SFB Defender

San Francisco Bay University · ACA Comparable Insurance for F-1 and J-1 Students



Committed to *you*

INTERNATIONAL STUDENT INSURANCE

Underwritten by Berkshire Hathaway Specialty Insurance Bermuda. Policy Year 2026-2027.

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Notice

For further information on this Plan, visit www.InternationalStudentInsurance.com

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to you. For a detailed plan description, exclusions, and limitations please request a full copy of the policy on file with ISI by emailing ISI. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Berkshire Hathaway Specialty Insurance Bermuda. 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 certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain U.S. citizens or U.S. residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

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 www.InternationalStudentInsurance.com

Seeking
Care



Telemedicine*

Your plan includes access to Recuro Virtual Urgent Care. If you have a minor or non-urgent medical need, you can talk to a doctor by phone or video, 24 hours a day, while you're in the United States. You have an unlimited number of visits.

To access Recuro,
call 855-6RECURO or use your Student Zone



Campus Health Care

School on-campus health services are available to most members. The campus health center offers limited services for no or low cost to students. For other services, students must pay up front and then submit a claim for reimbursement by the insurance. Please contact your campus health center for further details.



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!



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.



Travel Assistance

If you need an emergency medical evacuation or repatriation, On Call International can help 24 hours a day. All evacuation and repatriation expenses must be approved in advance by On Call.

U.S./Canada: (888) 637-0529
International: (603) 952-2045



Prescription Drugs

Prescriptions filled at a CVS Caremark network pharmacy are payable after a copay of $15 for generic, $30 for brand and $50 for specialty drugs, per fill. There is no deductible for prescription contraceptives.

For pharmacy questions, call the CVS Pharmacy Help Desk at (800) 364-6331.



Doctors/Hospitals

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 Aetna PPO 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 use a PPO physician or facility, you may pay less money out-of-pocket.

Pre-certification is required for all inpatient hospitalization and certain other services. Your provider must request it through SISCO Benefits at (844) 750-4999.

* This is not insurance and is not affiliated with Berkshire Hathaway Specialty Insurance Bermuda.

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

Cancellation/Refunds
You can cancel your policy for a full refund of premium and fees before it becomes effective, or shorten it and get the removed months refunded. Once effective, you get a full refund, including the 3% fee, only if your school denies your waiver request within 31 days of the plan's start date (written proof required). If you withdraw from school within 31 days and provide the school's written acknowledgment, we keep the first month's premium and a $50 cancellation fee. You can shorten your plan after the effective date: unused whole months are refunded minus a $50 cancellation fee, and the plan must last at least 4 months. The 3% fee is refunded only if you cancel before the effective date or your waiver is denied.

Premium refund requests must be in writing and will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager.

ID Card
Once you are enrolled in the plan, you will receive an email 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.

Pre-Existing Conditions
This plan includes coverage for pre-existing medical conditions, subject to the other terms and conditions as listed in this document.

Newborn Coverage
Coverage for a newborn child will begin from the moment of birth, provided your coverage is in effect at the moment of birth. Maximum coverage is $500. You must give us notice within 31 days of the birth of the child. If notice is not given and the additional required premium is not paid within 31 days, coverage for the newborn child will terminate at the end of the initial 31-day period.

Eligibility
You are eligible for this plan if you are age 12 to 64, are a non-U.S. citizen with a current passport or visa, are temporarily residing outside your home country/country of permanent residence, and are one of the following: F-1 students enrolled and attending an associate or bachelor's program on a full-time basis; J-1 students enrolled and attending classes on a full-time basis; or F-1/J-1 students enrolled in a master's or PhD program. You must start your educational program within 30 days of the plan effective date and maintain full-time student status for the duration of the policy. The full-time requirement is waived for summer if you were a full-time student in the preceding spring term.

J-1 scholars, please contact us for coverage options. Permanent residents of the U.S., persons who have applied for permanent residency in the U.S., students currently on medical leave and OPT participants are not eligible.

The Company maintains its right to investigate student status, attendance records and Visa/Passport status to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

Terms of Coverage

Plan Participant's Effective Date
Coverage will begin at 12:01 a.m. on the later of the start date requested on the enrollment form or the date you enter the United States, provided that the enrollment form and premium are received by the underwriting company or its designated representative.

