



STUDENT DEFENDER

Embry Riddle Aeronautical University



*Committed
to you!*

Contents

Seeking Medical Care	3
General Information	4
Claims Information	6
Plan Benefits	7
Plan Pricing	10
Policy Exclusions	11

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 view the plan on file with your school. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy. Insurance benefits are underwritten C&F. C&F and Crum & Forster are registered trademarks. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

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 US citizens or US 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.

Notice: For further information on this Plan, visit your [school page](#). 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 ISI. For a detailed plan description, exclusions, and limitations please view the plan on file with ISI. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster, SPC. The Policy will prevail in the event of any discrepancy between this brochure and the Policy.

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 Care



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.



Prescription Drugs

Prescriptions filled at an Express Scripts pharmacy will be paid at 100% after a \$50 Copay/\$0 Copay for contraceptive drugs up to \$1,500 maximum per year (in-network). You must pay in full for prescriptions filled at an Out-of-Network pharmacy, then submit a claim for reimbursement. Non-Network pharmacies are covered 80%. Some local Express Scripts pharmacies include CVS, Rite Aid, Safeway, Vons, Walgreens, and Walmart.

To locate an Express Scripts pharmacy, call (800) 400-0136 or visit www.express-scripts.com



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 Passport 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.

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

Extension of Benefits after Termination

If a Plan Participant is Hospital Confined on the Termination Date, benefits will continue to be paid until the earlier of either discharge from the Hospital they are confined to or until the Maximum Benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days after the Termination Date.

Cancellation/Refunds

You can cancel your policy and receive a full refund as long as your coverage has not become effective. Once effective, refund of premium is not allowed, unless your school, within 31 days of the plan's start date, does not accept the policy benefits as meeting the school's minimum requirements OR you withdraw from school within 31 days of the plan's start date. You must submit a cancellation form and you would receive a pro-rated refund for the unused whole months.

Premium refund requests 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 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.

Pre-Existing Conditions

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

Eligibility

All international students and scholars age 65 and under with a current passport and an F-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities.

OPT participants, J1 Visa holders, Dual Citizens or permanent residents of the United States 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 Effective Date

The Plan is effective at 12:01 a.m. on June 1, 2024.

Plan Participant's Effective Date

Coverage becomes effective at 12:01 am at the address of the Policyholder provided that proper premium payment is made, on the latest of:

1. The Effective Date of the Policy; or
2. The date the Participation Organization receives a completed application or enrollment form; or
3. The day the Plan Participant becomes eligible, subject to any required waiting period, according to the referenced date requested and shown in the Application/Enrollment Form; or
4. The moment the Plan Participant departs their Home Country airspace; or
5. The date the Company approves the Application; or
6. The date requested by the Participating Organization

Plan Participant's Termination Date

Coverage terminates at 11:59 p.m. at the address of the Policyholder. The policy automatically terminates automatically on the earliest of:

1. The Policy Expiration Date shown on the policy; or

2. the last date which premium is paid; or
3. the date the plan participant is no longer eligible; or
4. the date of entry into active duty military service.

Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 365 days per policy period.

Disclosures

Complaints

In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at [[INSERT INFORMATION]].

Data Protection - Non-Admitted

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.

Limited Benefit Product Disclosure

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Claims

Information

In-Network Claims

When seeking medical care within the Aetna Passport 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 claim will be sent directly to ACI 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:

Administrative Concepts, Inc
PO Box 4000
Collegeville, PA 19426-9000
Email: aciclaims@visit-aci.com
Fax: 610-293-9299

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans 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:

Administrative Concepts, Inc
PO Box 4000
Collegeville, PA 19426-9000
Email: aciclaims@visit-aci.com
Fax: 610-293-9299

