

US NetCare

Health Plans

Medical Insurance

Medical insurance for Non-US Citizens in America



***Fast and easy
enrollment***

***Minimal
information needed***

***Multilingual
customer service***

Exchange scholars

Foreign workers

Expatriates

Students

Visitors

OPT



AIG CompaniesSM

**1.800.453.8648
www.usnetcare.com**

US NetCare Health & Medical Insurance Plans

US NetCare provides affordable and innovative health insurance solutions for non-US citizens in America. With US NetCare plans, you benefit from attentive medical services and dedicated teams of customer service.

US NetCare plans cover your medical needs in case of injury and sickness.

Guard: our leading medical insurance plan offers extensive benefits, including maternity expenses.

WHICH PLAN IS BEST FOR YOU?

Safety: an ideal plan, providing comprehensive coverage for your medical needs.

Necessity: hospitalization benefits for emergencies with medical evacuation and repatriation.

Summary Schedule of Benefits

US NetCare health plans cover the Usual, Reasonable and Customary medical charges that are medically necessary for your well being while staying in the USA.

Benefits	Guard GLB9125447	Safety GLB9125448	Necessity GLB9125449
Lifetime Medical Expenses	\$1,000,000	\$500,000	\$100,000
Annual or per Sickness / Injury	\$250,000	\$250,000	\$100,000
Deductible per Sickness / Injury	\$25	\$50	\$100
Outpatient Treatment	Covered	Covered	Not Covered
In Network (PPO) Coverage	90% up to \$20,000 100% up to \$250,000	80% up to \$20,000 100% up to \$250,000	80% up to \$20,000 100% up to \$100,000
Out of Network Coverage	70% up to \$250,000 of usual & customary charges	60% up to \$250,000 of usual & customary charges	60% up to \$100,000 of usual & customary charges
Medical Evacuation	\$50,000	\$20,000	\$20,000
Repatriation of Remains	\$50,000	\$20,000	\$15,000
Pre-existing Conditions	Covered after 12 months Waiting Period up to \$2,500 lifetime	Not covered	Not covered
Maternity Expenses	Up to \$50,000. 12 months Waiting Period before conception.	Not covered	Not covered
Pharmacy Outpatient Annual Maximum*	\$1,500	\$1,000	Not covered
Accidental Death & Dismemberment	\$25,000	\$15,000	\$10,000

* Co-pay: \$20/\$40 in-network, \$40/\$60 out of network for Generic/Brand Name.
Expenses incurred during an Emergency Room visit will not be covered if visit not deemed to be an emergency.
Under the Necessity plan benefits will be paid according to the policy if insured person is admitted to the hospital.

Monthly Individual Rates

Age	Guard	Safety	Necessity
16 to 23	\$82	\$63	\$37
24 to 30	\$122	\$83	\$49
31 to 40	\$162	\$114	\$60
41 to 50	\$190	\$148	\$75
51 to 60	\$255	\$193	\$99
61 to 65	\$395	\$325	\$165
Dependent Child	\$140	\$104	\$60

Eligibility

You are eligible if you have a current passport, entered the U.S. with a valid visa and are temporarily residing outside your home country/country of permanent residency. This insurance is valid in the U.S. for individuals who are not U.S. passport holders or Permanent residents (Green Card) and their dependents. Covered individuals and their dependent children under the age of 19 (25 if full time students) traveling in the U.S. or outside of the U.S. during the term of this policy will be covered for medically necessary expenses according to the terms and limitations of each Benefit.

For purposes of this insurance, Coverage is only provided while the Eligible Insured is outside their country of permanent residence and or country of citizenship. The Company maintains its right to investigate to verify that the policy eligibility requirements have been met.

Medical Expense Benefits

When a covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for the Usual and Customary Charges for Medically Necessary Covered Medical Expenses which exceed the deductible per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it and will be subject to the deductible amount set forth. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Excess Provision. Outpatient benefits are applicable only to US NetCare Guard and Safety and not for US NetCare Necessity.