Plan Participant's Termination Date
Coverage will terminate at 11:59 p.m. on the earliest of the last date for which premium has been paid, the date you are no longer eligible, or the date you return to your home country/country of permanent residence.

Maximum Enrollment Term
Coverage can be purchased for 4 to 12 months. You can extend your coverage up to 12 months, but it cannot be renewed. If you need coverage for another year, you must purchase a new policy.

Claims
Information

In-Network Claims

When seeking medical care within the Aetna PPO Network, 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. Present your insurance ID card at the time of treatment.
2. Your provider will send your claim for processing and you will receive your EOB once the claim is completed.
3. If you have not received your EOB or have questions about your claim please contact:

    SISCO Benefits
    PO Box 3190
    Dubuque, IA 52004-3190
    Email: ISIClaims@siscobenefits.com
    Phone: (844) 750-4999

Out-of-Network Claims

If you seek medical care from a provider that is outside the plan's provider network, they will not be able to submit your bills directly. You will 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.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. Submit your claim form to:

    SISCO Benefits
    PO Box 3190
    Dubuque, IA 52004-3190
    Email: ISIClaims@siscobenefits.com
    Phone: (844) 750-4999

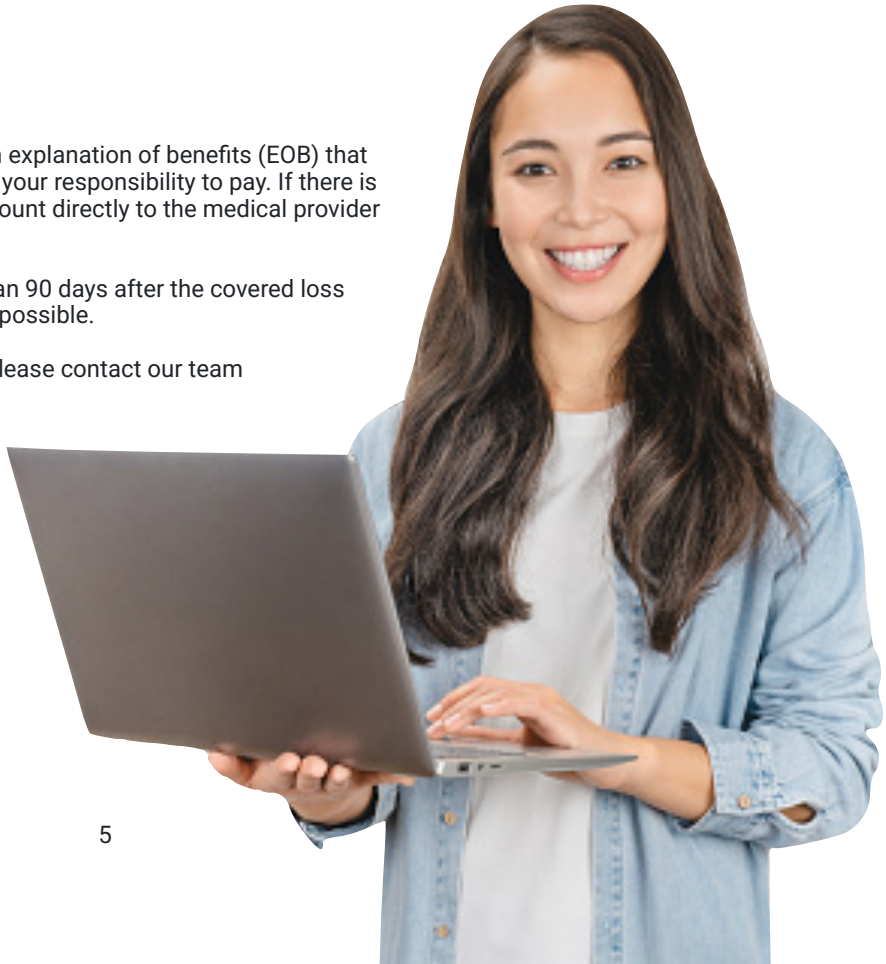
Explanation of Benefits

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.

All claims must be sent to SISCO Benefits no more than 90 days after the covered loss occurs or ends, or as soon after that as is reasonably possible.

