

# Student Health Advantage

International Student Health Insurance



 **International Student Insurance**

## Standard Plan

Lifetime Maximum	\$500,000 (Student) - \$100,000 (Dependent)
Per Injury/Illness Maximum	\$300,000 (Student) - \$100,000 (Dependent)
Deductible (per injury/illness)	\$100
Emergency Room	An additional Deductible of \$250 will be applied for each Emergency Room visit for treatment of an illness which does not result in direct hospital admission.
Student Health Center	\$5 co-pay per visit if Treatment received in Student Health Center (not subject to deductible)
Coinsurance	<i>For Treatment received outside the US, within the PPO Network in the US, and in the Student Health Center:</i> The plan pays 100% of eligible expenses up to Maximum Limit <i>Outside of the PPO Network in the US:</i> The plan pays 80% of eligible expenses up to \$5,000, then 100% up to Maximum Limit
Preventative Care Services	\$250 Maximum Limit for routine examinations and immunisations
Hospital Room & Board	Average Semi-Private Room Rate
Intensive Care Unit	80% of eligible expenses (out of network) or 100% of eligible expenses (in-network and internationally)
Maternity	No Coverage
Routine Newborn Care	No Coverage
Physical Therapy	80% of eligible expenses (out of network) or 100% of eligible expenses (in-network and internationally)
Mental & Nervous Treatment	Outpatient Treatment: \$50 per day; \$500 Lifetime Maximum Inpatient Treatment: 80% of eligible expenses up to \$10,000 (out of network) or 100% of eligible expenses up to \$10,000 (in-network and internationally)
Local Ambulance	\$350 per injury/illness (only if admitted inpatient for illness)
Prescription Drugs	Inpatient - 80% of eligible expenses (out of network) or 100% of eligible expenses (in-network and internationally), Outpatient - 50% of actual charges
Dental	Injury due to covered Accident: \$500 – Sudden & Unexpected Pain: \$350
Pre-existing Conditions	After 12 months of continuous coverage
Intercollegiate, Interscholastic, Intramural or Club	\$5,000 per Injury/Illness
Incidental Trip Coverage	Up to 14 days (available for non-U.S. residence only)
Terrorism Coverage	\$50,000 Lifetime Maximum
Accidental Death & Dismemberment (AD&D)	\$25,000 Eligible Participant \$10,000 Spouse \$5,000 Dependent Child
Medical Evacuation	\$500,000 Lifetime Maximum
Emergency Reunion	\$50,000 Lifetime Maximum
Return of Mortal Remains	\$50,000 Lifetime Maximum
Political Evacuation and Repatriation	\$10,000 Lifetime Maximum
Personal Liability	\$10,000 combined maximum limit - Injury to third person: subject to a \$100 per injury deductible - Damage to third person's property: subject to \$100 per damage deductible

This plan is underwritten by Sirius International (rated A Excellent by AM Best) and administered by International Medical Group, Inc.

## Using Your Insurance Plan

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.

### Non-Emergency Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in many parts of the world. To locate a provider, use the online search tool described below or call International Medical Group (IMG) for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

### Emergency Care

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Provide them with your insurance information at the time of treatment. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

### Claim Form

When seeking any medical care, it is important to remember to complete a claim form and submit that to the claims team. You can do this by [downloading the form](#), and submitting that to IMG directly.

### Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Providers can be located online by visiting:  
<http://www.internationalstudentinsurance.com/network/img/>

### Pre-Notification

Any (a) Inpatient Treatment and/or supplies of any kind, (b) any Surgery or Surgical procedure, (c) any Treatment in an Extended Care Facility, (d) any Home Nursing Care, (e) Durable Medical Equipment and artificial limbs, (f) Computerized Axial Tomography (CAT Scan), (h) Magnetic Resonance Imaging (MRI), and (i) Maternity must be pre-notified. Simply call, or have your physician call, IMG with all information relative to your claim. If you do not pre-notify, medical expenses will be reduced by 50%.

### Student Zone

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit:

<https://www.internationalstudentinsurance.com/student-zone/Myimg.php>



## Exclusions

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under Student Health Advantage.

1. Charges resulting directly or indirectly from or relating to any Pre-existing Condition, (whether physical or mental, regardless of the cause of the condition) are excluded from coverage under this insurance until the Insured Person has maintained coverage under this insurance plan continuously for at least twelve (12).
2. Congenital Diseases.
3. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
4. Preventative Care: Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance.
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. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
7. War, military action, political insurrection, protest, or any act thereof.
8. Any sexually transmitted or venereal disease.
9. 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.
10. Charges incurred for Dental Treatment, except as specifically provided for hereunder.
11. Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth.
12. Any sleep disorder, including without limitation sleep apnea.
13. 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.
14. 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.
15. Any willfully Self-inflicted Injury or Illness.
16. Medical Expenses in excess of \$5,000 for Injury or Illness sustained while participating in Amateur Athletics or extreme/hazardous sports. (Please see the full plan certificate on our website for a full list of excluded sports)
17. Charges for 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.
18. Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy.
19. 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.
20. 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, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion.

This brochure contains only a consolidated and summary description of all current Student Health Advantage benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit and can be found on our website.