Covered Medical Expenses will be paid under the Schedule of Benefits for loss:

1. Due to Injury to an Insured Person provided that treatment by a Physician: a) begins within 30 days after date of Injury; and b) is received within 26 weeks after date of Injury; or
2. Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 26 weeks after the date of first treatment for such Sickness.

If a benefit is not specifically designated in the Schedule of Benefits, but is a valid Medical incurred charge as authorized by a certified and licensed health care practitioner, the expense will be subject to the deductible per accident or sickness as listed above and benefits will be paid as per the benefit schedule listed above.

Covered Medical Expenses include:

1. Room and Board Expense: 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital.
2. Intensive Care.
3. Hospital Miscellaneous Expenses: 1) while Hospital Confined; or 2) for pre-admission expenses for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
4. Physiotherapy Following an accident or insured sickness inpatient and outpatient (only Guard and Safety): \$4,000 Per Year for Guard and \$3,000 for Safety and Necessity.
5. Surgery: Physician's fees for inpatient surgery. Payment will be made based upon the annual Medical Expenses maximum as specified in the Schedule of Benefits. Covered medical expenses will be paid under the Policy benefit schedule.
6. Anesthetist Services: in connection with surgery.
7. Private Duty Nurse's Services: 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
8. Pre-admission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under this policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the Medical Expenses benefit and is subject to the deductible per accident or sickness.

Medical Expense Benefits (continued)

9. Mental and Nervous Disorder (inpatient): 50% of eligible expenses with a maximum of \$1,000 Benefits are limited to one Physician's visit per day.
10. Surgery (outpatient): Physician's fees for outpatient surgery. Payment will be made based upon the Schedule of Benefits. Covered medical expenses will be paid under this benefit.
11. Day Surgery Miscellaneous (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery, and surgery performed in a Hospital emergency room, trauma center, Physician's office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies.
12. Anesthetist (Outpatient): in connection with outpatient surgery.
13. Physician's Visits (Outpatient): Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. Covered medical expenses will be paid as per the Schedule of benefits above and are subject to per accident or sickness deductible.
14. Medical Emergency Expenses (Outpatient): only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies.
15. Radiation Therapy (Outpatient).
16. Chemotherapy (Outpatient).
17. Prescription Drugs (Outpatient).
18. Mental and Nervous Disorder (Outpatient): Annual maximum of \$500 for Guard and \$250 for Safety. Benefits are limited to one Physician's visit per day. Deductibles apply, \$25 for Guard and \$50 for Safety.
19. Ambulance Service.
20. Braces and Appliances: 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
21. Consultant Physician Fees: when requested and approved by the attending Physician. Subject to the deductibles per event or sickness.
22. Dental Treatment: 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered. Maximum coverage is \$200 for Guard and \$150 for Safety and Necessity plans.
23. Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are payable under the Mental or Nervous Disorder benefit in the Schedule of Benefits and are subject to the applicable deductible and benefit limits.
24. Benefits are payable only for those Covered Medical Expenses incurred while the policy is in effect for the Insured Person. No benefits are payable for any expenses incurred after the date insurance terminates, except if an Insured Person is hospitalized on the date his insurance terminates. Benefits will continue to be paid until the completion of the hospital stay, but not to exceed a period of 31 days from the termination date, or the Maximum Policy Benefit, whichever occurs first.
25. Maternity Benefit (only available in the GUARD Plan): Coverage for maternity expenses which are medically necessary and which are incurred during the period of insurance are subject to the yearly maximum as stated in the schedule of benefits. Coverage is not available if conception is within 12 months of coverage placement.
26. Any child conceived on or after the effective date and born of insured will be covered under the policy so long as the Insured parent is currently covered and a written application and premium is remitted to cover the child as a dependent and is accepted by the company. Coverage for such child will be for injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care when the child is sick or injured.

Medical Expense Benefits (continued)

Excess Provision

All benefits shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted. If an Insured's Injury or Sickness is due to an act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by or on behalf of, the other person.