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



Plan
Benefits

	In-Network	Out-of-Network
Annual Maximum	Unlimited	
Deductible	$500 per Policy Year $0 Copay at Student Health Center	
Out-of-Pocket Maximum	$9,100	
Coinsurance	80% of Preferred Allowance	60% of URC
Physician Visit (Primary Care Physician & Specialist)	80% of Preferred Allowance; $50 Copay	60% of URC; $50 Copay
Urgent Care	80% of Preferred Allowance; $100 Copay	60% of URC; $100 Copay
Emergency Room	80% of Preferred Allowance; $500 Copay (Waived if Admitted)	60% of URC; $500 Copay (Waived if Admitted)
Hospital Room & Board	80% of Preferred Allowance; $500 Copay	60% of URC; $500 Copay
Intensive Care/Cardiac Care Unit	80% of Preferred Allowance	60% of URC
Surgeon (In or Outpatient)	80% of Preferred Allowance	60% of URC
Assistant Surgeon	80% of Preferred Allowance	60% of URC
Pre-Admission Testing	80% of Preferred Allowance	60% of URC
Anesthesia	80% of Preferred Allowance	60% of URC
Day Surgery Miscellaneous	80% of Preferred Allowance	60% of URC
Diagnostic X-ray and Lab (X-ray/lab $30 Copay; MRI/PET/CT $150 Copay)	80% of Preferred Allowance	60% of URC
Ambulance	80% of Preferred Allowance	60% of URC
Wellness (Includes, not limited to Student Health Center)	100% of Preferred Allowance Deductible Does Not Apply	100% of URC at Student Health Center
Radiation/Chemotherapy	80% of Preferred Allowance	60% of URC
Maternity and Prenatal Care	Covered as Any Other Sickness Conception must occur while covered under the plan.	

	In-Network	Out-of-Network
Mental & Nervous Conditions (Includes Alcohol & Drug Abuse)	80% of Preferred Allowance; $50 Copay per outpatient session	60% of URC; $50 Copay per outpatient session
Emergency Dental	80% of Preferred Allowance $250 maximum	60% of URC $250 maximum
Physiotherapy (Includes Chiropractic)	$50 Copay per session, 1 visit per day, $1,500 maximum per Policy Year	$50 Copay per session, 1 visit per day, $1,500 maximum per Policy Year
Durable Medical Equipment	80% of Preferred Allowance	60% of URC
Emergency Medical Evacuation/ Repatriation	100% of Actual Expense up to $100,000	
Return of Mortal Remains	100% of Actual Expense up to $50,000	
Emergency Reunion	Up to $1,500 per Policy Year	
Athletic Sports Benefit (Intramural & Club)	80% of Preferred Allowance	60% of URC
Prescription Drug	Copay per fill: Generic $15, Brand $30, Specialty $50. No deductible for prescription contraceptives.	
Accidental Death and Dismemberment	Principal Sum: $10,000	

NOTES:

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount.
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure.

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.

Plan
Pricing

	$500 Deductible
12 to 24 years old	$116
25 to 30 years old	$199
31 to 64 years old	$453

Plan costs include insurance premiums and non-insurance benefits listed. A 3% credit card and administrative fee (minimum $5.00) is added to these rates.

Minimum purchase requirement is four (4) months.

Plan
Description

BENEFITS

We will pay benefits for covered expenses incurred by a Plan Participant for loss due to sickness or injury, subject to the maximum benefit for all services as shown in the Schedule after the deductible and any required coinsurance and/or copayments are satisfied. Covered expenses are considered incurred when the covered service is rendered, provided there is a charge made for such service.

We provide payment for services, procedures and supplies that are medically necessary. No benefits will be paid for expenses determined not to be medically necessary, including any or all days of hospital stay. The total payable for all covered expenses will not exceed the maximum benefit shown in the schedule. No benefits will be paid for services designated as "No Benefits" in the Schedule. Please note Pre-certification is required for certain services, (see Preferred Provider Section for details).

For purposes of this insurance, if you incur an accident or sickness benefit in your home country (passport country) or in your country of permanent residence (location in which you permanently reside), such benefits are not covered under this plan.

