



PATRIOT TRAVEL[®]

International Travel Medical Insurance



*Committed
to you!*

Underwritten by SiriusPoint Specialty Insurance Corporation
Rated A- (excellent) by A.M. Best and A- by Standard & Poor's
Administered by International Medical Group (IMG)



INTERNATIONAL
STUDENT
INSURANCE

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Notice

For further information on this Plan, visit <https://www.internationalstudentinsurance.com/patriot-travel/>

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to you. For a detailed plan description, exclusions, and limitations please view the certificate of insurance online ([Patriot America Plus](#), [Patriot America Platinum](#), [Patriot International Lite](#), [Patriot International Platinum](#)) The certificate contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Sirius Specialty Insurance Corporation. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA requires United States citizens, United States nationals and resident-alien to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so.

Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely your responsibility to determine if PPACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required PPACA compliant coverage.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us (877) 758-4391 or by visiting us at <https://www.internationalstudentinsurance.com>

Seeking Treatment



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment .

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



Doctors/Hospitals

In the USA this plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the United Healthcare Network.



If you need to see a doctor or visit a hospital, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you go in-network, you may pay less money out-of-pocket and claims will be submitted to the claims team for processing.

Outside of the USA, you are allowed to visit any provider of your choice.



Prescription Drugs

Prescriptions should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.



Telemedicine

If you've purchased the **Patriot America Plus** or **Patriot International Lite** plans, you are free to use any telemedicine provider of your choice to seek medical care. Please pay the provider directly and keep copies of all your receipts and submit those to the claims team for processing and reimbursement as per the plan policy conditions and exclusions. A few popular telemedicine providers are:

- [Teladoc](#)
- [MeMD](#)
- [MDLive](#)

If you've purchased the **Patriot America Platinum** plan, your plan includes access to [Teladoc Virtual Medicine](#) at no additional cost.

If you've purchased the **Patriot International Platinum** plan, your plan includes access to [CareClix Virtual Medicine](#) at no additional cost.

General

Information

Enrollment

Enrollment and waivers can be done via our website at:

www.InternationalStudentInsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391

Student Zone

Once you have purchased coverage, you can manage your policy online. Through your Student Zone, you'll be able to extend or renew your plan, track claims, locate a doctor/hospital and download copies of your insurance ID card and visa letter.

Your student zone is available at:

InternationalStudentInsurance.com/student-zone/

Cancellation/Refunds

You will have three days from the initial effective date of coverage, called the Review Period, in which you can review the benefits, conditions, limitations, exclusions, and all other terms of the plan. If you are not completely satisfied, you can cancel the plan for a full refund. After the Review Period, the following conditions will apply:

- If any claims have been filed with the Company, the Premium is fully earned and is non-refundable.
- If no claims have been filed with the Company:
 - a cancellation fee of \$50.00 USD will be charged
 - only Premium covering time periods after cancellation are refundable

All cancellation requests must be submitted in writing. No cancellation requests can be accepted over the phone. You may send this request to info@internationalstudentinsurance.com

ID Card

Once you are enrolled in the plan, you will receive an e-mail with all your policy documents and a copy of your PDF Insurance ID card. Carry your ID card with you at all times! You will need your card when you

visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

Eligibility

If an Insured Person is not eligible, this Certificate is void ab initio and all Premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements:

1. Complete and sign an Application as the Insured Person (or be listed thereon by proxy as an applicant and proposed Insured Person), and/or as the Insured Person's Spouse, Child and/or Grandchild
2. Pay the required Premium on or before the Effective Date of Coverage
3. Receive written acceptance of his/her Application, renewal or extension from the Company
4. Be an individual at least fourteen (14) days old
5. On the Effective Date and on subsequent renewal dates, must have legally departed the Country of Residence and legally entered the Destination Country
6. Not be Pregnant, Hospitalized or Disabled on the Initial Effective Date
7. Not be HIV + on the Initial Effective Date
8. Not have established a permanent residency in the Destination Country

Terms of Coverage

Plan Participant's Effective Date

Coverage becomes effective 12:01am U.S. Eastern Time on the date requested on the application.

