

Plan Features

100% coverage in-network

Up to \$1,000,000 policy maximum

As low as \$25 deductible

UnitedHealthcare Network PPO

Worldwide coverage outside country of residence

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 Student Health Advantage. Rated A (Excellent) by AM Best Company, A- (Strong) by Standard and Poor's, and A+ by Fitch.

Plan Administrator

International Medical Group® (IMG®), headquartered in Indianapolis, Indiana, is a full service organization offering a varied portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. IMG's leadership team contributes years of valuable experience, enabling excellence in both the domestic and international insurance markets. Their international claim and customer service specialists are available 24 hours a day, 7 days a week to answer questions and respond to the student or scholar's needs.



Contact Us

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Find out more

www.InternationalStudentInsurance.com



**STUDENT
HEALTH
ADVANTAGESM**



Committed to you!

Benefits

	Standard	Platinum
Maximum Limit	\$500,000 (Student) – \$100,000 (Dependent)	\$1,000,000 (Student) – \$100,000 (Dependent)
Maximum limit per illness or injury	\$300,000 (Student) – \$100,000 (Dependent)	\$500,000 (Student) – \$100,000 (Dependent)
Deductible - per injury or illness	\$100	In-Network in the U.S. or Outside of the U.S.- \$25 Out-of-Network in the U.S. - \$50
Emergency room deductible	An additional deductible of \$250 will be applied for each emergency room visit for treatment of an illness which does not result in a direct hospital admission	
Student health center	\$5 co-pay per visit if treatment received in student health center (not subject to deductible)	
Coinsurance	Outside the US, within the PPO Network in the US, or at the Student Health Center: 100% of eligible expenses, up to the maximum limit, after the deductible. Outside of the PPO network in the US: 80% of eligible expenses, up to \$5,000, then 100% up to the maximum limit, after the deductible	
Hospital room and board	Average semi-private room rate	
Intensive care unit (ICU)	Up to the maximum limit	
Maternity	No Coverage	Up to \$5,000
Routine newborn care	No Coverage	Included in maternity benefit during the first 31 days of life
Physical therapy /chiropractic care	Up to the maximum limit Medical order or treatment plan required	

	Standard	Platinum
Mental & nervous treatment	Outpatient: \$50 per day, \$500 maximum limit Inpatient: Up to a \$10,000 maximum limit Not covered if incurred at the student health center. Includes coverage for substance abuse	
Emergency local ambulance*	\$350 per injury/illness (only if admitted inpatient for illness)	\$750 per injury/illness (only if admitted inpatient for illness)
Prescription drugs	Outpatient: 50% of actual charges Inpatient: Up to the maximum limit	
Dental*	Non-emergency dental treatment due to an accident: \$500 maximum Sudden and unexpected pain to sound natural teeth; \$350	
Pre-existing conditions	After 12 months of continuous coverage	After 6 months of continuous coverage
Intercollegiate, interscholastic, intramural or club	\$5,000 per injury or illness	
Incidental trip	Up to a cumulative 14 days (available for non-U.S. residents only)	
Terrorism*	\$50,000 maximum limit	
Personal liability	Personal Liability - \$10,000 combined maximum Injury to third person.- subject to a \$100 per injury deductible. Damage to third persons property - subject to a \$100 per damage deductible	
Accidental death & dismemberment (AD&D)*	\$25,000 Eligible Participant \$10,000 Spouse \$5,000 Dependent Child	
Medical evacuation*	\$500,000 Maximum Limit	
Emergency reunion*	\$50,000 maximum limit / 15 day maximum	
Return of mortal remains*	\$50,000 maximum limit \$5,000 maximum for local burial/cremation	
Political evacuation and repatriation*	\$10,000 Maximum Limit	

All benefits subject to deductible and coinsurance unless otherwise stated. * Not subject to deductible or coinsurance.

Premiums

All premium rates are for students and are expressed monthly in \$USD.

Standard Plan

Age	Excluding U.S. Coverage	Including U.S. Coverage
Under 19	\$50	\$64
19-23	\$56	\$84
24-30	\$74	\$98
31-40	\$112	\$176
41-50	\$181	\$286
51-64	\$242	\$382
65+	Please visit our website for these rates.	

Platinum Plan

Age	Excluding U.S. Coverage	Including U.S. Coverage
Under 19	\$85	\$108
19-23	\$94	\$142
24-30	\$124	\$164
31-40	\$135	\$294
41-50	\$305	\$481
51-64	\$404	\$642
65+	Please visit our website for these rates.	

Group Rates

We offer a range of insurance options and discounted rates for groups of 5 or more. Please contact us for further information and a personalized proposal.

Exclusion Summary

The following are some – but not all – of the services, treatments, and/or conditions that are excluded from coverage under the Student Health Advantage:

- Charges resulting directly or indirectly from or relating to any Pre-existing Condition
- Congenital Diseases.
- Treatment or surgeries which are elective, investigational, experimental or for research purposes.
- Preventative Care: Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance.
- Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
- War, military action, terrorism, or any act thereof.
- Any sexually transmitted or venereal disease.
- 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.
- Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth.
- Any sleep disorder, including without limitation sleep apnea.
- 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.
- 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.
- Any willfully Self-inflicted Injury or Illness.
- Medical Expenses in excess of \$5,000 for Injury or Illness sustained while participating in Amateur Athletics. (Please see the full plan certificate on our website for a full list of excluded sports).
- Medical Expenses as the result of extreme/hazardous sports. (Please see the full plan certificate on our website for a full list of excluded sports).
- 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.
- Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy.
- 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.
- 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.

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.

Apply online

InternationalStudentInsurance.com