | Reasonable Expenses for up to \$10,000 maximum per Injury or Sickness on an Inpatient basis. |
| Therapeutic termination of pregnancy | Reasonable Expenses up to \$500 per Policy Year | Reasonable Expenses up to \$500 per Policy Year |
| Medical treatment arising from participation in intercollegiate, interscholastic, intramural or club sports | Reasonable Expenses up to \$5,000 Maximum per Policy Year | Reasonable Expenses up to \$5,000 Maximum per Policy Year |
| Medical treatment of Injuries sustained as a result of a covered motor vehicle accident | Reasonable Expenses up to \$10,000 Maximum per Policy Year | Reasonable Expenses up to \$10,000 Maximum per Policy Year |
| Repairs to sound, natural teeth required due to an Injury | 100% of Reasonable Expenses up to \$250 per tooth | 100% of Reasonable Expenses up to \$250 per tooth |
| Professional ground or air ambulance service to nearest hospital | Reasonable Expenses up to \$350 per Injury or Sickness | Reasonable Expenses up to \$350 per Injury or Sickness |
| Outpatient prescription drugs | 50% of actual charge | 50% of actual charge |
| Home Country Coverage (While Insured) ³ | 100% of Reasonable Expenses up to \$5,000 lifetime maximum | 100% of Reasonable Expenses up to \$5,000 lifetime maximum |
| Other Coverages | | |
| Accidental Death & Dismemberment | Maximum Benefit: Principal Sum up to \$10,000 | N/A |
| Repatriation of Remains | Maximum Benefit up to \$25,000 | Maximum Benefit up to \$25,000 |
| Medical Evacuation | Maximum Lifetime Benefit for all Evacuations up to \$100,000 | Maximum Lifetime Benefit for all Evacuations up to \$100,000 |
| Bedside Visit | Up to a maximum benefit of \$1,500 for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person | Up to a maximum benefit of \$750 for the cost of one economy round trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person |

POLICY FOOTNOTES

¹ PHYSICIAN OFFICE VISITS, INPATIENT HOSPITAL SERVICES, HOSPITAL AND PHYSICIAN OUTPATIENT SERVICES

Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing services provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will not pay for Hospital room and board charges in excess of the prevailing semi private room rate unless the requirements of Medically Necessary treatment dictate accommodations other than a semi private room.

² MATERNITY CARE FOR A COVERED PREGNANCY

The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while the Covered Person was insured under the Policy.

³ HOME COUNTRY COVERAGE (WHILE INSURED)

Home Country Coverage (While Insured): Expenses incurred within the Covered Person's Home Country while insured under the Policy will be considered as Covered Medical Expenses up to the limits stated in the Schedule of Benefits.

NOTE: Certain limitations and exclusions apply to each plan, which will be outlined in the Certificate of Coverage. Please see your Sales Executive for specifics. HTH Worldwide plans conform to state statutes and therefore if any provision of the plan is in conflict with the statutes of the state in which the Insured Person resides on such date, the plan is hereby amended to conform to the minimum requirements of such state statutes. The blanket accident and sickness policies summarized above are underwritten by UniCare Life & Health Insurance Company, NAIC #842-80314.

OTHER INCLUDED SERVICES

GLOBAL ASSISTANCE SERVICES

Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed

MEDCARE PHARMACY DISCOUNT CARD

Prescription drug discounts through a program offered by MedCare, one of the leading pharmacy benefit companies. MedCare has an extensive, nationwide, pharmacy network that offers discounts on prescriptions.

GLOBAL HEALTH AND SAFETY SERVICES

Knowledge and preparation necessary for a safe, healthy journey. Access qualified, English-speaking doctors overseas, translate medications, conditions and medical terms, find health and security news and information for more than 500 international destinations and get round-the-clock emergency, toll-free assistance.

Global Student USA and Global Student USA Preferred

Monthly Program Rates

Please be advised that our rates are subject to change.

Coverage must be purchased in whole months.

| Age of Participant | GLOBAL STUDENT USA PREFERRED | GLOBAL STUDENT USA |
|--------------------|------------------------------|--------------------|
| 14-18 | \$60 | \$40 |
| 19-23 | \$82 | \$43 |
| 24-30 | \$117 | \$86 |
| 31-40 | \$172 | \$129 |
| 41-50 | \$292 | \$209 |
| 51-64 | \$377 | \$285 |

POLICY EXCLUSIONS

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses incurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
14. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Outpatient treatment for specified therapies including, but not limited to Physiotherapy and acupuncture.
18. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
19. Self inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
20. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; or civil commotion.
21. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
22. Elective termination of pregnancy.
23. Loss arising from participation in professional sports, scuba diving, hang gliding, parachuting or bungee jumping.
24. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
25. Expenses incurred as a result of pregnancy that is not covered.
26. **For Global Student USA Preferred Only:** Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

RENEWING COVERAGE

Coverage shall be continuous if an acceptable renewal form and premium are received by HTH Worldwide Insurance Services prior to the expiration of coverage. There is a 31-day grace period in which to pay the premium due. Premiums will be based upon the attained age of the covered participant at the time of renewal. Any Covered Person whose coverage under the Policy lapses after the grace period shall be subject to all Policy exclusions as of any subsequent effective date. Renewals may be subject to a minimum premium payment.

