Pacific Lutheran University International Student Insurance Enrollment ProcessPGH GlobalPreferred Provider: UnitedHealthcare Options PPO

1. Go to: <u>https://www.pgh-global.com/Browse/</u>



2. Enter your **Birthdate** using the calendar or as MM/DD/YYYY

dent Tools <del>-</del>			Enrolln	nents <del>-</del>	•	Additional Services <del>-</del>	Bro	wse Plans	Student Login
Birthdate						School Name		Academic Year	
07/25/2001	L				8:7	Choose a school	\$	2018-2019	\$
July 2001 •	•		•	•					
Sun Mon	Tue We	d Thu	Fri	Sat					
1 2	3 4	5	6	7					
8 9 15 16	10 11	12	13	14					
22 23	24 25	26	20	28					
29 30	31 1	2	3	4	erms of Use				
Follow us	: 🔽	Ð	in	G	•			GLOB	AL ASSOCIATE

3. Choose Pacific Lutheran University and Academic Year 2019-2020

ient Tools <del>-</del>	Enrollments <del>-</del>	Additional Services 🗸	Browse Plans	Student Login	
Birthdate		School Name	Academic Year		
07/25/2001		Pacific Lutheran University	\$ 2019-2020	\$	
GLOBAL (	CARE PLUS - PACIF	FIC LUTHERAN Preferred Provider	: \$100 (Waived at Student Health Cente	er) Out-of-Network: \$500 \$	
GLOBAL ( Annual Student Annual Spouse Annual Child Pr	CARE PLUS - PACIF Price: \$1078 Price: \$6405 iice: \$3305	FIC LUTHERAN Preferred Provider	: \$100 (Waived at Student Health Cente	er) Out-of-Network: \$500 • Flyer: click to view • Brochure: Click To View	

From this window you can download the insurance flyer and brochure (policy).

4. Click on the *Enrollments* tab located at the top of the page and select *New Enrollments* 

lirthdate	New Enrollments			
lirthdate				
	Renewals	School Name	Academic Yea	r
07/25/2001		Pacific Lutheran University	\$ 2019-2020	\$
Annual Child Price: \$330	5			Brochure: Click to View

5. Enter your Date of Birth (MM/DD/YYYY) and School – Pacific Lutheran University

udent Tools <del>-</del>	Enroliments <del>-</del>	Enrollments • Additional Services • Browse Plans			Student Login	
4 Easy Step	os to Get Studer	nt Health Insurance:				
1 STEP 1: GET	A QUOTE				Ć	
Student Dat	te of Birth (MM/DD/YYYY)	School/Organization:		Student Category:		
Enter Date	e of Birth	Enter School/Organization	•	Choose option	•	
		Coverage Start Date:		Coverage End Date:		
Add Cover	rage (Spouse / Child)	<ul> <li>Choose start date</li> </ul>	iii	Choose end date	<b></b>	

6. Choose your **Student Category** based on your visa type. If you will be playing intercollegiate sports or plan on trying out for an intercollegiate sports team select Athlete.

udent Tools <del>-</del>	Enroliments -	Additional Services -	Browse Plans	Student Login
4 Easy Step	os to Get Studer	nt Health Insurance:		
STEP 1: GET	FA QUOTE			
Student Da	te of Birth (MM/DD/YYYY)	School/Organization:	Student Category:	
07/01/20	01	Pacific Lutheran University	✓ Choose option	· ·
		Coverage Start Date:	F1 International	
Add Cove	rage (Spouse / Child)	✓ Choose start date	J1 International	
			Athlete	

7. Select the Coverage Period – **Annual** for students enrolled for the full academic year; **Fall** for students enrolled for just Fall Term 2019. Then click *Next*.

dent Tools - Enrollments -		Additional Services -	Student Login	
4 Easy Step	s to Get Studen	t Health Insurance:		
1 STEP 1: GE	T A QUOTE			đ
Student Date	e of Birth (MM/DD/YYYY)	School/Organization:	Student Category:	
07/01/20	01	Pacific Lutheran University	+ F1 International	•
		Coverage Period:		]
Add Cove	rage (Spouse / Child)	Choose option	<u> </u>	

## 8. Select Plan

a. Select your **Deductible** amount. (The amount you will be responsible for paying for covered medical expenses in accordance with the policy's schedule of benefits.)