Conformity with State Statutes

Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Medical Evacuation

The Company will pay benefits for covered expenses incurred up to a maximum of what is listed in the schedule of benefits; if an Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured Person.

Emergency Evacuation means:

- a. The Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; or
- b. After being treated at a local Hospital, the Insured Person's medical condition warrants transportation to home country / country of residence to obtain further medical treatment or to recover.
- c. Both a) and b) above

Covered expenses must be: a) ordered by the attending Physician who certifies the severity of injury or sickness; b) required by the standard regulations of the conveyance transporting the Insured Person; and c) authorized in advance by AIG Assist.

The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact AIG Assist.

Benefits are subject to the Excess Provision.

Repatriation of Remains

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body to the Insured Person's Home country/country of permanent residence if he or she dies, not to exceed the maximum listed above in the schedule of benefits. AIG Assist must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

Pharmacy Benefit

Only medications which are prescribed by a physician, and which would not be available without such prescription are covered.

Pharmacy Network

For pharmacy locations call Medco (800) 400-0136 or visit www.medcohealth.com.

Pharmacy co-payment (outpatient)	Guard	Safety
Annual Maximum	\$1,500	\$1,000
In-network co-pay (generic/brand)	\$20 / \$40	\$20 / \$40
Out-of-network co-pay (generic/brand)	\$40 / \$60	\$40 / \$60

Preferred Provider Organization (PPO)

Persons insured under this plan may choose to be treated within or outside of the **Beech Street Network**. The Beech Street Network consists of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits herein.

In order to use the services of a Network provider, you must present an Identification card that is given to all covered individuals in this insurance plan. Utilization of a network provider does not guarantee eligibility or right to Injury and Sickness benefits under this plan. Providers may be periodically added or deleted as participants in the Beech Street Network. Not all doctors practicing at a hospital elect to participate in the Beech Street Network. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

Insured's can call Beech Street toll free at (800) 432-1776 to search for participating doctors or hospitals Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Standard Time, or they can access Beech Street on the internet at: www.beechstreet.com.

Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury, provided that:

- a. Such loss occurs within 365 days after the date of accident causing such loss;
- b. The indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated above; and
- c. If more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Table of Losses

Description of Loss - For Loss of:	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
Speech and hearing	Principal Sum
Either hand or foot	One-Half the Principal Sum
Speech or hearing	One-Half the Principal Sum
Sight of one eye	One-Half the Principal Sum
Thumb and index finger of the same hand	One-Quarter 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 joints, and with regard to eyes, entire irrecoverable loss of sight. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

Period of Coverage

Coverage will begin at 12:01 AM on the latest of the following dates:

1. The Effective Date of the policy; or
2. The Named Insured's departure from his home country/country of permanent residence; or
3. The date the application and premium are received by the Company, or its authorized representative; or
4. The date the application and premium are accepted by the Company, or its authorized representative; or
5. The date requested on the application.

Coverage will terminate on the earliest of the following:

1. The last day for which premium has been paid; or
2. The date the policy terminates (unless the Company and Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums); or
3. The date the Named Insured returns to his Home country/country of permanent residence; or
4. 36 months after the Named Insured's original effective date; or
5. The date the Named Insured becomes a United States citizen or is considered a US permanent resident or
6. The date the Named Insured is no longer eligible for this insurance; or
7. The date of entry into active duty military service.

Enrollment and Refund Procedures

An Eligible Person may enroll for monthly periods of coverage, subject to the following rules: three month's premium is the minimum acceptable premium; twelve month's premium is the maximum acceptable premium; and the full premium is payable at the time of enrollment. Any partial month of coverage will be charged as full month of premium.

If coverage is initially purchased for a minimum of three months, coverage may be renewed, if available, for additional periods at the premium rate in force at the time of renewal. The minimum total period of coverage for any one Insured Person is three (3) months and cannot exceed twelve month maximum.

Coverage may be purchased for a total lifetime maximum of thirty six (36) months.