Explanation of Benefits

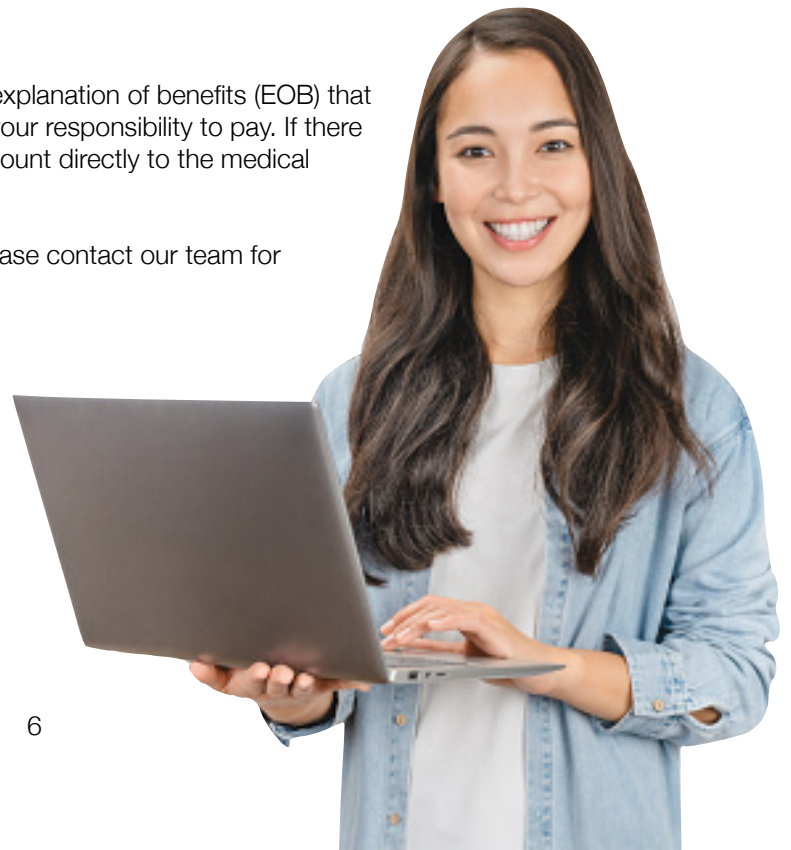
Once all your details are submitted, you will receive an explanation of benefits (EOB) that shows what the insurance company paid, and what is your responsibility to pay. If there is any patient responsibility, you will need to pay this amount directly to the medical provider that you sought medical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



Plan

Benefits

Embry Riddle Aeronautical University Plan	
Policy Term Maximum for all Injury and Sickness	Unlimited
Deductible per Plan Participant Per Policy Term	In-Network: \$500 Out-of-Network: \$1,000
Deductible at Student Health Center	\$0 Services rendered at Student Health Center – payable at 100% coinsurance, not subject to co-payment or deductible
Out-of-Pocket Maximum per Policy Term	In-Network: \$10,000 per Plan Participant Out-of-Network: \$20,000 per Plan Participant
Coinsurance	In-Network: 80% of the Preferred Allowance Out-of-Network: 60% of Usual Reasonable & Customary (URC) Charges
Terms of Payment	Full Excess

Any Deductibles, Coinsurance, Co-payments, and Benefit Maximums apply on a per Plan Participant per Occurrence basis.

After the Deductible has been satisfied, benefits will be paid as listed below for the Provider selected.

	In-Network Provider Benefit	Out-of-Network Provider Benefit
Hospital Room & Board	80% of the Preferred Allowance, subject to a \$350 copay	60% of the Semi-Private Room Rate subject to a \$700 deductible
Intensive Care/Cardiac Care Unit	80% of the Preferred Allowance	60% of URC
Surgeon (In or Outpatient)	80% of the Preferred Allowance	60% of URC
Assistant Surgeon	80% of the Preferred Allowance	60% of URC
Pre-Admission Testing	80% of the Preferred Allowance	60% of URC
Anesthesia	80% of the Preferred Allowance	60% of URC
Day Surgery Miscellaneous	80% of the Preferred Allowance	60% of URC
Diagnostic X-Ray and Lab	80% of the Preferred Allowance. MRI/CAT Scan subject to \$150 copay	60% of URC. MRI/Cat Scan subject to \$300 deductible
Ambulance	80% of the Preferred Allowance	60% of URC