Plan Participant's Termination Date

Coverage terminates as of 12:01 AM U.S. Eastern Time as of the next day following the end of the coverage period for which Premium has been fully paid.

Extensions/ Renewals

The maximum total coverage period for any one Covered Person cannot exceed 365 days per policy period. If you purchase this plan for less than 365 days, you may extend your Patriot International Lite, America Plus and Platinum plans up until you have fulfilled the full 365 days of coverage. From there, you may renew your plan up to one additional year on the Patriot International Lite and America Plus, and an additional two years on the Platinum levels.

Claims

Information

In-Network Claims

When seeking medical care within the UnitedHealthcare Network in the USA, the medical provider will submit your claims electronically for processing. You will still need to follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness. If your visit was due to an accident, you'll also need to complete the accident questionnaire.
3. Submit your claim form to:

International Medical Group, Inc.
Claims, P.O. Box 9162,
Farmington Hills, MI 48333-9162 USA
customercare@imglobal.com

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or outside the USA, they will not be able to submit your bills directly. You will need follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness. If your visit was due to an accident, you'll also need to complete the accident questionnaire.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. Submit your claim form to:

International Medical Group, Inc.
Claims, P.O. Box 9162,
Farmington Hills, MI 48333-9162 USA
customercare@imglobal.com

Explanation of Benefits

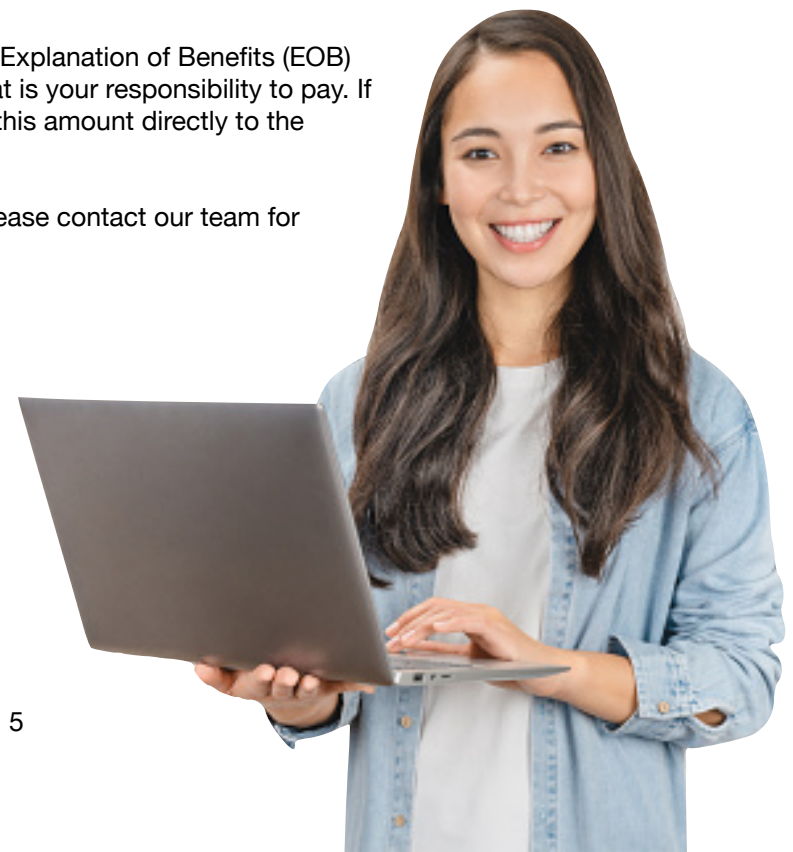
Once all your details are submitted, you will receive an Explanation of Benefits (EOB) that shows what the insurance company paid, and what is your responsibility to pay. If there is any patient responsibility, you will need to pay this amount directly to the medical provider that you sought medical care from.

