

## Step By Step Enrollment Instructions:

Below please find step by step instructions which you will follow in order to complete the enrollment process.

To begin, please visit <https://georgiacare.intlinsure.com/School/2113-Georgia%20State%20University> and follow the on-screen instructions throughout the Registration Wizard

**Student Health Insurance For International Students in the U.S.**

Get a Quote for New Policy    Renew Coverage    Continue Saved Quote

Student Date of Birth (MM/DD/YYYY): 11/02/2004    School/Organization: Georgia State University    Student Category: Summer Institute Exchange St...    **Get A Quote**

Add Coverage (Spouse / Child)    Coverage Period: Summer Institute 07/04/2023-08/04/2023    Coverage Period: 32 days

If you are arriving on campus prior to the dates listed, please contact [pghcustomerservice@pghglobal.com](mailto:pghcustomerservice@pghglobal.com) for assistance.

### **With Georgia Care, students studying around the world can have peace of mind that their health insurance needs are met.**

Whether you are studying internationally or in the US, Georgia Care is your partner in quality healthcare. Our plans are designed specifically for the global student and their unique needs. With that in mind, **Georgia Care offers you comprehensive and competitively priced Plans that meet all visa requirements.** Our packages include travel assistance (including medical evacuation and repatriation), discount dental and vision programs, 24/7 access to HealthiestYou, and easy access to important health information.

**Let us be your partner in good health.**

On this page, complete all required fields.

Enter your Date of Birth in MM/DD/YYYY Format. Select Georgia State University as your School/Organization. Select your Student Category: Summer Institute Exchange Students.

If you want to enroll your dependents, click on the “Add Coverage (Spouse/Child)” dropdown box and add the # of dependents that fit your needs.

Select the Coverage Period for which you wish to enroll: Summer Institute (7/04/23-8/04/23).

Once complete, click the **NEXT** button at bottom right to continue to the next step in the Registration Wizard.

## 2. Select a Plan

4 Easy Steps to Get Student Health Insurance:

✓ STEP 1: GET A QUOTE

2 STEP 2: SELECT A PLAN: PRODUCT LISTINGS

Coverage Period: 07/04/2023 - 08/04/2023 / Duration: 32 days

DEPENDENT COVERAGE Spouse  Children  0

Plan Name	Deductible ⓘ	Maximum Benefit ⓘ
PLAN: Georgia Care Basic - Georgia State University	Preferred Provider \$100 ⓘ	\$250,000 / person

Compare     Select Plan

Please read the plan certificate to determine whether this plan is right before you enroll. The plan certificate provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan certificate may be viewed [here](#).

Please note, this does not guarantee payment. We are not able to determine if and what benefits are payable until an actual claim for services is received. Benefit payment shall be subject to all deductible, copayment, coinsurance, exclusions and limitations, or any other provisions of the policy effective at the time of service.

On this page, you will receive a quote for the cost to enroll.

You can view benefit information and additional policy details by downloading your school's Flyer and Brochure by selecting the designated links. You can also review the policy's coverage features by selecting "[View More Details](#)".

To continue to the next step in the Registration Wizard, click "**SELECT PLAN**" and click on "**NEXT**".

### 3. Create Account

**STEP 3: ENROLL IN PLAN: PERSONAL INFORMATION**

**CREATE ACCOUNT** Already have an account? Login.

Email Address:  Confirm Email Address:

Password:  Confirm Password:

**STUDENT'S PERSONAL INFORMATION**

First Name\*:  Last Name\*:  MI:  Gender\*:  Date of Birth:

Student ID:  No  Yes  Mobile Number\*:  Country of Origin\*:

I don't have a US-based address.

US Address Line 1:  US Address Line 2:

City:  State:  ZIP:

**DEPENDENT COVERAGE** Spouse  Children  **\$94.40**

**CONSENT AGREEMENT**

I hereby authorize Georgia Care to share my insurance with my school. I understand that sharing my insurance information is NOT a condition of purchase.

- Enter in and confirm your E-mail Address.
  - Create and confirm your password
- Enter your First Name, Last Name, and Middle Initial.
  - Select your Gender.
  - Enter your Date of Birth.
- Select if you have a Student ID. If selecting “yes”, enter your student ID number into the designated field.
  - Enter your phone number.
  - Select your Country of Origin.
- Enter your U.S. based address or, if you do not have one yet, select “I do not have a US based address.”.
  - Select the number of dependents you will be adding. If none keep at “0”
- Check off the CONSENT AGREEMENT box and click the **NEXT** button at bottom right to continue to next step in the Registration Wizard.

#### 4. Confirm your Information

STUDENT'S PERSONAL INFORMATION

First Name: Test

Student ID: None

US Address: Enter

City: Enter

DEPENDENT:

CONSE:

Next

**CONFIRM YOUR INFORMATION**

Please verify that the following information is correct:

**PERSONAL INFORMATION:**

Name:	Test Test	Date of Birth:	11/10/2004
Student ID:	None	Mobile Number:	4233233231
International Address:		Country of Origin:	Afghanistan

**QUOTE DETAILS:**

School / Organization:	Georgia State University	Student Category:	Summer Institute Exchange Students
Coverage Dates:	First Day of Coverage: 07/04/2023 Last Day of Coverage: 08/04/2023		

**PLAN DETAILS:** Georgia Care Basic - Georgia State University - \$94.40 (07/04/2023 - 08/04/2023)

Go Back Continue

\$94.40

NOT a

Next

4 STEP 4: SUBMIT PAYMENT

Please review your information and make sure it is accurate before completing your enrollment and submitting payment. To make any necessary changes, click the **GO BACK** button on the bottom left of your page. To continue to payment, click the **CONTINUE** button on the bottom right of your page.

## 5. Payment

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### STEP 4: SUBMIT PAYMENT



#### PURCHASE DETAILS

**Plan Name:** Georgia Care Basic - Georgia State University

**Deductible:** Preferred Provider: \$100 (Waived at Student Health Center) Out-of-Network: \$500

**Maximum Benefit:** \$250,000

**Coverage Dates:** 07/04/2023  
08/04/2023

**ACA Comparable:** No

**Price:** **\$94.40**

**Plan Details:** Certificate  Flyer 

#### BILLING INFORMATION

**Card Number\*:**

Enter Card Number

**Payment Method**



**Expiration Date\*:**

Month

Year

**CVV\*:**

CVV

**First Name\*:**

Enter First Name

**Last Name\*:**

Enter Last Name

#### CONSENT AGREEMENT

Unless otherwise stated in the Master Policy, coverage will begin effective (if submitting via Online Services) the day the correct premium is submitted to the Company or the effective date of the coverage period, whichever is later. The student/visa holder is responsible for the timely renewal payments. By submitting this application, the student/visa holder acknowledges the following: 1). He/she has carefully read the certificate and elects to enroll as indicated on the application; 2). He/she declares they meet the eligibility requirements for the plan selected; 3). That if it is later determined that the student is not eligible, or upon entrance in the armed forces, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

I have read and agree to the terms stated above, and I elect to purchase insurance coverage under this insurance plan. Above are choices I have made.

Cancel

Submit Payment

**Please Note:** Payments do not take place in the United States. You may be subject to foreign transaction fees. Please check with your credit card company to see if you are subject to these fees. All transactions are completed and posted as PGH GLOBAL (CAYMAN) LIMITED.

Enter in the credit card information requested then click on "Submit Payment"