

NORD ANGLIA BENEFIT SUMMARY 2024-25



Carrier	GeoBlue	GeoBlue
Plan	Scholastic Gold	Scholastic Gold Plus
Network	In Network / Out of Network	In Network / Out of Network
Meets Student Visa Requirements	Yes	Yes
Policy Year Maximum	\$500,000	\$500,000
Deductible	\$100 per Period	\$100 per Period
Coinsurance	100% / 100% of the Allowed Amount	100% / 100% of the Allowed Amount
Physician Office Visit	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Urgent Care	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Emergency Room	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Hospitalization	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Surgery	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Laboratory	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Accidents/Sickness	Covered / 100% of the Allowed Amount	Covered / 100% of the Allowed Amount
Routine Care	Not Covered	Routine up to \$250 Covered



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Outpatient Prescriptions	50% to a Maximum of \$500 per Year	100% after \$10/\$20 copay - to a Maximum of \$500 per Year
Preexisting Conditions	Excluded First 6 Months; After 6 Months Fully Covered	Covered as any other illness
Maternity	Excluded	Excluded
Inpatient Mental/Nervous	\$2,500 max and a Maximum of 30 Days	\$2,500 max and a Maximum of 30 Days
Outpatient Mental/Nervous	\$1,000 Certificate Max	\$1,000 Certificate Max
Local Ambulance	Covered	Covered
Physical Therapy	Allowed Amount up to 20 visits per Coverage Year on an outpatient basis	Allowed Amount up to 20 visits per Coverage Year on an outpatient basis
Interscholastic & Intramural Sports	\$5,000 per Coverage Period	\$25,000 per Coverage Period
Emergency Dental	\$750 Accident & \$500 Sudden Pain	\$750 Accident & \$500 Sudden Pain
Emergency Medical Evacuation	\$100,000 Maximum Per Coverage Year	\$100,000 Maximum Per Coverage Year
Repatriation of Remains	\$50,000	\$50,000
Emergency Family Travel	\$1,500 Maximum Per Coverage Year	\$1,500 Maximum Per Coverage Year
AD&D	\$25,000	\$25,000
Telephonic Medical	Yes No Copay and Not Subject to Deductible	Yes No Copay and Not Subject to Deductible
Precertification Penalty	No Penalty	No Penalty
Annual Premium and Administrative Service Fee Cost		\$1,225.00

Notes:

GeoBlue Out of Network allowed amount = 150% of Medicare

Some medical procedures may not be covered such as experimental medical procedures.

This is only a summary of proposed benefits and coverage. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in the summary. The Certificate Wording prevails over any information provided in this summary and is available upon request.