Inpatient Covered Benefits Include:

- Hospital services: a. Hospital room and board expense: daily semi-private room rate for a hospital stay; and b. General nursing care provided and charged for by the hospital.
- Intensive care
- Physiotherapy
- Miscellaneous expenses: a. During a hospital stay; or b. As a precondition for a hospital stay. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies.
- Surgery services: Surgeon; Assistant surgeon; Anesthetist
- Nurses: a. Private duty nursing care only; b. During a hospital stay; and c. Ordered by a Physician. General nursing care provided by the hospital is not covered under this benefit.
- Physician's visits during a hospital stay. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.
- Preadmission Testing limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the hospital miscellaneous expenses benefit.
- Psychotherapy for the treatment of a mental or emotional disorder or of related bodily illness by psychological means where the psychotherapy is administered by a Physician.

Outpatient Medical Expenses Include:

- Surgery services: Surgeon; Anesthetist
- Miscellaneous for day surgery benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies.
- Miscellaneous hospital and Physician services payable as shown in the schedule.
- Physician's visits limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.
- Physiotherapy: Therapeutic Services, Physical Therapy, Chiropractic Services, Cardiac Rehabilitation, Vocational and Speech Therapy are subject to $50 copay per session, limited to one visit per day and maximum of $1,500 per Policy Year.
- Medical emergency. Benefits will be paid as shown in the schedule.
- Radiation therapy
- Diagnostic testing: a. Diagnostic X-ray services and laboratory procedures, subject to $30 copay per visit; b. MRI, PET, and CT scans are subject to $150 copay per visit.
- Tests and procedures: a. Diagnostic services and medical procedures; b. Performed by a Physician; c. Excluding Physician's visits; Physiotherapy; X-rays; and Laboratory procedures.
- Injections: a. When administered in the Physician's office; and b. Charged on the Physician's statement.
- Chemotherapy
- Contraceptive management payable at 100%.
- Preventative care (but only when performed by a network provider or at SHC), payable at 100% usual & customary charges.

Preventive Service: In addition to the covered services listed here, the following services shall be covered, without regard to any deductible, copayment, or coinsurance requirement that

would otherwise apply under this plan: 1. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Plan Participant involved; 2. With respect to any Plan Participants informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

Other Services:

- Ambulance services
- Durable medical equipment - braces and appliances: a. When prescribed by a Physician; and b. When a written prescription accompanies the claim when submitted. Braces and appliances include durable medical equipment which: is primarily and customarily used to serve a medical purpose; can withstand repeated use; and is not generally useful to a person in the absence of sickness or injury. No benefits will be paid for rental charges in excess of purchase price.
- Consulting Physician when requested and approved by the attending Physician. Covered expenses will be paid under this benefit or under the Physician's visits benefit, but not both on the same day.
- Dental treatment: performed by a Physician and made necessary by injury to natural teeth, maximum $250 per Policy Year.
- Prescription Drug Expenses (including dressings, drugs and medicines prescribed by a Physician and administered on an outpatient basis), payable after a $15 copay for Generic, $30 copay for Brand and $50 copay for Specialty.
- Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration
- Mental and nervous disorder (inpatient).
- Mental and nervous disorder (outpatient), subject to $50 copay per session.
- Therapeutic termination of pregnancy.
- Maternity. Covered medical expenses include charges made by a Physician for pregnancy and childbirth services and supplies, including prenatal visits (non-preventive care), delivery and postnatal visits.
- Alcoholism/drug abuse treatment: the benefits and maximum amounts are the same as any sickness.

Coordination of Benefits Provision: When a Plan Participant is covered under more than one valid and collectible health insurance plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the coordination of benefits provision is included in the plan document on file with the Plan Manager.

PPO – Preferred Provider Organization

Plan Participants insured under this plan may choose to be treated within or outside of the Aetna PPO network.

Aetna PPO, PO Box 981543 El Paso, TX 79998-1543; www.aetna.com

You can confirm a provider is participating in the Aetna PPO Network by calling: (800) 414-0596.

