Frequently Asked Questions

What is a deductible?

The deductible is the amount you are required to pay to the doctor or hospital before the insurance company will pay toward your eligible expenses. On the Student Secure plan, it is paid once for every new illness or injury — not per visit. If you became ill or injured and went to the doctor you would pay the deductible, but if you went for a follow-up visit on that same condition you would not need to pay the deductible again since you've already paid it for that condition.

Am I eligible to apply for the Student Secure?

If you are a student in the USA on an F1 or J1 visa, you are automatically eliaible for the Student Secure plan.

For those on other visa types, or those studying outside of the US, you will need to be a full-time student or scholar at a college or university, or within 31 days of being a full-time student.

Will I get an ID card?

Yes, you will receive an electronic PDF version of your insurance ID card immediately by email, and you can also choose to receive a physical ID card in the mail by selecting the "Email and Regular Mail" option on

Can I extend or renew my insurance plan?

Yes. If you purchase your policy for less than 364 days, you can extend the plan up until you have a full 364 days of coverage. Once you have a full 364 days of coverage, you can then renew your plan for another year. If you continue to meet the eligibility requirements and don't have any breaks in coverage, you can extend and renew your policy for up to a total of 4 years. Please note that there is an additional \$5 fee per extension or renewal. All extensions and renewals can be done quickly and easily through your Student Zone account

Which doctors or hospitals can I ao to?

You are free to visit any doctor or hospital (known as providers) that you wish to seek treatment from. However we do suggest you visit these providers as they are typically better placed to treat you: Student Health Center — Most schools offer a student health center which should be your first option in seeking treatment First Health Provider Network — The First Health Network will accept the Student Secure Insurance plan. You can search for providers at https://www.internationalstudentinsurance.com/network

Insurance Explained

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Our Insurance Explained Center will help you understand more about student insurance, with helpful resources such as our "US Healthcare System Overview". "Mental Health Awareness" and "Sexual Assault Awareness" videos."

> Find out more today at: InternationalStudentInsurance.com/explained

Student Zone

Whether you have misplaced your ID card or benefit booklet, need assistance with a claim, or have a question about benefits, we are ready to respond. Frequently, these and other issues can be addressed with a short visit to Student Zone. Student Zone is an online account management and resource tool that allows you to change your personal information, renew coverage, replace your ID card and much more.

> You may access Student Zone by logging in at: InternationalStudentInsurance.com/zone

Security

This plan is insured by Syndicate 4141 at Lloyd's, London, Lloyd's is the largest and oldest insurance market in the world and is rated 'A (Excellent)' by A.M. Best Company and 'A+ (Strong)' by Standard & Poor's. Lloyd's provides financial strenath and security that is unparalleled in the worldwide insurance market.

Plan Administrator

Tokio Marine HCC - Medical Insurance Services Group, headquartered in the United States in Indianapolis, Indiana, provides the administration on this plan. Tokio Marine HCC — MIS Group is a full-service company offering 24hour, multi-lingual, emergency assistance and support; claims processing; and provider referrals. Their assistance is never more than a phone call away.



Perfect for: F1, J1, and OPT



Student Health Insurance

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Contact Us

About Us

International Student Insurance is a specialized insurance

gaency, offering health and travel insurance to students

ground the world. ISI is owned and operated by Envisage

International Corporation, which is headquartered in

Neptune Beach, Florida, Online since 2001, ISI has been a

trusted industry leader for years.

We are also a NAFSA Global Partner, and accredited with

an A+ rating by the Better Business Bureau. Our team of

highly trained professionals can help you choose the best

insurance product for your school and your students.

International Student Insurance 224 First Street Neptune Beach, FL 32266 USA Phone: 877-758-4391 | Int'l: +1 904-758-4391 Fax: 904-212-0412

info@InternationalStudentInsurance.com InternationalStudentInsurance.com



Benefits	Smart	Budget	Select	Elite
Certificate Period Maximum	\$200,000	\$500,000	\$600,000	\$1,000,000
Maximum Benefit per Injury/ Illness	\$100,000	\$250,000	\$300,000	\$500,000
Deductible	S50 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$100 per injury or illness.	\$45 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$90 per injury or illness.	\$35 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$75 per injury or illness.	\$25 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$50 per injury or illness.
ER Deductible — Inside the USA Only	\$350 per injury/ illness	\$350 per injury/ illness	\$200 per injury/ illness	\$100 per injury/ illness
Coinsurance — Claims incurred in network inside the U.S.	For the certificate period, underwriters will pay 80% of eligible expenses after the deductible to the certificate period maximum.	For the certificate period, underwriters will pay 80% of the next \$25,000 of eligible expenses after the deductible, then 100% to the certificate period maximum.	Underwriters will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to certificate period maximum.	Underwrites will pay 100% of eligible expenses after deductible to certificate period maximum.
Coinsurance — Claims incurred out of network inside the U.S.	URC	URC	URC	URC
Coinsurance Claims incurred outside of U.S.	For the certificate period, underwriters will pay 100% of eligible expenses after the deductible up to the certificate period maximum			
Hospital Room & Board	Average semi-priva	ite room rate, includ	ing nursing services	
"Local Ambulance not subject to coinsurance"			Up to \$750 per injury / illness if hospitalized as inpatient	Up to \$750 per injury / illness if hospitalized as inpatient
Intensive Care Unit	Up to Overall Maximum			
Outpatient Treatment	Up to Overall Maximum			
Outpatient Prescription Drugs*	50% of Actual Charge	50% of Actual Charge	50% of Actual Charge	100% coverage for generic / 50% coverage for brand
	Those within the USA will automatically be enrolled into the VantageAmerica Drug Discount Program			
Vaccinations	No Coverage	No Coverage	No Coverage	\$150 Maximum — applies only to USA inbound coverage
Maternity care for a covered pregnancy. (subject to the deductible and coinsurance)	No Coverage	Up to \$5,000	Up to \$10,000	Up to \$25,000
Routine nursery care of newborn — not subject to coinsurance	No Coverage	\$250 maximum per certificate period	\$750 maximum per certificate period	\$750 maximum per certificate period
Intercollegiate, nterscholastic, intramural, or club sports	No Coverage	\$3,000 maximum per injury / illness Medical expenses only	\$5,000 maximum per injury / illness Medical expenses only	\$5,000 maximum per injury / illness Medical expenses only

