



Grand View University International Student Health Coverage

Provided by Krist Insurance Services

P: 515-270-0909

<https://www.kristinsurance.com/life-health/short-term-major-medical-coverage/>





COVERAGE

TO FIT YOUR NEEDS

Why do long-term international travelers need this coverage?

Problem for U.S. Travelers: Most group and individual health plans sold in the United States provide limited coverage while traveling overseas. PPO's do not extend their network's abroad, so any difference in billing expenses or claims that are not considered eligible expenses will become the responsibility of the insured. Medicare provides no coverage outside the U.S. (see U.S. Passport for details).

Problem for Non - U.S. Citizens: Nationalized or government sponsored health plans rarely provide adequate medical coverage for illnesses or injuries sustained while traveling outside your home country. Extreme sports, hazardous activities, emergency medical air evacuation and repatriation are usually not covered under nationalized health insurance schemes. Most travelers to the United States are innocently unaware of how expensive medical care and treatment can be in the U.S. Not to mention, that medical care in the U.S. is usually provided through HMO's or managed care facilities, which may not recognize a "foreign insurance company" or government sponsored health plan.

****This brochure is meant to be a brief summary of the plan features only and does not cover all the terms, conditions and limitations of the Plan Document - the Plan Document will govern in all cases. Benefits and plan costs are subject to change.**

WHO TO CONTACT

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Diplomat Long Term Coverage

Diplomat Long Term plan provides Accident and Sickness medical coverage, Accidental Death and Dismemberment benefits, Travel Assistance and much more. This plan is designed for anyone traveling outside their home country for undetermined or extended periods of time. The flexibility and renewability of this plan makes it ideal for business and leisure travelers, expatriates, study abroad, work study programs, international exchange students, tourists, and church or missionary travelers.

Period of Coverage

The coverage is four **3 month** periods up to the maximum coverage of **12 months**. Coverage is based on a per month rate. Additional coverage may be available for up to 12 months at a time, to a maximum of 36 consecutive months.

EFFECTIVE DATE

Coverage will begin on the latest of the following:

- a) Your departure from your Home Country; or
- b) The date your completed enrollment form and correct premium are received by Global Underwriters; or
- c) The effective date requested on the enrollment form.

EXPIRATION DATE

Coverage will end on the earlier of the following:

- a) Your permanent return to your Home Country; or
- b) Twelve months after your coverage's effective date; or
- c) The termination date shown on the enrollment form, for which premium has been paid.

Description of Benefits

All coverage, benefits and premiums are in U.S. Dollar amounts. If an Injury or Illness occurs during the Period of Coverage and the Insured Person requires medical or surgical treatment, this plan will pay the following Covered Expenses, up to the selected policy maximum. (Subject to the selected deductible and applicable co-insurance, and exclusions)

Covered Expenses – Expenses that are incurred for medical care and supplies which are: (a) necessary and customary; (b) prescribed by a Physician for the therapeutic treatment of a disablement; (c) are not excluded under the policy; (d) are not more than the Reasonable and Customary charges (as determined by the Company); and (e) are incurred within 365 days for US Citizens or 180 days for Non US Citizens from the date of the disablement will be considered.

1. Expenses made by a Hospital for room and board, floor nursing and other services, including Expenses for professional services, except personal services of a non-medical nature, provided, however, that Expenses do not exceed the Hospital's average charge for semi-private room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services;
3. Expenses made for diagnosis, Treatment and surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physician's Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Expenses made for administration of anesthetics.
7. Expenses for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical Treatment.
8. Expenses for physiotherapy, if recommended by a Physician, for the Treatment of a specific Disablement and administered by a licensed physiotherapist; With regards to chiropractic care, eligible charges up to \$50.00 per visit, with a maximum of 10 visits.
9. Dressings, drugs, and medicines that are prescribed by a Physician.
10. Hotel room charge, when the insured, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to the unavailability of a Hospital room.

Policy Medical Maximum Choices

Plan A – \$50,000
Plan B – \$100,000
Plan C – \$250,000
Plan D – \$500,000
Plan E – \$1,000,000

Persons up to age 69 are eligible for all plans;
Persons age 70-79 are eligible for plans A and B;
Persons age 80+ are eligible for plan A only.

Deductible Choices

\$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5000 per person per policy period.

Emergency Medical Evacuation – Benefits are paid for Covered Expense incurred up to \$500,000 for any covered Injury or Illness that requires immediate transportation from the place where You are located (due to inadequate medical facilities).

Repatriation – If it is determined by the Assistance Company and your Physician that it is Medically Necessary for You to return to Your primary place of residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred within 90 days from the date of the Covered Loss will be paid for Your return to Your Home Country or to a medical facility closest to Your primary place of residence.

Return of Mortal Remains – If death occurs, Benefits will be paid for Reasonable and Customary Covered Expenses to return Your remains to Your Home Country.

Emergency Medical Reunion – If it is determined by the Assistance Company and your Physician that it is necessary for You to have an Emergency Medical Evacuation, this Plan will arrange to bring an individual of Your choice, from Your current Home Country, to be at Your side while You are hospitalized and then accompany You during Your return home.