Pre-Certification is required for the following services: All Inpatient Hospitalization, High Risk Maternity, Routine Maternity (if Inpatient stay exceeds federal requirements), Long Term Acute Care, Skilled Nursing Facility, Rehabilitation, Detox, Inpatient Mental Health and Substance Abuse (in a Hospital or Residential setting), Chiropractic, Physical Therapy, Occupational Therapy, Musculoskeletal and Pain Management, Certain Outpatient Surgical procedures, Cochlear Implants, Diagnostic radiology, Durable medical equipment, Erectile dysfunction, Gastric bypass, Home Health Care, Home infusion therapy, Injectable medications, Oral pharynx procedures, Orthotics and prosthetics, Potential experimental/ investigational/unproven procedures, Sleep Management, Speech Therapy, Spinal procedures, and Therapeutic radiology.

All pre-certifications for the Aetna PPO network must be performed by medical providers contacting the SISCO Benefits Customer Service team.

For Pre-Certification call: (844) 750-4999

Emergency Reunion

YOU ARE COVERED FOR: 1. The cost of an economy round-trip air or ground transportation ticket for one (1) relative for transportation to the terminal serving the area where you are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and 2. Reasonable expenses for lodging and meals for the relative, which are incurred in the area where you are hospitalized for a period not to exceed fifteen (15) days.

YOU ARE NOT COVERED unless you fulfill all of the following conditions: 1. You have a covered Emergency Medical Evacuation, or 2. You are hospitalized as an inpatient for at least five (5) days due to a life-threatening covered condition. Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five (5) day inpatient stay.

YOU ARE NOT COVERED IF: 1. Expenses arise directly or indirectly from anything mentioned in the General Exclusions.

Accidental Death & Dismemberment

If Injury to the Plan Participant results, within 365 days of the date of a covered accident, in any one of the losses shown below, we will pay the benefit amount shown below for that loss, up to the principal sum of $10,000. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

- Life: 100% of the principal sum
- Two or more members: 100% of the principal sum
- One member: 50% of the principal sum
- Thumb and index finger of the same hand: 25% of the principal sum

"Member" means loss of hand or foot, loss of sight, loss of speech, and loss of hearing. "Loss of hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means the total, permanent loss of sight of one eye. "Loss of speech" means total and permanent loss and irrevocable loss of audible communication. "Loss of hearing" means total and permanent loss of hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a thumb and index finger of the same hand" means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Medical Evacuation and Repatriation

Benefits will be paid for covered expenses up to the maximum stated in the summary schedule of benefits if an injury or sickness commencing during the period of coverage results in the necessary emergency medical evacuation of the Plan Participant. An emergency medical evacuation must be ordered by a Physician who certifies that the severity of the Plan Participant's injury or sickness warrants the emergency medical evacuation.

Emergency Medical Evacuation means: If the local attending Physician and the authorized travel assistance company determine that transportation to a hospital or medical facility or your return to your primary place of residence is medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the transportation expense incurred will be paid for the usual and customary charges for transportation to the closest hospital or medical facility capable of providing that treatment. All expenses must be authorized in writing in advance. For authorization please contact On Call International (888) 637-0529 or (603) 952-2045.

Repatriation of Remains

In the event of the Plan Participant's death during a trip, the expense incurred within 30 days from the date of the death resulting from a covered injury or sickness will be paid for minimally necessary casket or air tray, preparation and transportation of the Plan Participant's remains to their home country/country of permanent residence. All expenses must be authorized in writing in advance. For authorization, please contact On Call International (888) 637-0529 or (603) 952-2045.

Plan
Exclusions

The policy does not cover any loss resulting from any of the following:

1. Eye examinations, eyeglasses, contact lenses, appliances or prescriptions therefore;

2. Hearing examinations or hearing aids, or other treatment for hearing defects and problems (unless payable as a covered expense associated with an injury covered by the policy);

3. Dental treatment (except as specifically provided for in the schedule);

4. Medical expenses resulting from a motor vehicle accident in excess of the coordination of benefits provision (however motorcycle/motor scooter riding is subject to a separate exclusion below);

5. War or any act of war, declared or undeclared;

6. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting (except in self-defense);

7. Treatment for an injury or sickness caused or contributed by or resulting from the Plan Participant's voluntary use of alcohol, illegal drugs or any drugs that are intentionally taken in an amount that is different from the dosage recommended by the manufacturer or for the purpose prescribed by the Physician for the Plan Participant;