Premium Refunds

Unearned funds will be refunded, less a \$50 processing fee, for the number of full months only. Premium refunds, less a processing fee, will be considered only for school withdrawal or entry into the armed forces. The refund request must be in writing and your Medical Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval of the administrator.

QUESTIONS? Call US NetCare
1.800.453.8648
www.usnetcare.com

Exclusions and Limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Pre-Existing Conditions; however, a Pre-Existing Condition will be covered after the person has been continuously insured for 12 months under this policy issued to the Policyholder, provided continuous insurance is maintained; acute onset of pre-existing benefit limit of \$2,500 lifetime benefit (Guard only).
2. No benefits will be paid for loss or expense caused by, 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;
3. For routine physical or other examination where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examination except in the course of a disability established by the prior call or attendance of a physician;
4. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
5. Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing;
6. Dental treatment, except as the result of Injury to Sound, Natural Teeth as stated in the Schedule of Benefits;
7. Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
8. Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
9. Weak, strained or flat feet, corns, calluses, or toenails;
10. Cosmetic surgery, or treatment for congenital anomalies (except a specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
11. Diagnostic or surgical procedures in connection with infertility unless infertility is a result of a covered Injury or Sickness;
12. Birth control, including surgical procedures and devices;
13. Routine new-born baby care, well-baby nursery, well-baby care, and related Physician charges;
14. Participation in professional or intercollegiate athletics;
15. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
16. Organ transplants;
17. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered);
18. Participation on a riot or civil disorder; commission of or attempt to commit a felony in the country in which it was attempted or committed;
19. Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury;
20. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
21. Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
22. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
23. Duplicate services actually provided by both a certified nurse-midwife and Physician;
24. Expenses payable under any prior policy which was in force for the person making the claim;
25. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;

Exclusions and Limitations (continued)

26. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
27. Pregnancy or childbirth (except when conception occurs while insured hereunder); elective abortion; elective cesarean section; pregnancy or childbirth for a dependent when dependent child of an Insured Person (except for complications arising there from), Maternity Expenses in the first 12 months of the effective date expenses are also excluded;
28. Expenses covered by any other valid and collectible medical, health or accident insurance;
29. Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
30. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
31. Sexually transmitted diseases;
32. HIV infection, HIV-related illnesses and AIDS;
33. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
34. For miscarriage resulting from accident, which exceed \$500;
35. For the ordinary cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
36. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
37. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment 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;
38. Treatment of Acne
39. Vaccinations, Acupuncture, or other holistic treatments, routine medical treatment and any routine check-ups for pregnancy, cosmetic or plastic surgery (except as the result of an Accident);
40. Elective Surgery and Elective Treatment. For details on what is determined to be Elective Surgery and Elective Treatment contact ACI at (888) 293-9229.

Claim Procedure

In the event of Sickness or Injury, you should report to the nearest physician or hospital. Contact Beech Street PPO Network for a participating doctor at (800) 432-1776 or www.beechstreet.com. Present your insurance ID card to the PPO Provider and follow their instructions. The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible. Please mail the completed claim form and accompanying documentation to the claims administrator, **Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087.**

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (888) 293-9229 between 9:00 A.M. and 5:00 P.M. Monday through Friday or e-mail at aciclaims@visit-aci.com. Online claims status via the internet is available 24 hours a day at www.visit-aci.com.

Underwriter

This brochure provides you with a brief summary of Guard, Safety and Necessity short-term medical insurance plans, as underwritten by The Insurance Company of the State of Pennsylvania, Philadelphia, PA, a Member Company of American International Group (AIG). If any conflict should arise between the contents of these pages and the Policies (**GLB9125447/ GLB9125448/ GLB9125449**) or if any point is not covered herein, the terms of the Policy will govern in all cases.

Definitions

For the purpose of the Policy and Certificate, reference to “he”, “him” or “his” refers to both the male and female gender.