Return of Minor Child(ren) – Should the Insured Person be traveling alone with a Minor Child(ren) and be hospitalized because of a covered Illness or Injury and Your Minor Child(ren) is left unattended, the Assistance Company will arrange for a one way economy fare(s) to Your current Home Country.

In Hospital Indemnity (US Citizens only) – If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which first occurs during Your Period of Coverage and that Illness or Injury is covered under this Plan, this plan will pay benefits up to \$100 per day of confinement up to a maximum of 10 days.

Interruption of Trip – If Your trip is interrupted due to the Death of an Immediate Family Member or serious damage to your residence, benefits will be paid up to \$5,000 for the Expense of economy travel less the value of applied credit from an unused return travel ticket to return You home to Your area of principal residence.

Loss of Baggage – This plan will reimburse You for loss, theft, or damage to Your baggage or personal effects checked with a Common Carrier, after coverage provided by a Common Carrier.

Political and Natural Disaster Evacuation – Coverage is provided up to \$50,000 if the Insured requires emergency evacuation due to situations which place him/her in Imminent Bodily Harm or due to a Natural Disaster.

Emergency Dental Treatment (Accident) – Benefits are paid for Reasonable and Customary Expense for emergency Dental Treatment to natural teeth.

Emergency Dental Treatment (Palliative) – Benefits are paid up to \$100 for emergency Treatment for the relief of pain to natural teeth.

Accidental Death & Dismemberment

Accidental Death, Dismemberment, Loss of Sight, and Speech and Hearing – The amount of the Principal Sum is \$25,000 (unless the Enhanced AD&D Benefit is purchased). **Enhanced AD&D Benefit (If Benefit Purchased)** – The Principal Sum is increased from \$25,000 to the selected amount not to exceed \$1,000,000 of coverage. The Enhanced AD&D Benefit is not available to children under 18 years of age. If within 365 days after the date of a covered accident, the Insured Person's Injury results in death or dismemberment, this Plan provides the following benefits for loss of:

Description of Loss	Indemnity
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot or Sight of One Eye	One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Paralysis Benefit – If a Covered Accident renders an Insured Person Paralyzed within 365 days of the date of the Covered Accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

Type of Paralysis	Based on the Percentage of the Principal Sum
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

Coma Benefit – If a covered Injury renders an Insured Person Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, The Company will pay a monthly benefit equal to 1% of the maximum amount.

Seat Belt and Airbag Benefit – The Company will pay a benefit if the Insured Person suffers accidental death while operating, or riding as a passenger in an Automobile and he/she was wearing a properly fastened seat belt, properly installed by a factory authorized dealer and was positioned in a seat protected by a properly functioning Supplemental Restraint System, properly installed by a factory authorized dealer that inflates on impact.

Felonious Assault Benefit – The Company will pay a benefit if an Insured Person suffers one or more losses for which benefits are payable under the Accidental Dismemberment Benefit or Coma Benefit provided by the plan as a result of a Felonious Assault.

Home Alteration and Vehicle Modification – The Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es).

Optional Riders

- Athletic Sports & Hazardous Activity Coverage (necessary for intercollegiate sports)
- Additional AD&D
- Home Country Coverage/Follow Me Home
- War Risk Coverage

Some Exclusions Apply

****For a full list of coverages and exclusions, please call Krist Insurance.****



Rates

Diplomat LT (Monthly Rates)			
Traveling to the United States			
Plan A - \$500,000	With \$250 Deductible	Plan B - \$1,000,000	With \$250 Deductible
Ages 18 -29	\$84.17	Ages 18 -29	\$95.86
Ages 30-39	\$109.89	Ages 30-39	\$122.75
Ages 40-49	\$163.66	Ages 40-49	\$182.37
Ages 50-59	\$230.30	Ages 50-59	\$263.03
Ages 60-64	\$267.71	Ages 60-64	\$319.15
Ages 65-69	\$291.09	Ages 65-69	\$346.03
Ages 70-79 (\$100K max)	\$579.84	Ages 70-79 (\$100K max)	N/A
80+ (\$20K max)	\$666.35	80+ (\$20K max)	N/A
Dependent Child	\$56.12	Dependent Child	\$67.80
Child Alone	\$61.96	Child Alone	\$74.82

How to Enroll

Getting enrolled is easy! Feel free to call Krist Insurance to discuss which option is best for you, and to see how much the coverage will cost. Please be ready to discuss and provide the following:

- Age
- Gender
- Deductible amount desired
- Effective date
- Spouse/dependent information
- Countries traveling to
- Athletic Sports Rider

You may also obtain a quote by going to our website:

<https://www.kristinsurance.com/life-health/short-term-major-medical-coverage/>





Claims Frequently Asked Questions

Where do I submit my claims?

Claims can be submitted by mail or fax to:

Global Claims Administration
3195 Linwood Rd. Suite 201
Cincinnati, OH 45208
FAX: 513-533-9416

How do I file a claim if I was treated INSIDE the United States?