Cont'd	Smart	Budget	Select	Elite
Terrorism	No Coverage	\$50,000 max lifetime limit	\$50,000 max lifetime limit	\$50,000 max lifetime limit
Mental Health Treatment must not be obtained at a student health center	Outpatient: \$50 maximum per day, \$500 maximum per certificate period. Inpatient: Usual, reasonable, and customary charges to \$5,000 maximum per certificate period.	Outpatient: \$50 maximum per day, \$500 maximum per certificate period. Inpatient: Usual, reasonable, and customary charges to \$10,000 maximum per certificate period Coverage includes drug abuse or alcohol abuse.	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. Coverage includes drug abuse or alcohol abuse.	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. Coverage includes drug abuse or alcohol abuse.
Dental treatment due to accident	\$250 maximum per tooth; \$500 maximum per certificate period			
Dental treatmen to alleviate pain — not subject to coinsurance	\$100 maximum per certificate period			
Pre-existing Conditions	\$25,000 lifetime maximum for eligible medical expenses for the acute onset of pre-existing condition only			waiting period
Therapeutic termination of pregnancy — not subject to coinsurance	\$500 maximum per certificate period			
Outpatient Physical Therapy and Chiropractic Care — not subject to coinsurance	Maximum \$25 per day	Maximum \$50 per day	Maximum \$50 per day	Maximum \$75 per day
Emergency Medical Evacuation*	\$50,000	\$250,000	\$300,000	\$500,000
Emergency Reunion*	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$5,000 lifetime maximum	\$5,000 lifetime maximum
Accidental Death & Dismemberment*	No Coverage	No Coverage	\$25,000 principal sum	\$25,000 principal sum
Repatriation of Remains*	\$25,000	\$25,000	\$25,000	\$50,000
Personal Liability*	No Coverage	No Coverage	No Coverage	\$250,000



Premiums

The premiums below are in \$USD and are per month of coverage, for daily rate premiums please visit our website.

Coverage including the USA

Age	Smart	Budget	Select	Elite
Under 18	\$29	\$39	\$89	\$134
18-24	\$29	\$39	\$89	\$134
25-30	\$59	\$75	\$187	\$272
31-40	\$131	\$181	\$380	\$542
41-50	\$230	\$322	\$675	\$956
51-64	\$311	\$433	\$910	\$1,283
65+	Contact us for more information			

Coverage excluding the USA

Age	Smart	Budget	Select	Elite
Under 18	\$24	\$35	\$66	\$93
18-24	\$24	\$35	\$66	\$93
25-30	\$30	\$39	\$66	\$93
31-40	\$66	\$89	\$144	\$202
41-50	\$118	\$224	\$324	\$454
51-64	\$171	\$304	\$413	\$578
65+	Contact us for more information			

Group Rates

We offer a range of insurance options and discounted rates for groups of all sizes. Please contact us for further information and a personalized proposal.

For full information or to apply, please visit:

International Student Insurance.com

Exclusion Summary

The following list contains a summary of the plan exclusions. Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage:

- Pre-existing Conditions except as covered under the table of benefits.
- 2. Maternity, unless directly related to a Covered Pregnancy.
- 3. Congenital conditions.
- 4. Charges not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
- 5. Services that are not administered or ordered by a Physician, and which are not Medically Necessary.
- 6. Treatment provided at no cost to the Member.
- 7. Any services which are Investigational, Experimental or Research purposes.
- 8. Services for obesity or weight modification.
- 9. HIV, AIDS or ARC, and all diseases caused by and/or related to HIV.
- 10. Elective termination of Pregnancy.
- 11. Dental Treatment, except for Emergency Dental Treatment as listed.
- 12. Vision and hearing tests and examinations.
- 13. Diagnosis, testing, or treatment of the temporomandibular joint.
- 14. Expenses in excess of \$3,000 (Budget), \$5,000 (Select/Elite) and all expenses under the Smart for participation in intercollegiate, interscholastic, intramural, or club sports.
- 15. Extreme or hazardous sports (please see the website for a full list).
- 16. Injury sustained while under the influence of intoxicating liquor or drugs.
- 17. Self-inflicted Injury or Illness.
- 18. Sexually Transmitted Diseases and conditions.
- 19. Immunizations and Routine Physical Exams, except provided for under the Vaccination benefit on the Elite level only.
- 20. Mental Health Disorders if treatment is obtained at a Student Health Center.
- 21. Injuries from violation of the law.
- 22. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
- 23. Treatment for hair loss.
- 24. Sleep apnea or other sleep disorders.
- 25. Organ or tissue transplants or related services.
- 26. Diagnosis, testing, or treatment for skin conditions.

Please view the full plan certificate on our website for a complete list of benefits and exclusions.