## b. Check the *Select Plan* box and click on *Next*

udent Tools <del>-</del>	Enrollments <del>-</del>	Additional Services -	Browse Plans	Student Login
4 Easy Step	s to Get Studen	t Health Insurance	:	
STEP 1: GE	T A QUOTE			Ľ
2 STEP 2: SE	LECT A PLAN: PRODUCT LIST	INGS		đ
Coverage	e Period: 08/15/2019 - 08/14/	/2020 / Duration: 366 days		
DEPEND	ENT COVERAGE Spouse	Children 😑 0 🛟		
Plan Nar	ne	Deductible (j)	Maximum Benefit	(i)
PLAN: Glob University	al Care Plus - Pacific Luther	Preferred Provider \$50	00 (i) No Maximum / per	rson \$1,078.00
Com	pare Brochure	Flyer	ails -	Select Plan

9. Complete all required Enrollment information on this screen, then click Next.

STEP 3: ENROLL IN P	LAN: PE	RSONAL INFOR	MAT	ΓΙΟΝ						C
CREATE ACCOUNT	Alread	y have an acco	un	t? Login.						
Email Address:						C	Confirm Email Address	5:		
Enter Email Address							Confirm Email Addre	ss		
Password: (i)						C	Confirm Password:			
Enter Password						Confirm Password				
STUDENT'S PERSON	AL INFO	ORMATION								
First Name*:		Last Name*:			MI:		Gender*:		Date of Birth:	
Enter First Name		Enter Last Na	me		Enter M	٩I	Choose option		▼ 07/25/2001	
Student ID:	itudent ID:			Mobile Number*:				Country of Origin*:		
No Yes	Enter St	udent ID		Enter M	obile Nun	nber	r			•
US Address Line 1:	5-based a	address.			]	U	JS Address Line 2:			
Enter US Address Line	e 1						Enter US Address Lin	e 2	2	
City:			S	State:					ZIP:	]
Enter City				Choose op	tion		•		Enter ZIP	
DEPENDENT COVER	AGE	Spouse 🔵	C	Children 🧲	0 🛟					\$1,078.00
CONSENT AGREEME	E <b>NT</b> ze PGH (	Global to share n	ny ii	nsurance wi	th my scho	ool.	l understand that sha	rin	g my insurance information is N	DT a condition
									Cancel	Next

10. Review Enrollment Information and confirm by clicking *Continue*.

CONFIRM YOUR INFORI	MATION			×
	Please verify that the following info	ormation is correct:		
PERSONAL INFORM	ATION: 🗹			
Name:	Jane Doe	Date of Birth:	07/25/2001	
Student ID:	1234-5678	Mobile Number:	253-535-7116	
U.S. Address:	12180 Park Ave. S Risk Services Tacoma, WA 98447	Country of Origin:	Ireland	
QUOTE DETAILS: 🙋	1			
School / Organization:	Pacific Lutheran University	Student Category:	F1 International	
Coverage Dates:	First Day of Coverage: 08/15/2019 Last Day of Coverage: 08/14/2020			
PLAN DETAILS:	Global Care Plus - Pacific Lutherar 08/14/2020)	n University - \$1,078.00 (08/15	5/2019 -	
	Go Back Co	ntinue		

11. Complete payment information, check the **Consent Agreement** and click **Submit Payment** 

TEP 4: SUBMIT PA	YMENT				
PURCHASE DETAI	LS				
Plan Name:	Global Care Plus - Pacific Lu	utheran University	ACA Comparable:	Yes	
Deductible:	Preferred Provider: \$100 (W	aived at Student Price: \$1,07			1
	Health Center) Out-of-Netv	vork: \$500	Plan Details:	Brochure	Flyer
Maximum Benefit:	No Maximum			Laga	- Leu
Coverage Dates:	08/15/2019 08/14/2020				
BILLING INFORMA	ATION				
Card Number*:			Payment Method		
Enter Card Numbe	r			DISCOVER	
Expiration Date*:		CVV*:	First Name*:		Last Name*:
Month -	Year 🗸	CVV	Enter First Name		Enter Last Name
Billing address	is different than mailing add	Iress.			
CONSENT AGREEN Unless otherwise sta submitted to the Co renewal payments. E and elects to enroll a later determined tha except for ineligibilit	MENT ted in the Master Policy, co mpany or the effective date 3y submitting this applicatio as indicated on the applicat it the student is not eligible, y or entrance into the arme	verage will begin effecti of the coverage period, n, the student/visa hold ion; 2). He/she declares or upon entrance in the id forces.	ve (if submitting via Onlin whichever is later. The s er acknowledges the foll they meet the eligibility armed forces, the prem	ne Services) the tudent/visa hold owing: 1). He/sh equirements for ium will be refur	day the correct premium is ler is responsible for the timely le has carefully read the brochure the plan selected; 3). That if it is ded. Premium will not be refunde
I have read and have made.	agree to the terms stated a	bove, and I elect to purc	hase insurance coverage	e under this insu	rance plan. Above are choices I
				Can	cel Submit Payment
ease Note: Payments d as. All transactions are co	o not take place in the United State mpleted and posted as PGH GLOB	es. You may be subject to foreig AL (CAYMAN) LIMITED.	n transaction fees. Please chec	k with your credit ca	ard company to see if you are subject to the

Once enrollment is complete, students can log in to their account from the home page to manage coverage, download an ID card and request help.



Students who need assistance enrolling in the plan or have questions regarding the plan can contact PGH Global at 1-888-251-6253.

The PGH website has a lot of resources for students that can be accessed from the student's account or the home page.