- Present your insurance information to the provider at the time of service.
- Download and submit a claim form with your most current mailing address in case Global Claims Administration LLC needs to contact you for additional information.
- If you have paid for services yourself, please attach copies of all receipts to the completed claim form.
- Please be sure to retain copies of all your receipts.

How do I file a claim if I was treated OUTSIDE the United States?

- Complete a claim form with your most current mailing address in case GCA needs to contact you for additional information.
- Attach and send in all original receipts and medical information that was provided to you from the foreign provider.
- Be sure to keep copies of all your receipts.

I received something that says “THIS IS NOT A BILL”. What is this?

- This is an Explanation of Benefits (EOB). After Global Claims has finished processing a claim, the carrier sends these EOB's to the patient and the provider informing both parties as to how the claim was completed.

I received an EOB that says “DUPLICATE” and it was denied. Why?

- “DUPLICATE” means that the provider sent the claim twice and we aren’t going to pay the same bill twice.

What is the time frame for getting my claim completed?

- A claim will usually be processed within a 30-day turnaround time; meaning that once the carrier has all the necessary information the carrier pays your claim according to your policy.

How do I appeal my claim?

- Claims can be appealed in writing. You must submit all the necessary medical information and a letter stating your grievance. The carrier will respond within 30-days after receiving the complaint with their final determination.

Please call Krist Insurance for assistance in obtaining and/or completing a claim form

515-270-0909

Some Exclusions and Limitations

Exclusions - The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

- 1) Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
- 2) War or any act of war, declared or undeclared; unless War Risk Benefit was purchased;
- 3) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- 4) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
- 5) Voluntary, active participation in a riot or insurrection;
- 6) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
- 7) Organ transplants;
- 8) Treatment for an Injury or Sickness caused by, contributed to or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
- 9) Commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
- 10) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
- 11) Treatment of acne;
- 12) Charges which are in excess of Usual and Customary charges;
- 13) Charges that are not Medically Necessary;
- 14) Charges provided at no cost to the Plan Participant;
- 15) Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome);
- 16) Expenses incurred for treatment while in Your Home Country; except as provided under the Home Country Coverage Benefit;
- 17) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
- 18) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
- 19) Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Participation Organization; or an Immediate family member of the Plan Participant;
- 20) Injuries paid under Workers’ Compensation, Employer’s liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participation Organization;
- 21) Benefits for enrolling solely for the purpose of obtaining Medical Treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;

- 22) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
- 23) Pre-existing conditions as defined in the definitions (this exclusion does not apply to Emergency Evacuation, Repatriation or Return of Mortal Remains);
- 24) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
- 25) Pregnancy or childbirth, miscarriage; elective abortion; elective cesarean section; or any complications of any of these conditions;
- 26) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 27) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
- 28) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;
- 29) Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Plan Participant is covered under the Plan Document, and rendered within 6 months of the Accident; unless otherwise provided by the plan document;
- 30) Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
- 31) Weak, strained or flat feet, corns, calluses, or toenails;
- 32) Private-duty nursing services;
- 33) The cost of the Covered Person's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
- 34) For the cost of a one way airplane ticket used in the transportation back to the Plan Participant's country where an air ambulance benefit is provided and medically necessary;
- 35) Treatment paid for or furnished under any other individual or group Plan Document, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 36) Travel in or upon: (a) A snowmobile; (b) A water jet ski; (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation or competition. Unless Hazardous Activity Benefit is purchased.
- 37) Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding. Unless Hazardous Activity Benefit is purchased.
- 38) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, sports contest or competition; Unless Athletic Sports Activity Benefit is purchased.
- 39) Practice or play in any professional or semiprofessional contest or competition;
- 40) Rest cures or custodial care;
- 41) Treatment of Mental and Nervous Disorders;
- 42) Weight reduction programs or surgical treatment of obesity or venereal disease;
- 43) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 44) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
b) While being used for any test or experimental purpose; or
c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
d) while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participation Organization of any subsidiary or affiliate of the Participation Organization, or by the Plan Participant or any member of his household.
e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
f) An ultralight, hang-gliding, parachuting or bungee-cord jumping.

Unless Hazardous Activity Benefit is purchased.

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

- 45) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
- 46) Plan Participant being exposed to the utilization of nuclear, chemical, or biological weapons of mass destruction.

In addition to any of the exclusions listed above, for Eligible Expenses under Trip Interruption, this Insurance also does not cover the following:

- 1) The Plan Participant or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather);
- 2) Prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Plan Participant purchased their trip arrangements;
- 3) A Pre-Existing Condition existing prior to the Plan Participant's departure from their Home Country.

In addition to any of the exclusions listed above, for Eligible Expenses under Baggage Loss and Delay, this Insurance also does not cover the following:

- (1) Animals;
- (2) Artificial teeth or limbs, hearing aids;
- (3) Sunglasses, contact lenses or eyeglasses;
- (4) Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
- (5) Professional or occupational equipment or property, whether or not electronic business equipment or;
- (6) Telephones or PDA devices, computer hardware or software.