If you have any questions about the claims process, please contact our team for assistance and support:

info@internationalstudentinsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391



Policy

Benefits

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
Period of Coverage	5 days up to 12 months	5 days up to 12 months	5 days up to 12 months	5 days up to 12 months
Period of Coverage Limit	\$50,000 to \$1,000,000	\$1,000,000 to \$8,000,000	\$50,000 to \$1,000,000	\$2,000,000 to \$8,000,000
Area of Coverage	Worldwide excluding Country of Residence	Worldwide excluding Country of Residence	Worldwide excluding Country of Residence	Worldwide excluding Country of Residence
Deductible for Eligible Medical Expenses				
Deductible Per certificate period	\$0, \$100, \$250, \$500, \$1,000 or \$2,500	\$0, \$100, \$250, \$500, \$1,000 or \$2,500, \$5,000, \$10,000 or \$25,000	\$0, \$100, \$250, \$500, \$1,000 or \$2,500	\$0, \$100, \$250, \$500, \$1,000 or \$2,500, \$5,000, \$10,000 or \$25,000
Coinsurance for Eligible Medical Expenses				
Coinsurance In addition to Deductible	USA In-Network: Plan pays 100% USA Out-Network: Plan pays 80%, \$1,000 out of pocket max International: Plan pays 100%	USA In-Network: Plan pays 100% USA Out-Network: Plan pays 90%, \$500 out of pocket max International: Plan pays 100%	Plan pays 100%	Plan pays 100%

		Worldwide, including the USA		Worldwide, excluding the USA	
		America Plus	America Platinum	International Lite	International Platinum
	Pre-certification				
Pre-certification	<ul style="list-style-type: none"> • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage. • All other Treatments & supplies: fifty percent (50%) reduction of Eligible Medical Expenses if Pre-certification requirements are not met. • Deductible is taken after reduction. • Coinsurance is applied to remainder of the reduced amount. • Refer to PRE-CERTIFICATION REQUIREMENTS provision in the certificate of insurance for a complete list of services that require Pre-certification. 				
	Pre-existing Conditions				
Pre-existing Conditions	Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.				
	Acute Onset of Pre-existing Conditions Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit				
Acute Onset of Pre-existing Conditions Insured Person must be under 70 years of age	Up to the Period of Coverage limit	United States citizens: Age 64 and under without a Primary Health Plan: Maximum Limit: \$20,000 Age 64 and under with a Primary Health Plan: Maximum Limit: \$1,000,000 Age 65 through age 69: Maximum Limit: \$2,500 Non-United States citizens: Age 69 and under: Maximum Limit: \$1,000,000	United States citizens: Age 64 and under without a Primary Health Plan: Maximum Limit: \$20,000 Age 64 and under with a Primary Health Plan: Up to the Period of Coverage limit Age 65 through age 69: Maximum Limit: \$2,500 Non-United States citizens: Age 69 and under: Maximum Limit: Up to Period of Coverage limit or \$1,000,000 (whichever is lower)	United States citizens: Age 64 and under without a Primary Health Plan: Maximum Limit: \$20,000 Age 64 and under with a Primary Health Plan: Maximum Limit: \$1,000,000 Age 65 through age 69: Maximum Limit: \$2,500 Non-United States citizens: Age 69 and under: Maximum Limit: \$1,000,000	

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
Emergency Medical Evacuation	Maximum Limit: \$25,000	Maximum Limit: \$25,000	Maximum Limit: \$25,000	Maximum Limit: \$25,000
	Arises or results directly from a covered Acute Onset of a Pre-existing Condition. Insured Person must be under 70 years of age			
	Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Eligible Medical Expenses	Up to the Period of Coverage Limit			
Physician Visits/ Services	Up to the Period of Coverage Limit			
Telemedicine Services	Reimbursable Telehealth visits can be submitted for reimbursement.	Included Access to Teladoc is included for no additional fee. Not subject to Deductible or Coinsurance.	Reimbursable Telehealth visits can be submitted for reimbursement.	Included Access to CareClix is included for no additional fee. Not subject to Deductible or Coinsurance.
Urgent Care Clinic	Copayment: \$25 - Not subject to Deductible. Copayment is not applicable if the Declaration states \$0 Deductible			
Walk-in Clinic	Copayment: \$15 - Not subject to Deductible. Copayment is not applicable if the Declaration states \$0 Deductible			
Hospital Emergency Room	Injury: Not subject to Emergency Room Deductible Illness in the USA: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission Illness outside USA: Not subject to Emergency Room Deductible			
Hospitalization/ Room & Board	Up to the Period of Coverage Limit Average semi-private room rate Includes nursing, miscellaneous and Ancillary Services			
Intensive Care	Up to the Period of Coverage Limit			
Bedside Visit	\$1,500 Maximum Limit Not subject to Deductible. Hospitalized in an Intensive Care Unit			
Outpatient Surgical/Hospital Facility	Up to the Period of Coverage Limit			
Laboratory	Up to the Period of Coverage Limit			