	In-Network Provider Benefit	Out-of-Network Provider Benefit
Physician Visit (Inpatient)	80% of the Preferred Allowance, subject to a \$50 copay	60% of URC, subject to a \$100 deductible
Physician Visit (Outpatient)	80% of the Preferred Allowance (Primary care Physician & Specialist) subject to a \$50 copay	60% of URC, (Primary care Physician & Specialist) subject to a \$100 copay
Consultant Physician	80% of the Preferred Allowance, subject to a \$50 copay	60% of URC, subject to a \$50 deductible
Radiation/Chemotherapy	80% of the Preferred Allowance	60% of URC
Urgent Care	80% of the Preferred Allowance, subject to a \$100 copay	60% of URC, subject to a \$200 deductible
Emergency Room	80% of the Preferred Allowance, subject to a \$350 copay, waived if admitted	60% of URC, subject to a \$700 deductible, waived if admitted
Wellness Medical Includes, not limited to, SHC	100% of the Preferred Allowance, plan deductible does not apply, \$200 maximum benefit	No benefit
Maternity and Pre-Natal Care Expense When conception occurs while covered under this plan	Covered as any other Sickness	Covered as any other Sickness
Diabetes Treatment Expense	80% of the Preferred Allowance	60% of URC
Mental & Nervous Conditions Expense Benefit and Alcohol & Drug Abuse Expense Inpatient Expenses \$10,000 maximum benefit	80% of the Preferred Allowance	60% of URC
Mental & Nervous Conditions Expense Benefit and Alcohol & Drug Abuse Expense Outpatient Expenses \$10,000 maximum benefit	80% of the Preferred Allowance	60% of URC
Emergency Dental Expense \$500 maximum benefit	80% of the Preferred Allowance	60% of URC

Physiotherapy Expense 20 visits maximum Chiropractic & Acupuncture \$10,000 maximum benefit	80% of the Preferred Allowance	60% of URC
Durable Medical Equipment Expense	80% of the Preferred Allowance	60% of URC
Skilled Nursing Facility	80% of the Preferred Allowance	60% of URC
Extension of Accident and Sickness Medical	80% of the Preferred Allowance	60% of URC
Emergency Medical Evacuation	100% of actual expense up to \$50,000	100% of actual expense up to \$50,000
Repatriation Expense	100% of actual expense up to \$25,000	100% of actual expense up to \$25,000
Athletic Sports Benefit Intramural & Club	80% of the Preferred Allowance	60% of URC
Prescription Drug Expense \$1,500 maximum per year	Co-payment: \$50 per prescription based on a 30-day supply per prescription Contraceptive Drugs copay: \$0 Non-Network Provider: 80% of covered charges	

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

Age	Daily Rates	Monthly Rates
Under 24	\$2.61	\$76.49
25-29	\$4.43	\$129.94
30-64	\$9.90	\$295.64

Plan

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

Each Exclusion listed below will be in-or-out depending on the plan.

1. War or any act of war, declared or undeclared, any Terroristic Act;
2. Any Covered Loss which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
3. Any Covered Loss sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
4. Voluntary, active participation in a riot or insurrection;
5. Medical Treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges;
6. For any Covered Losses resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
7. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
8. Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Policy;
9. Treatment of acne;
10. Charges which are in excess of Usual, Reasonable and Customary charges;
11. Charges that are not Medically Necessary;
12. Charges provided at no cost to the Plan Participant;
13. Expenses incurred for treatment while in Your Home Country;
14. Services or treatment rendered by an Immediate Family member of the Plan Participant;
15. Duplicate services actually provided by both a certified nurse midwife and Physician;
16. Any Covered Loss paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
17. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
18. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
19. Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion limited;
20. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
21. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
22. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
23. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore; unless specifically covered by this Policy
24. Weak, strained or flat feet, corns, calluses, or toenails;
25. Private-duty nursing services;
26. The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
27. Expenses payable under any prior policy which was in force for the person making the claim
28. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature
29. For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary;
30. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
31. Travel in or upon:
 - (a) A snowmobile;
 - (b) A water jet ski
 - (c) Any two or three wheeled motor vehicle;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
32. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/ motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus, solo

diving snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snow boarding.

33. Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition;
34. Rest cures or custodial care;
35. Weight reduction programs or surgical treatment of obesity treatment of venereal disease
36. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
37. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b) While being used for any test or experimental purpose; or
 - c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Plan Participant or any member of his household.
 - e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - f) An ultra light, hang-gliding, parachuting or bungi-cord jumping;

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

38. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
39. Plan Participant being exposed to the Utilisation of nuclear, chemical or biological weapons of mass destruction.
40. Treatment of HIV infection, HIV related illness and AIDS (acquired immune deficiency syndrome in excess of a lifetime maximum of \$7,500.