

Plan Features

100%
coverage
in-network

Up to
\$1,000,000
policy maximum

\$0 to
\$2,500
deductible options

Worldwide
coverage outside
country of residence

Instant,
next 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 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

Sirius International Insurance Group Ltd, is the insurer of Patriot Travel. Rated A (Excellent) by AM Best Company, A- (Strong) by Standard and Poor's, and A+ by Fitch.

Plan Administrator

International Medical Group® (IMG®), a Sirius Group company, is an award-winning international medical and travel insurance company that has served millions of members worldwide since its founding in 1990. A leader in the global benefits and assistance services industry, IMG offers a full line of international medical insurance products, as well as travel insurance plans, medical management services and 24/7 emergency medical and travel assistance.



**PATRIOT
TRAVEL
MEDICAL
INSURANCE**
STANDARD PLAN

Contact Us

International Student Insurance
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FL 32266
USA

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Fax: 904-212-0412
Email: info@InternationalStudentInsurance.com



Find out more

www.InternationalStudentInsurance.com



Committed
to you!

Benefits

Policy Maximum	\$50,000, \$100,000, \$500,000, \$1,000,000
Individual Deductible options	\$0, \$100, \$250, \$500, \$1,000, \$2,500
Coinsurance (outside the USA)	100% of eligible expenses
Coinsurance (inside the USA)	In Network – 100% of eligible expenses Out of network - 80% of eligible expenses, up to \$5,000, then 100%
Benefit Period	Patriot American: no coverage Patriot International: three months
Hospital Room & Board	Average semi-private room rate up to the maximum limit
Intensive Care Unit	Up to the maximum limit
Surgery	Up to the maximum limit
Physician Visits	Up to maximum limit. Urgent Care Copay - \$25. Walk-in Clinic Copay - \$15. Copay waived if \$0 deductible selected
Diagnostic Procedures	Up to the maximum limit
Physical Therapy / Chiropractic Care	Up to the maximum limit Medical order or treatment plan required
Prescription Medication	Up to the maximum limit
Home Nursing Care	Up to the maximum limit
Emergency Local Ambulance	Up to the maximum limit
Durable Medical Equipment	Up to the maximum limit
Emergency Dental Treatment	\$300 maximum limit for unexpected pain and accident
Traumatic Dental Injury	Up to the maximum limit
Emergency Medical Evacuation	\$1,000,000 maximum limit Not subject to deductible
Personal Liability	Up to \$25,000 maximum limit. Subject to \$100 deductible for injury or damage caused to a third party

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

Emergency Reunion	\$100,000 maximum limit Maximum of 15 days
Return of Minor Children	\$100,000 maximum limit
Return of Mortal Remains or Cremation /Burial	Up to maximum limit for return of mortal remains / a \$5,000 maximum limit for cremation/local burial
Political Evacuation & Repatriation	\$100,000 maximum limit
Natural Disaster	\$250 per day and maximum limit of five days for accommodations
Accidental Death & Dismemberment	\$50,000 principal sum
Acute Onset of a Pre-existing Condition - Medical (Patriot International Only)	Medical: US Citizens - Please see website for details Non-US Citizens - Maximum Limit or \$1,000,000, whichever is lower Emergency Medical Evacuation: \$25,000 maximum limit
Bedside Visit	\$1,500 maximum limit
Trip Interruption	Up to a \$10,000 maximum limit
Lost Luggage	\$50 per item, \$500 maximum limit
Hospital Indemnity (Patriot International Only)	\$250 per overnight inpatient confinement, maximum limit of 10 overnights
Identity Theft	\$500 maximum limit
Terrorism	\$50,000 maximum limit
Emergency treatment while traveling through the United States (Patriot International Only)	Up to the maximum limit
Pre-Certification	Fifty percent (50%) reduction of eligible medical expenses if pre-certification provisions are not met
Common Carrier Accidental Death	\$25,000 maximum per Child / \$100,000 maximum per Adult. \$250,000 maximum limit per family

Premiums

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

Travel excluding USA:

Patriot International	Maximum Limit	\$50,000	\$100,000	\$500,000	\$1,000,000
	Age	Daily	Daily	Daily	Daily
	14d-17y	\$0.74	\$0.90	\$1.05	\$1.16
	18-29	\$0.77	\$0.95	\$1.10	\$1.22
	30-39	\$0.91	\$1.10	\$1.39	\$1.45
	40-49	\$1.53	\$1.80	\$2.05	\$2.07
50-59	\$2.59	\$2.98	\$3.16	\$3.22	
60+	Please visit our website for these rates.				

Travel including USA:

Patriot America	Maximum Limit	\$50,000	\$100,000	\$500,000	\$1,000,000
	Age	Daily	Daily	Daily	Daily
	14d-17y	\$1.14	\$1.44	\$2.05	\$2.20
	18-29	\$1.14	\$1.44	\$2.05	\$2.20
	30-39	\$1.54	\$2.12	\$2.70	\$2.81
	40-49	\$2.27	\$2.84	\$3.86	\$4.17
50-59	\$3.36	\$4.23	\$6.01	\$6.21	
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.

Apply online

InternationalStudentInsurance.com

Exclusion Summary

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Patriot plans and include but are not limited to:

- Pre-existing Conditions
- Charges incurred for any travel, meals, transportation and/or accommodations.
- Treatment or surgeries which are elective, investigational, experimental or for research purposes.
- War, military action, terrorism, political insurrection, protest, or any act thereof.
- Immunizations and routine physical exams.
- Treatment of Temporomandibular Joint or dental treatment.
- Venereal disease, AIDS virus, AIDS-related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
- Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Contact Sports, Racing of any kind, Amateur Athletics, Professional Athletics, or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee.
- Vision or ear tests and the provision of visual or hearing aids.
- Vocational, recreational, speech or music therapy.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured.
- Substance abuse or drug addiction, or being under the influence of alcohol or drugs.
- Willful self-inflicted injury or illness.
- Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate.
- Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
- Mental and nervous disorders.
- Organ or tissue transplants or related services.
- Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury.
- Exposure to nuclear radiation, and/or radioactive material(s).
- Any infection of the urinary tract (or illness arising therefrom), that occurs within ninety (90) days of the Effective Date of coverage and that requires Treatment of the Insured Person in a Hospital.

This is a consolidated summary of some of the plan exclusions, please see the plan certificate for the full exclusions.