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
Radiology/X-Ray	Up to the Period of Coverage Limit			
Chemotherapy/ Radiation Therapy	Up to the Period of Coverage Limit			
Pre-admission Testing	Up to the Period of Coverage Limit			
Surgery	Up to the Period of Coverage Limit			
Reconstructive Surgery	Up to the Period of Coverage Limit Surgery is incidental to or follows Surgery that was covered under the plan			
Assistant Surgeon	20% of the primary surgeon's eligible fee			
Anesthesia	Up to the Period of Coverage Limit			
Durable Medical Equipment	Up to the Period of Coverage Limit			
Chiropractic Care	Up to the Period of Coverage Limit Medical order or Treatment plan required			
Physical Therapy	Up to the Period of Coverage Limit Medical order or Treatment plan required			
Extended Care Facility	Up to the Period of Coverage Limit Upon direct transfer from acute care Hospital			
Home Nursing Care	Up to the Period of Coverage Limit Provided by a Home Health Care Agency. Upon direct transfer from acute care Hospital			
	Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Prescription Drugs and Medication	In the USA: 80% International: 100%	In the USA: 90% International: 100%	100%	100%

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
	<p>The following Prescription Drugs and Medication Maximum Limit accumulates toward the plan Maximum Limit per Period of Coverage.</p> <p>If the Certificate of Insurance Maximum Limit is \$10,000, \$50,000 or \$100,000, the Prescription Drugs and Medications limit is up to the plan Maximum Limit</p> <p>If the Certificate of Insurance Maximum Limit is \$500,000 or \$1,000,000, the Prescription Drugs and Medications Maximum Limit is up to \$250,000 per Period of Coverage</p> <p>Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits Dispensing maximum for Retail Pharmacy: 90 days per prescription</p>			
	<p>Emergency Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit</p>			
Emergency Local Ambulance	<p>Up to the Period of Coverage Limit Subject to Deductible and Coinsurance For Injury & Illness resulting in a Hospitalization admission</p>			
Emergency Medical Evacuation	\$1,000,000	Up to Period of Coverage limit	\$1,000,000	Up to Period of Coverage limit
	Must be approved in advance and coordinated by the Company			
Emergency Reunion	<p>\$100,000 Maximum Limit Maximum Days: 15, Meal Maximum per day: \$25 Reasonable and necessary travel costs and accommodations Must be approved in advance by the Company</p>			
Interfacility Ambulance Transfer	<p>Up to the Period of Coverage Limit Transfer must be a result of an Inpatient Hospital admission</p>			
Natural Disaster Evacuation	<p>\$25,000 Maximum Limit Must be approved in advance by the Company</p>			
Political Evacuation and Repatriation	<p>\$100,000 Maximum Limit Must be approved in advance by the Company</p>			
Remote Transportation	<p>\$5,000 limit, \$20,000 Maximum Limit Approved in advance by the Company</p>			
Return of Minor Children	<p>\$100,000 Maximum Limit Must be approved in advance by the Company</p>			

