

Plan Features

Up to \$5,000,000 policy maximum	As low as \$25 per injury/illness deductible
Mental health, maternity and sports coverage	Pre-existing condition coverage as soon as 6 months
Online claims submission and tracking	Worldwide coverage outside your home country
Instant email confirmation with ID card	24-hour emergency multilingual support

Student Zone

Manage your insurance plan online through your **Student Zone**:

Update your personal and billing details	Extend or renew coverage
Download your ID card and Visa Letter	Search for doctors/hospitals
Submit and track claims	

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:

1. 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. Sexually Transmitted Diseases and conditions.
18. Immunizations and Routine Physical Exams, except provided for under the Vaccination benefit on the Elite level only.
19. Mental Health Disorders if treatment is obtained at a Student Health Center.
20. Injuries from violation of the law.
21. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
22. Treatment for hair loss.
23. Sleep apnea or other sleep disorders.
24. Organ or tissue transplants or related services.
25. Diagnosis, testing, or treatment for skin conditions.

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

Find out more

www.InternationalStudentInsurance.com

About Us

International Student Insurance is a specialized insurance agency, offering health and travel insurance to students around 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, licensed professionals can help you choose the best insurance product for your needs.

Security

LLOYD'S

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 strength 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 24-hour, multi-lingual, emergency assistance and support; claims processing; and provider referrals. Their assistance is never more than a phone call away.

Contact Us

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
Email: info@InternationalStudentInsurance.com



**STUDENT
HEALTH
INSURANCE**



Committed to you!



Benefits

	SMART	BUDGET	SELECT	ELITE
Certificate Period Maximum	\$200,000	\$500,000	\$600,000	\$5,000,000
Maximum Benefit per Injury/Illness	\$100,000	\$250,000	\$300,000	\$500,000
Deductible	\$50 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 – In network, inside the USA	80% coverage on eligible expenses after the deductible, up to the maximum	80% coverage up to \$25,000, then 100% of eligible expenses up to the maximum, after the deductible	80% coverage up to \$5,000, then 100% of eligible expenses up to the maximum, after the deductible	100% of eligible expenses, up to the maximum, after the deductible
Coinsurance – Out of network, inside the USA	Usual, reasonable, and customary			
Coinsurance – Outside the USA	100% of eligible expenses after the deductible, up to the maximum			
Hospital Room & Board	Average semi-private room rate, including nursing services			
Local Ambulance**	Up to \$300 per injury / illness if hospitalized as inpatient	Up to \$500 per injury / illness if hospitalized as inpatient	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 max – applies only to USA inbound coverage
Maternity care for a covered pregnancy	No coverage	Up to \$5,000	Up to \$10,000	Up to \$25,000

Key

All benefits are subject to the coinsurance and deductible unless otherwise stated.
 ** Not subject to coinsurance *** Not subject to deductible or coinsurance
 * Excludes chronic and congenital conditions. † Treatment must not be obtained at a student health center.
 Ω Must be ordered in advance by a physician.

	SMART	BUDGET	SELECT	ELITE
Routine nursery care of newborn**	No coverage	\$250 maximum per certificate period	\$750 maximum per certificate period	\$750 maximum per certificate period
Intercollegiate, interscholastic, intramural, or club sports	No coverage	\$3,000 max per injury/illness medical expenses only	\$5,000 max per injury/illness medical expenses only	\$5,000 max per injury/illness medical expenses only
Terrorism	No Coverage	\$50,000 max lifetime limit	\$50,000 max lifetime limit	\$50,000 max lifetime limit
Mental Health †	Outpatient: \$50 max per day, \$500 maximum per certificate period. Inpatient: Usual, reasonable, and customary charges to \$5,000 max per certificate period	Outpatient or inpatient: Max 30 days of coverage. Coverage includes drug abuse or alcohol abuse. Max 30 days of coverage.	Outpatient or inpatient: Max 30 days of coverage. Coverage includes drug abuse or alcohol abuse. Max 30 days of coverage.	Outpatient or inpatient: Max 30 days of coverage. Coverage includes drug abuse or alcohol abuse. Max 30 days of coverage.
Dental treatment due to accident**	\$250 maximum per tooth; \$500 maximum per certificate period			
Dental treatment to alleviate pain**	\$100 maximum per certificate period			
Pre-existing Conditions	\$25,000 lifetime max for eligible medical expenses for the acute onset of pre-existing condition only*	12-month waiting period	6-month waiting period	6-month waiting period
	\$25,000 lifetime maximum for eligible medical expenses for the acute onset of pre-existing condition only*			
Therapeutic termination of pregnancy**	\$500 maximum per certificate period			
Outpatient Physical Therapy & Chiropractic Care** † Ω	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	\$50,000	\$50,000
Personal Liability***	No Coverage	No Coverage	No Coverage	\$250,000

InternationalStudentInsurance.com

Apply online

Premiums

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

Travel excluding USA

Age	Smart	Budget	Select	Elite
Under 18	\$23.52	\$37.63	\$66	\$114
18-24	\$23.52	\$37.63	\$66	\$114
25-30	\$30	\$43	\$69	\$114
31-40	\$66	\$99	\$162	\$247
41-50	\$118	\$274	\$364	\$556
51-64	\$171	\$372	\$463	\$707
65+	Please visit our website for these rates.			

Travel including USA

Age	Smart	Budget	Select	Elite
Under 18	\$29	\$43	\$89	\$164
18-24	\$29	\$43	\$89	\$164
25-30	\$59	\$82	\$196	\$333
31-40	\$131	\$201	\$426	\$663
41-50	\$230	\$394	\$757	\$1,170
51-64	\$311	\$530	\$1,021	\$1,570
65+	Please visit our website for these rates.			

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.