● **Covered Medical Expenses** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a deductible, if any. Covered medical expenses will be deemed “incurred” only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

● **Deductible** means the amount stated in the Schedule of Benefits or any endorsement to this policy as a deductible. Such amount will be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

● **Hospital** means a licensed or properly accredited general Hospital which; 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured person as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorders.

● **Injury** means bodily Injury: 1) directly and independently caused by specific accident which is unrelated to any pathological, functional, or structural disorder or Injury; 2) treated by a Physician within 30 days after the date of accident; and 3) which causes loss during the term of the policy.

● **Pre-Existing Condition** means any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed, prior to the effective date of this insurance as to the Insured.

● **Sickness** means Sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

● **Usual And Customary Charges** means charges for medical services or supplies essential to the care of the Insured if they are the amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received.

Enrollment Form

**For immediate enrollment visit
www.usnetcare.com**

Agent Code

Rates are valid for coverage with an effective date on or after November 16, 2008 and until November 16, 2009. Term of coverage is 3 months minimum, 12 months maximum. Coverage is renewable up to 36 months.

Are you a US citizen or Green Card holder? * Yes / No (circle)

*US citizens and Green Card holders are not eligible for this insurance.

Please choose a category that describes your status:

The main purpose of my stay in the USA is:

- I am / was an international student or scholar I am a visitor / tourist
 I am a foreign / guest worker I am an expatriate
 I am an immigrant to the USA Other _____

Please Specify

Last name: _____ First name: _____

Date of birth: mm / dd / yy Sex: Male Female

Home country (passport country) _____

US address:

City _____ State _____ Zip _____

Home phone: _____ Mobile phone: _____

E-mail: _____

I would like my coverage to start on mm / dd / yy

Coverage may start on the 1st or 16th of the each month. Actual Effective date of Coverage will be determined by the date this form and premium are received at US NetCare offices.

I would like to include coverage for my Spouse and/or Children:

	Last Name	First Name	Date of Birth	Sex	US Citizen?
Spouse			mm / dd / yy	<input type="radio"/> M / <input type="radio"/> F	<input type="radio"/> Yes / <input type="radio"/> No
Child 1			mm / dd / yy	<input type="radio"/> M / <input type="radio"/> F	<input type="radio"/> Yes / <input type="radio"/> No
Child 2			mm / dd / yy	<input type="radio"/> M / <input type="radio"/> F	<input type="radio"/> Yes / <input type="radio"/> No
Child 3			mm / dd / yy	<input type="radio"/> M / <input type="radio"/> F	<input type="radio"/> Yes / <input type="radio"/> No

* If your spouse is a US citizen we are unable to provide her/him any coverage.

How did you hear about US NetCare:

- Newspaper _____
 Agent _____
 Friend _____
 Internet _____
 Other _____

Enrollment Form (continued)

I wish to enroll for US NetCare health plan under:

- Guard** **Safety** **Necessity** (please check one)
GLB9125447 GLB9125448 GLB9125449

You may purchase insurance for 3 months minimum, 12 months maximum.

	Number of Months		Rate per Month	Total
Applicant		X	\$	\$
Spouse		X	\$	\$
Child 1		X	\$	\$
Child 2		X	\$	\$
Child 3		X	\$	\$
Application Administration Fee				\$ 23.00
Total Payment Enclosed (this sum must equal sum of payment)				\$

Please charge my credit card: Visa MC Amex Discover

Name as appears on credit card _____

Card number: _____

Expiration date: mm / yy Billing address (if different from mailing address):

City _____ State _____ Zip _____

Signature of card holder _____

I wish to enroll for insurance under the terms of the Master Policy. I know it is a crime to provide false or misleading information to an insurer for the purpose of defaulting the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature

Date

ATTENTION!

To maintain coverage, you must renew your plan before the last day of coverage you paid for. We will mail/e-mail you a reminder; however it is your own responsibility.

Make a check or money order payable to US NetCare.

Mail to:

250 West 49th Street, Suite 806, New York, NY 10019.

Fax form to: (212) 262-8920 if paying by credit card.