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
Return of Mortal Remains	Up to the Period of Coverage Limit Local Burial/ Cremation Maximum Limit: \$5,000 Return of Insured Person's Mortal Remains to Country of Residence Approved in advance by the Company			
	Other Services NOT subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Accidental Death & Dismemberment	\$50,000 Maximum Limit Death must occur within 90 days of the Accident Accidental Death: 100% of Principal Sum = Dismemberment: Sight of 1 eye - 50% Principal Sum 1 hand or 1 foot - 50% Principal Sum 1 hand and loss of sight of 1 eye - 100% Principal Sum 1 foot and loss of sight of 1 eye - 100% Principal Sum 1 hand and 1 foot - 100% Principal Sum Both hands or both feet - 100% Principal Sum Sight of both eyes - 100% Principal Sum			
Common Carrier Accidental Death	\$100,000 Maximum Limit per Adult \$25,000 Maximum Limit per Child \$250,000 Maximum Limit per Family			
Dental Treatment	In the USA: 80% International: 100%	In the USA: 90% International: 100%	100%	100%
	\$300 Maximum Limit Subject to Deductible and Coinsurance (Unexpected pain or Treatment due to an Accident)			
Traumatic Dental Injury	Up to the Period of Coverage Limit Subject to Deductible and Coinsurance. Treatment at a Hospital due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%			
Emergency Eye Exam	In the USA: 80% International: 100%	In the USA: 90% International: 100%	100%	100%
	\$250 Maximum Limit, \$50 deductible per occurrence Subject to Coinsurance (plan Deductible waived) Loss or damage to prescription corrective lenses due to Accident			

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
Hospital Indemnity	\$250 Overnight limit. Maximum Nights: 10 Outside Insured Person's Country of Residence and the United States Inpatient Hospitalization only			
Identity Theft	\$500 Maximum Limit			
Incidental Trip	14 days Maximum Insured Person's Country of Residence is not the United States		No Coverage	
Lost Luggage	\$50 per item, \$500 maximum limit.			
Natural Disaster	\$250 per day and maximum limit of 5 days for accommodations.			
Non-emergency Medical Evacuation	No Coverage	\$50,000 Max Limit Insured Persons under age 65. Approved in Advance by the Company	No Coverage	\$50,000 Max Limit Insured Persons under age 65. Approved in Advance by the Company
Personal Liability	Combined Limit: \$25,000 Secondary to any other insurance No coverage for Injury to a related third party or damage to related third person's property Injury to third person: Per Injury Deductible \$100 Damage to third person's property: Per damage Deductible \$100			
Pet Return	\$1,000 Maximum Limit For a pet cat or dog traveling with the insured Person			
Small Pet Common Air Carrier Accidental Death Benefit	\$500 Maximum Limit For a pet cat or dog up to 30 pounds traveling with the Insured Person			
Supplemental Accident Benefit	\$300 Maximum Limit			
Terrorism	\$50,000 Maximum Limit			
Return Travel	\$10,000 Maximum Limit			
Travel Intelligence	Not Included	Included	Not Included	Included

	Worldwide, including the USA		Worldwide, excluding the USA	
	America Plus	America Platinum	International Lite	International Platinum
	Incidental Services Combined Maximum Limit: \$50,000 NOT subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit			
Emergency Treatment While Traveling Through the United States	No Coverage		14 Max Consecutive Days (in addition to the combined Maximum Limit) Must be Pre-certified and coordinated by the Company 100%	
Emergency Medical Evacuation to the United States and Associated Treatment	No Coverage		14 Max Consecutive Days (in addition to the combined Maximum Limit) Must be Pre-certified and coordinated by the Company 100%	
Emergency Treatment During Incidental Trip to Country of Residence	No Coverage		14 Max Consecutive Days (in addition to the combined Maximum Limit) Must be Pre-certified and coordinated by the Company 100%	

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

- This table is a summary of the plan benefits, for full details and policy wording please consult and download a copy of the certificate of insurance
 - [Patriot America Plus](#)
 - [Patriot America Platinum](#)
 - [Patriot International Lite](#)
 - [Patriot International Platinum](#)
- You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.

