

## Plan Features

100% coverage available

Up to \$2,000,000 policy maximum

\$0 to \$5,000 deductible options

Worldwide coverage outside your home country

Instant, same day coverage

Instant email confirmation with ID card

Online claims submission and tracking

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

## 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.



**TOKIO MARINE**  
**HCC**

# ISI



INTERNATIONAL  
STUDENT  
INSURANCE

## TRAVEL MEDICAL INSURANCE

## Contact Us

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## Find out more

[www.InternationalStudentInsurance.com](http://www.InternationalStudentInsurance.com)



*Committed  
to you!*

## Benefits

<b>Policy Maximum</b>	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 and \$2,000,000
<b>Deductible</b>	\$0, \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000. The deductible is due once per certificate period
<b>ER Co-Pay In the US Only</b>	\$200 if not admitted to the hospital as an in-patient. Waived for Emergency treatment of injury.
<b>Urgent Care Co-Pay In the US Only</b>	\$15 per visit, then the coinsurance will apply. Not subject to deductible. Co-payment waived if \$0 deductible elected
<b>Coinsurance</b>	100% of eligible expenses, after the deductible, to the overall maximum limit

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

<b>Hospital Room &amp; Board</b>	Average Semi-Private Room Rate
<b>Local Ambulance</b>	URC when results in hospitalization
<b>Intensive Care Unit</b>	Up to Policy Maximum
<b>Outpatient Treatment</b>	Up to Policy Maximum
<b>Acute Onset of a Pre-existing Condition (excludes chronic and congenital conditions)</b>	Under age 70: Up to the Overall Maximum Limit Age 70 to 79: Up to the Overall Maximum Limit or \$100,000, whichever is lower \$25,000 Lifetime Maximum for Emergency Medical Evacuation.
<b>Prescription Medication</b>	Up to Policy Maximum – For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program – please see our website for more information
<b>Outpatient Physical Therapy and Chiropractic Care</b>	\$50 maximum per day. Must be ordered in advance by a physician.
<b>All other medical expenses</b>	Up to the Overall Maximum Limit
<b>Terrorism</b>	\$50,000 limit for medical expenses only

URC = usual, reasonable and customary.

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

<b>Hospital Indemnity</b>	\$100 per day in addition to all other benefits for inpatient hospitalization
<b>Emergency Dental</b>	Accident – Up to Policy Maximum Acute Onset of Pain – Up to \$300
<b>Medical Evacuation</b>	\$1,000,000 limit
<b>Emergency Reunion</b>	\$100,000 limit, Maximum of 15 days
<b>Bedside Visit</b>	\$1,500 limit
<b>Return of Minor Children</b>	\$50,000 limit
<b>Political Evacuation</b>	\$100,000 limit
<b>Accidental Death and Dismemberment</b>	Principal sum – \$25,000 (18-69 years old)
<b>Common Carrier Accidental Death</b>	\$50,000 per member (18-69 years old) Maximum \$250,000 for any one family / group
<b>Repatriation of Remains</b>	Equal to the elected overall maximum limit
<b>Local Burial / Cremation</b>	\$5,000
<b>Natural Disaster Benefit – Replacement Accommodations</b>	Maximum \$250 per day for 5 days
<b>Trip Interruption</b>	\$10,000 limit
<b>Travel Delay</b>	Maximum \$100 a day, max 2 days after a 12-hour delay period requiring an unplanned overnight stay
<b>Lost Checked Luggage</b>	Up to \$1,000
<b>Lost or Stolen Passport/Travel Visa</b>	Up to \$100
<b>Pet Return</b>	\$1,000 to return a pet home if member is hospitalized
<b>Crisis Response</b>	\$10,000 Maximum benefit
<b>Personal Liability</b>	\$25,000 lifetime maximum
<b>Sports</b>	Non-contact, leisure, recreational and fitness sports included, along with select hazardous sports
<b>Emergency Eye Exam</b>	Up to \$150. \$50 deductible per occurrence (plan deductible is waived).
<b>Border Entry Protection</b>	Up to \$500 if travelling on a valid B-2 visa and denied entrance at the U.S. border

## Premiums

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

### Travel excluding USA

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	\$0.76	\$0.95	\$1.16	\$1.20	\$1.35	\$1.49
30-39	\$0.96	\$1.24	\$1.45	\$1.47	\$1.71	\$1.87
40-49	\$1.58	\$1.83	\$2.09	\$2.11	\$2.40	\$2.63
50-59	\$2.93	\$3.15	\$3.54	\$3.56	\$4.04	\$4.43
60+	Please visit our website for these rates.					

### Travel including USA

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	\$1.31	\$1.67	\$1.89	\$2.49	\$2.84	\$2.89
30-39	\$1.76	\$2.44	\$2.90	\$3.25	\$3.58	\$3.66
40-49	\$2.52	\$3.16	\$3.62	\$4.49	\$5.15	\$5.25
50-59	\$4.06	\$5.12	\$6.46	\$7.67	\$8.43	\$8.60
60+	Please visit our website for these rates.					

## Group Rates

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

## 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. 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.
4. Congenital illnesses.
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 and/or related to HIV.
13. Dental Treatment, except for Emergency Dental Treatment as covered under the plan.
14. Vision and hearing tests and examinations, except provided for under Emergency Eye Exam.
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.

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online

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