Plan Features

100% coverage available
$0 to $5,000 deductible options
Instant, same day coverage
Online claims submission and tracking

About Us:

International Student Insurance (ISI) is a specialized insurance agency, offering health and travel insurance to students around the world since 2001. Owned and operated by Envisage International Corporation, ISI is headquartered in Neptune Beach, Florida with branch offices in Germany, Mexico and China.

We are a NAFSA Global Partner, accredited with an A+ rating by the Better Business Bureau and maintain a 5 Star Trustpilot consumer rating. Our team of highly trained, licensed professionals can help you choose the best insurance products for your needs.

Security:

This plan is insured by Syndicate 4141 at Lloyd’s. 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.

Plan Features

100% coverage available
Up to $2,000,000 policy maximum
Worldwide coverage outside your home country
Instant email confirmation with ID card
24-hour emergency multilingual support

Contact Us:

International Student Insurance
224 First Street
Neptune Beach, FL 32266
USA

Phone: 877-758-4391
Intl: +1 904-758-4391
Fax: 904-212-0412
Email: info@InternationalStudentInsurance.com

Find out more
www.InternationalStudentInsurance.com
Benefits

Policy Maximum
$50,000, $100,000, $250,000, $500,000, $1,000,000 and $2,000,000

Deductible
$0, $100, $250, $500, $1,000, $2,500 or $5,000. The deductible is due once per certificate period

ER Co-Pay
In the US Only
$200 if not admitted to the hospital as an in-patient. Waived for Emergency treatment of injury

Urgent Care Co-Pay
In the US Only
$15 per visit, then the co-insurance will apply. Not subject to deductible. Co-payment waived if $0 deductible elected

Coinsurance
100% of eligible expenses, after the deductible, to the overall maximum limit

The following benefits ARE NOT subject to the deductible or coinsurance, unless otherwise stated:

Hospital Indemnity
$100 per day in addition to all other benefits for inpatient hospitalization

Emergency Dental
Accident – Up to Policy Maximum
Acute Onset of Pain – Up to $300

Medical Evacuation
$1,000,000 limit

Emergency Reunion
$100,000 limit, Maximum of 15 days

Bedside Visits
$1,500 limit

Return of Minor Children
$50,000 limit

Political Evacuation
$100,000 limit

Accidental Death and Dismemberment
Principal sum – $25,000 (18-69 years old) Maximum $250,000 for any one family / group

Common Carrier Accident Death
$50,000 per member (18-69 years old) Maximum $250,000 for any one family / group

Repatriation of Remains
Equal to the elected overall maximum limit

Local Burial / Cremation
$5,000

Natural Disaster Benefit – Replacement Accommodations
Maximum $250 per day for 5 days

Trip Interruption
$10,000 limit

Travel Delay
Maximum $100 a day, max 2 days after a 12-hour delay period requiring an unplanned overnight stay

Lost Checked Luggage
Up to $1,000

Lost or Stolen Passport/Travel Visa
Up to $100

Pet Return
$1,000 to return a pet home if member is hospitalized

Crisis Response
$10,000 Maximum benefit

Personal Liability
$25,000 lifetime maximum

Sports
Non-contact, leisure, recreational and fitness sports included, along with select hazardous sports

Emergency Eye Exam
Up to $150. $50 deductible per occurrence (plan deductible is waived)

Border Entry Protection
Up to $500 if travelling on a valid B-2 visa and denied entrance at the U.S. border

URC = usual, reasonable and customary.

URC = usual, reasonable and customary.

The following benefits ARE ALL subject to the deductible and coinsurance, unless otherwise stated:

Group Rates

We offer discounts for groups of 5 or more. Please contact us for further information and a personalized proposal.

Applying For Coverage

Apply online

InternationalStudentInsurance.com

The premiums below are per day, in USD and are based on a $250 deductible.

Travel excluding USA

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Premiums

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Exclusions

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. Routine pre-natal care, Pregnancy, child birth, and post natal care.
3. Charges incurred by or for any child under the age of 14 days.
5. Mental Health Disorders.
6. Charges for treatment of any condition(s) when the purpose of departing the Home Country was to obtain treatment in the destination country/countries.
7. Charges not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
8. Treatment not administered by or under the supervision of a Physician.
9. Treatment which is not Medically Necessary.
10. Investigational, Experimental or for Research purposes.
11. Treatment of obesity or weight modification.
12. HIV, AIDS or ARC, and all diseases caused by or related to HIV.
13. Dental Treatment, except for Emergency Dental Treatment as covered under the plan.
15. Diagnosis, testing or treatment of the temporomandibular joint.
16. Medical expenses for Injury or Illness resulting from Amateur Athletics, Contact Sports, intercollegiate, interscholastic, intramural, extreme and club sports or athletic activities and Professional Sports including practice.
17. Injury sustained that is due wholly or partially to the effects of intoxication or drugs.
18. Self-inflicted Injury or Illness.
19. Sexually Transmitted Diseases and conditions.
20. Routine medical examinations, including but not limited to vaccinations, immunizations and annual check-ups.
21. Charges resulting from or occurring during the commission of a violation of law by the Member.
22. Diagnosis, testing, treatment or supplies for the feet.
23. Diagnostic testing or procedures, services, supplies, and treatment for hair loss.
24. Organ or Tissue Transplants or related services.
25. Diagnosis, testing or treatment for skin conditions.
26. Diagnosis, testing, or treatment of all forms of cancer / neoplasm.
27. Sleep apnea or other sleep disorders.

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