CANCELLATION and PREMIUM REFUNDS

Ten-Day Money-Back Guarantee: YOUR SATISFACTION IS GUARANTEED. If you are not completely satisfied with our product, simply return your Certificate or Policy of Insurance within ten days of receipt and include a letter indicating your desire to cancel. If you have not already used the insurance benefits, you will receive a full refund.

All other cancellations will only be allowed if the following requirements are met:

1) proof of ineligibility is provided; or 2) cancellation occurs within the first 10 days from the effective date or most recent renewal date; or 3) the Covered Member requests cancellation in writing. If cancellation is after 10 days, premium will be refunded in whole months only.

This brochure describes the benefits under the plan of insurance. This is not a contract of insurance. Coverage is governed by a policy of blanket accident and sickness insurance underwritten by UniCare Life & Health Insurance Company and issued to Global Citizen Association. Complete information on the insurance is contained in Policy No. U-1154-07 or U-1155-07, which will be provided to you as evidence of coverage under the policy. Any provision of this plan as described that may be in conflict with the laws of the state where the purchaser is located will be administered to conform to the requirements of that state's laws, including mandated state benefits. Therefore, Participants may be entitled to additional benefits.

The Administrator is **HTH Worldwide**

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Radnor, PA 19087

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Global Student USA Preferred and Global Student USA are marketed through Worldwide Insurance Services (WIS) (a Subsidiary of Highway to Health, Inc.), d/b/a HTH Worldwide Insurance Services, d/b/a Worldwide Insurance Services, Inc. of Virginia, d/b/a Worldwide Services Insurance Agency. California License #OC26161. Massachusetts License #178214 – Gerald Winfred Hopkins. In Florida, Florida designated Resident – Agent Robert A. Messenger #D055891(FL)

Insurance Underwritten By



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company
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SM Service mark of WellPoint, Inc.
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UniCare Life & Health Insurance Company is a separately incorporated and capitalized subsidiary of WellPoint, Inc.

UniCare Life & Health Insurance Company, 233 S. Wacker Dr., Suite 3900, Chicago, IL 60606.
NAIC #842-80314 UniCare is licensed in all states, the District of Columbia and Puerto Rico.

Global Student USA and Global Student USA Preferred

Enrollment Form

PLEASE PRINT - ANSWER ALL QUESTIONS. YOUR APPLICATION WILL BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.

PERSONAL INFORMATION

Name of Participant _____ Gender: M F Date of Birth _____
(First) (Middle) (Last) (Month) (Day) (Year)

Mailing Address _____
(Street) (Room/Apt.#) (City) (State) (Zip)

Home Phone () _____ Mobile Phone () _____ E-Mail _____

Have you previously been insured by HTH Worldwide Insurance Services? Yes No If yes, provide certificate number _____

ADDITIONAL INFORMATION

Status: Graduate Undergraduate Scholar Faculty Trainee Other (Describe) _____

Home Country _____ Host Country _____

Name of School or Organization Affiliation in Host Country _____ Student I.D. # _____

Type of visa held F Visa J Visa 10 digit DS-2019 or I-20 Sevis Number _____ School Web Address _____

ACCIDENTAL DEATH AND DISMEMBERMENT

Applicable to Global Student USA Preferred Only Participant's Beneficiary _____
(Name and Relationship)

COVERAGE INFORMATION

I wish to enroll for insurance under the terms of the Master Policy as follows:

Coverage Type Global Student USA Preferred Global Student USA

I want my insurance to begin on _____ and to continue for a period of _____ Months
(Month) (Day) (Year)

Plans are open to non-US citizens temporarily located outside their home country as a non-resident alien, engaged in full-time international education between the ages of 14 and 64. At the time of claim submission, Participants may be asked to verify their visa status by entering their I-20 or DS-2019 number. Dependent coverage is not available.

| | |
|--------------------------------------|-----------------|
| Premium for Participant | \$ _____ |
| Multiply by Whole Months of coverage | X _____ |
| Total Premium Enclosed | \$ _____ |

PAYMENT INFORMATION-REMITTANCES ACCEPTED IN U.S. FUNDS ONLY

METHOD OF PAYMENT: CHECK (make payable to "HTH Worldwide") MONEY ORDER Credit Cards: MASTERCARD VISA AMEX DISCOVER

If paying by credit card, I authorize HTH Worldwide to bill my account for the Total Premium listed above

CARD# _____ EXP. DATE: _____

Name as it appears on card: _____
(Signature of Cardholder if different from Participant)

I certify that, as the proposed participant, that the information on this Enrollment Form is true and correct to the best of my knowledge, that I am a non-resident alien and not a resident of the United States and I am temporarily engaged in educational activities on a full-time basis. I understand that I may be required at the time of claim submission to verify my Visa status and coverage may be rescinded if it is determined that improper or inaccurate information was provided. Further, I understand that a participant whose coverage under this policy lapses shall be subject to all policy exclusions as of any subsequent effective date, and I understand the Company will not pay benefits for one (1) year for Pre-Existing Conditions. I understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Date ____/____/____ Signature of Participant _____



This blanket accident and sickness policy is underwritten by the UniCare Life & Health Insurance Company

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ENROLL

by Mail, Phone, Fax or Online
See back cover for details.

ServeGlobe Inc.

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