8. Acupuncture;

9. Charges which are in excess of usual, reasonable and customary charges;

10. Charges that are not medically necessary;

11. Expenses incurred during an emergency room visit that is not of an emergency nature;

12. Injury sustained while: a. Participating in any interscholastic, intercollegiate, or professional sports, contest, competition or exhibition; or b. Traveling to or from such sport, contest, competition or exhibition as a participant; or c. Participating in any practice or conditioning program for such sport, contest, competition or exhibition; (however participating in sports clubs or intramural athletic activities is not excluded);

13. Injury sustained while taking part in any of the following: mountaineering or mountain climbing (where ropes or guides are used); hang gliding, glider flying, or flight in any kind of aircraft (except while riding as passenger on a regularly scheduled flight of a commercial airline); skydiving; parachuting; bungee jumping; base jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; jet skiing; snow skiing; spelunking; sail planning or parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding;

14. Treatment in a military or veterans hospital, or a hospital contracted for or operated by a national government or its agency, unless: a. The services are rendered on a medical emergency basis; and b. A legal liability exists for the charges made on behalf of a Plan Participant for the services given in the absence of insurance;

15. Elective or cosmetic surgery and elective treatment, including but not limited to correction of a deviated nasal septum, treatment for congenital anomalies, acne, weak, strained or flat feet, corns, calluses or toenails (except as required to correct an injury for which benefits are otherwise payable under the policy);

16. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;

17. Reproductive/Infertility services, including but not limited to: infertility (male or female); impotence, organic or otherwise; sterilization or reversal thereof;

18. Organ transplants;

19. Expenses incurred for treatment outside the U.S.;

20. Elective abortion; elective cesarean section; pregnancy or childbirth of a dependent when dependent child of a Plan Participant (except for complications arising therefrom);

21. Travel or flight in or on any vehicle for aerial navigation (including boarding or alighting from), or while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

22. Charges incurred for surgeries, treatment or supplies which are Investigational, Experimental, or for research purposes, including any treatment that includes completely new, untested drugs, procedures or services not yet approved by the U.S. Food and Drug Administration (FDA), new drug/procedure/service combinations, or alternative therapies not recognized as generally accepted standards of current medical practice;

23. Any treatment for an Illness or Injury requiring an unapproved U.S. Food and Drug Administration (FDA) medical product, service, 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);

24. 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;

25. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions, including but not limited to: amniocentesis; recombinant adeno-associated virus vector-based gene therapy; other medication treatments associated with diagnoses related to genetic testing and discovery; genetic screening; risk assessment; preventive and prophylactic surgeries recommended by genetic testing; and any procedures used to determine genetic pre-disposition, provide genetic counseling, or administer gene therapy.

26. Pregnancy or childbirth (except when conception occurs while covered under the policy); or abortion limited to $750; elective cesarean section; or any complications of any of these conditions.

Insurance
Definitions

Annual Maximum means the maximum payable limit per Policy Year.

Child means the Plan Participant's natural child, adopted child (or child placed in the Plan Participant's home for purposes of adoption), foster child, stepchild, or other child for whom the Plan Participant has legal guardianship (proof will be required). A child must reside with the Plan Participant in a parent-child relationship. NOTE: In the event the Plan Participant shares physical custody of the child with another parent, the requirement that the child reside with the Plan Participant will be waived.

The foregoing age limitation will not apply to a Plan Participant's unmarried child who is dependent on the Plan Participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the company immediately upon enrollment or within 31 days of the child reaching the age limitation. Thereafter, proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

Eligible Expenses means the usual, reasonable and customary charges for services or supplies which are incurred by the Plan Participant for the medically necessary treatment of an injury provided that they are incurred while this coverage is in force.

Emergency means a sickness or injury for which the Plan Participant seeks immediate medical treatment at the nearest available facility. The condition must be one that manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause: 1) their life or health to be in serious jeopardy (or, with respect to a Plan Participant that is a pregnant woman, serious jeopardy to the health of the woman or her unborn child); 2) their bodily functions to be seriously impaired; or 3) a body organ or part would be seriously damaged.