Policy

Pricing

Patriot America Plus

Worldwide, including the USA

Daily Rates based on a \$250 deductible

	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000
0 - 17 years old	\$1.52	\$1.94	\$2.14	\$2.69	\$3.09
18 - 29 years old	\$1.52	\$1.94	\$2.14	\$2.69	\$3.09
30 - 39 years old	\$1.89	\$2.55	\$2.99	\$3.20	\$3.52
40 - 49 years old	\$2.48	\$3.04	\$3.42	\$4.04	\$4.50
50 - 59 years old	\$4.13	\$5.07	\$6.30	\$7.13	\$7.85
60 - 64 years old	\$5.30	\$6.85	\$7.47	\$9.32	\$10.04
65+ years old	Please visit our website for rates				

Patriot America Platinum

Worldwide, including the USA

Daily Rates based on a \$250 deductible

	\$1,000,000	\$2,000,000	\$5,000,000	\$8,000,000
0 - 17 years old	\$2.89	\$3.05	\$3.94	\$5.55
18 - 29 years old	\$2.89	\$3.05	\$3.94	\$5.55
30 - 39 years old	\$3.34	\$3.53	\$5.82	\$7.30
40 - 49 years old	\$4.46	\$4.71	\$7.00	\$9.38
50 - 59 years old	\$7.74	\$8.16	\$11.58	\$16.23
60 - 64 years old	\$10.40	\$11.94	\$14.03	\$20.54
65+ years old	Please visit our website for rates			

Patriot International Lite

Worldwide, excluding the USA

Daily Rates based on a \$250 deductible

	\$50,000	\$100,000	\$500,000	\$1,000,000
0 - 17 years old	\$0.86	\$1.05	\$1.23	\$1.34
18 - 29 years old	\$0.90	\$1.10	\$1.28	\$1.42
30 - 39 years old	\$1.06	\$1.28	\$1.62	\$1.69
40 - 49 years old	\$1.79	\$2.09	\$2.38	\$2.40
50 - 59 years old	\$3.02	\$3.48	\$3.68	\$3.75
60 - 64 years old	\$3.79	\$4.14	\$4.47	\$4.52
65+ years old	Please visit our website for rates			

Patriot International Platinum

Worldwide, excluding the USA

Daily Rates based on a \$250 deductible

	\$2,000,000	\$5,000,000	\$8,000,000
0 - 17 years old	\$1.52	\$1.91	\$2.19
18 - 29 years old	\$1.60	\$2.00	\$2.29
30 - 39 years old	\$1.88	\$2.33	\$2.89
40 - 49 years old	\$3.13	\$3.79	\$4.25
50 - 59 years old	\$5.30	\$6.27	\$6.53
60 - 64 years old	\$6.64	\$7.44	\$7.92
65+ years old	Please visit our website for rates		

Optional Add-On Rider

- Adventure Sports Rider: 20% increase in base premium
- Please visit our website to run a quote and for more information.

Please visit our website for a personalized quote or other deductible options:

<https://www.internationalstudentinsurance.com/patriot-travel/apply/>

Policy

Exclusions

Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. **ECONOMIC SANCTIONS:** The Company will not cover any person as an Insured Person if such cover would result in the Company being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or the United States of America.
2. **WAR; MILITARY ACTION:** The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
 - b) mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power
 - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type
 - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
 - e) any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).

Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly,

proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.

3. **TERRORISM:** The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - a) the Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism
 - b) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country
 - c) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. **PRE-EXISTING CONDITIONS:** Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance except and unless the Charges resulted directly from an Acute Onset of Pre-existing Condition, in which case the Charges will be covered only according to the Terms of the ACUTE ONSET OF PRE-EXISTING CONDITIONS provision.
5. **MATERNITY AND NEWBORN CARE:** Charges for pre-natal care, delivery, post-natal care, and care of

Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns are excluded from this insurance.

6. MENTAL OR NERVOUS DISORDERS: Charges for Treatment of Mental or Nervous Disorders are excluded from coverage under this insurance.
7. PREVENTATIVE CARE: Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance.
8. Charges for any Treatment or supplies that are:
 - a) not incurred, obtained or received by an Insured Person during the Period of Coverage
 - b) not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred
 - c) not administered or ordered by a Physician
 - d) not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
 - e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
 - f) in excess of Usual, Reasonable, and Customary
 - g) related to Hospice care
 - h) incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related illness, ARC Syndrome, AIDS and/or any other illness arising or resulting from any complications or consequences of any of the foregoing conditions
 - i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
 - j) performed or provided by a Relative of the Insured Person
 - k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
 - l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
 - m) required or recommended as a result of complications or consequences arising from or related to any Treatment, illness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage or which is otherwise not covered under this insurance
 - n) for Congenital Disorders and conditions arising out of or resulting therefrom
9. Charges incurred for failure to keep a scheduled appointment
10. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental and for research purposes
11. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy
12. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing
13. Charges incurred for Custodial Care
14. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy
15. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling
16. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
17. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance
18. elective Surgery or Treatment of any kind
19. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy; reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion
20. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction

21. any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority, including but not limited to the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee
22. any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; wildlife safaris; and windsurfing
23. any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from GROUND LEVEL, ground level: The lowest point at the bottom of a mountain; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 50 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
24. any Illness or Injury sustained while taking part in backcountry skiing
25. any Illness or Injury sustained while taking part in skiing off-piste
26. any Illness or Injury sustained while taking part in Collision Sports
27. any Illness or Injury sustained while taking part in Collision Sports. Collision Sports: A sport in which the participants purposely hit or collide with each other or inanimate objects, including the ground, with great force and limited to the following (or other similar style) sports: American football, boxing, ice hockey, lacrosse, full contact martial arts, rodeo, rugby and wrestling.
28. Any illness or injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities.
29. any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized Governing Body for the sport or activity
30. any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
31. any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
32. any willfully Self-inflicted Injury or Illness
33. any sexually transmitted or venereal disease
34. any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS-related Illnesses, ARC Syndrome, AIDS
35. any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
36. any Substance Abuse
37. biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
38. orthoptics, visual therapy or visual eye training
39. any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails; except as otherwise expressly set forth
40. hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
41. any sleep disorder, including without limitation sleep apnea
42. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
43. any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
44. any organ or tissue or other transplant or related services, Treatment or supplies
45. any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status

46. any efforts to keep a donor alive for a transplant procedure
47. any Illness or Injury incurred in the Destination Country, Affected Area or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance. This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
48. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason, except as otherwise expressly provided for hereunder
49. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
50. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
51. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
52. Charges incurred within the United States, except as otherwise expressly provided for hereunder (this exclusion does not apply if your plan was purchased to include coverage in the United States).
53. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
54. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration (FDA) or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
55. any Treatment for an Illness or Injury requiring an unapproved U.S. Food and Drug Administration (FDA) medical product, services, Surgery, Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device when an Emergency Use Authorization (EUA) is in place issued by the U.S. Food and Drug Administration (FDA)
56. Charges incurred at a Hospital or Facility when the Insured Person checks himself or herself out Against Medical Advice of their Physician and leaves before reaching a Medically Necessary specified endpoint of Treatment
57. Charges incurred for the Worsening of an Illness or Injury after the Insured Person left a Hospital or Facility Against Medical Advice or was a Discharge Against Medical Advice
58. any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other Illness directly or indirectly arising therefrom, that occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Insured Person in a Hospital as an Inpatient
59. Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies
60. Charges incurred for Dental Treatment, except as specifically provided for hereunder
61. Charges or expenses incurred if it was later determined that the Insured Person was advised in writing by a Physician that they were not medically fit to travel at the time coverage under this insurance was purchased
62. Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies
63. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and Treated in a dental office
64. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
65. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
66. Charges incurred for massage therapy
67. The Company will not provide cover for any legal responsibility, injury, loss or damage:
 - (a) to members of the Insured Person's family, household, or a person the Insured Person employs
 - (b) that results from or is connected to the Insured Person's trade, profession or business
 - (c) that results from the Insured Person owning, using or living on any land or in buildings (except temporarily for the trip)
 - (d) that results from the Insured Person owning or using mechanically propelled vehicles (including e-bikes and drones), watercraft or aircraft, animals (other than horses and pet cats or dogs), guns or weapons (other than guns that are used for sport
 - (e) that results from the Insured Person infecting any other person with any sexually transmitted disease or condition
 - (f) that results from punitive damages assessed against the Insured Person which is the result of intentionally inflicting bodily injury, damage to, or loss of personal property of somebody else's property
68. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
 - a) bodily or mental infirmity, Illness or disease
 - b) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.