Experimental means any treatment that includes completely new, untested drugs, procedures, or services, or the use of which is for a purpose other than the use for which they have previously been approved by the U.S. Food and Drug Administration (FDA); new drug, procedure or service combinations; and/or alternative therapies which are not generally accepted standards of current medical practice.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from a covered accident. All injuries to the same Plan Participant sustained in one accident, including all related conditions and recurring symptoms of the injuries will be considered one injury.

Investigational means any treatment that includes drugs, procedures, or services that are still in the clinical stages of evaluation and not yet approved for use by the U.S. Food and Drug Administration (FDA) or European Medicines Agency (EMA), including any treatment requiring an Emergency Use Authorization (EUA) issued by the FDA.

Medical Expense Benefit means the lifetime limit payable per injury or sickness for all consecutive terms of medical coverage.

Physician means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the law of the State in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. However it shall not include a Plan Participant, a Plan Participant's spouse, son, daughter, father, mother, brother, sister or other relative (even if they are a qualified practitioner of medicine).

Plan Participant means a person and dependent eligible for coverage as identified in the enrollment/application who is a non-United States citizen traveling outside of their home country and has his or her true fixed or permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the policy.

Policy Year means the period of time between the start and end date for which insurance coverage is in effect as shown on the confirmation letter, up to a maximum of 12 months.

Pre-existing Condition means any Injury, Illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Plan Manager prior to the effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. This includes but is not limited to any condition for which a Plan Participant, prior to the effective date:

- received any diagnosis;
- received any medical advice;
- received any treatment;
- took any prescribed medications; or
- experienced any distinct symptoms.

Preferred Allowance means the amount a network provider will accept as payment in full for eligible expenses.

Sickness means sickness or disease contracted and causing loss commencing while the coverage is in force as to the Plan Participant whose sickness is the basis of claim. Any complication or any condition arising out of a sickness for which the Plan Participant is being treated or has received treatment will be considered as part of the original sickness.

Spouse means lawful spouse (if not legally separated or divorced) or domestic partner or civil union partner.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the medical service provider for a comparable service or supply made by other providers in the same three digit zip code in which the service, treatment, procedure, drugs or supplies are provided (or a greater area if necessary to obtain a representative cross section of charge for a like treatment, service, procedure, device drug or supply), as reasonable determined by us for the same service or supply.

Complaints

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at info@internationalstudentinsurance.com

Data Protection

Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Plan Manager and Underwriter

Policy Number: 47250153ISS01

This brochure provides you with a summary of the benefits of the ISI Student Defender plan. The Plan Manager is ISI, and the underwriter is Citadel International Reinsurance Company Limited on behalf and in respect of the segregated account entitled "Berkshire Hathaway Specialty Insurance Bermuda" ("Underwriter") for the purposes of section 11(3) of the Segregated Accounts Companies Act 2000 of Bermuda (the "Act"), and it is agreed and understood that all rights and obligations under the policy are subject to the provisions of the Act. The Underwriter is reinsured 100% by Berkshire Hathaway Specialty Insurance Company, part of the National Indemnity group of insurance companies, which hold a financial strength ratings of
A++ from AM Best and AA+ from Standard & Poor's.

Please keep this brochure as a summary of the insurance plan as specified in the policy that is on file with ISI. The policy contains a complete description of all of the terms and conditions summarized in this brochure, including: benefits, limitations, and exclusions. In the event of a discrepancy, the policy will prevail. You may request a full copy of the policy by emailing ISI.

Assistance Services

Assistance services are provided by On Call International. An outline of the assistance services appears below.

Pre-Travel Assistance: Help in arranging special medical services needed while traveling.

Medical Emergency Services: Worldwide, 24-hour medical location service; medical case monitoring to arrange communication between patient, family, Physicians, employer, consulate, etc.; medical transportation arrangements; and emergency message service for medical situations.

Legal Assistance: Worldwide, 24-hour contact for non-criminal legal emergencies; and legal referral to help you locate a consular official or attorney.

Travel Assistance: Help with lost passports, tickets and documents.

On Call International: U.S. or Canada: (888) 637-0529.
International: Contact the International Operator to place your call to (603) 952-2045. Email for emergencies:
mail@oncallinternational.com