



# STUDENT SECURE

Louisiana State University



*Committed  
to you!*

Underwritten by Lloyds of London  
Rated A+ by Standard and Poor's and A by AM Best  
Administered by WorldTrips



INTERNATIONAL  
STUDENT  
INSURANCE

# Contents

Seeking Treatment	3
General Information	4
Claims Information	5
Policy Benefits	6
Policy Pricing	8
Policy Exclusions	9

## Notice

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. 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 description of coverage online. The Description of Coverage contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Lloyds of London. 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 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 this 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 <https://www.internationalstudentinsurance.com>

# Seeking Treatment



## 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 should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



## 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 UnitedHealthcare 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 and claims will be submitted to the claims team for processing.



## Telemedicine

You are free to use any telemedicine provider of your choice to seek medical care. Please pay the provider directly and keep copies of all your receipts and submit those to the claims team for processing and reimbursement as per the plan policy conditions and exclusions.

A few popular telemedicine providers are:

- [Teladoc](#)
- [MeMD](#)
- [MDLive](#)

# General

## Information

### Enrollment

Enrollment and waivers can be done via our website at:

[www.InternationalStudentInsurance.com](http://www.InternationalStudentInsurance.com)

Toll Free (877) 758-4391

Direct +1 (904) 758-4391

### Student Zone

Once you have purchased coverage, you can manage your policy online. Through your Student Zone, you'll be able to extend or renew your plan, track claims, locate a doctor/hospital and download copies of your insurance ID card and visa letter.

Your student zone is available at:

[InternationalStudentInsurance.com/student-zone/](http://InternationalStudentInsurance.com/student-zone/)

### Cancellation/Refunds

You can cancel your policy and receive a full refund as long as we receive written notification prior to your certificate effective date. After the effective date of your policy, there is a \$25 cancellation fee and any whole unused months or unused days (depending on your payment method) will be refunded to you. No refunds are possible if claims are filed against the policy or if you are 60 days past your effective date.

### 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

Charges resulting directly or indirectly from any pre-existing conditions are excluded from this insurance, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.

### Eligibility

1. You must be under age 65; and
  - a) A full-time student at a college or university (excluding online colleges and universities); or
  - b) Within 31 days of being a full-time student at a college or university; or
  - c) A student under age 19 enrolled in a secondary school; or
  - d) A full-time scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; and
2. You must be residing outside your home country for the purpose of pursuing international educational activities; and
3. You must not have obtained residency status in your host country; and
4. If in the U.S., you must hold a valid education-related visa. A copy of the I-20 or DS2019 may be requested.

J-1 and F-1 visa holders: The full-time student/scholar status requirement is waived within the U.S. if you have a valid F-1 visa (including OPT) or a J-1 visa. Full-time status requirements remain in force for individuals holding M-1, or other category visas.

### Terms of Coverage

#### Plan Participant's Effective Date

Coverage becomes effective 12:01am U.S. Eastern Time on the date requested on the application.

#### Plan Participant's Termination Date

Coverage terminates 11:59pm U.S. Eastern Time on the date requested on the application.

#### Maximum Enrollment Term

The maximum total coverage period for any one Covered Person cannot exceed 364 days per policy period. Coverage is renewable for up to 4 years.

# Claims

## Information

### In-Network Claims

When seeking medical care within the UnitedHealthcare Network in the USA, 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. 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. Submit your claim form through your Student Zone or to:

WorldTrips  
Box No. 2005  
Farmington Hills, MI 48333-2005  
[service@worldtrips.com](mailto:service@worldtrips.com)

### Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or outside the USA, they will not be able to submit your bills directly. You will need 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 through your Student Zone or to:

WorldTrips  
Box No. 2005  
Farmington Hills, MI 48333-2005  
[service@worldtrips.com](mailto:service@worldtrips.com)

### 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](mailto:info@internationalstudentinsurance.com)  
Toll Free (877) 758-4391  
Direct +1 (904) 758-4391



# Policy

## Benefits

Louisiana State University Plan	
<b>Overall Maximum Limit</b>	\$400,000
<b>Maximum per injury/ illness</b>	\$100,000
<b>Deductible</b>	\$0
<b>Student Health Center Co-Pay</b>	\$25 per visit
<b>Physician Office Visits Co-Pay</b>	\$75 per visit within the PPO network or outside the U.S.; otherwise, \$150 per visit
<b>Urgent Care Co-Pay</b>	\$100 per visit within the PPO network or outside the U.S.; otherwise, \$200 per visit
<b>Hospital Inpatient/Outpatient Co-Pay</b>	\$200 per visit within the PPO network or outside the U.S.; otherwise, \$400 per visit
<b>ER Co-Pay</b> <small>Claims incurred in U.S. only</small>	\$350 for the emergency room facility fee for treatment received in an emergency room
<b>Coinsurance</b>	<p>Within the PPO: We will pay 80% of the next \$100,000 of eligible expenses, after applicable copayments, then 100% up to the overall maximum limit.</p> <p>Outside the PPO: Usual, reasonable, and customary charges for eligible expenses up to the overall maximum limit. You may be responsible for any charges exceeding the payable amount.</p> <p>Outside the USA: We will pay 100% of eligible expenses after applicable copayments, up to the overall maximum limit.</p>
<p>Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.</p>	
<b>Hospital Room &amp; Board</b>	Average semi-private room rate, including nursing services
<b>Intensive Care Unit</b>	Up to the overall maximum limit
<b>Local Ambulance</b>	Up to \$300 when covered illness or injury results in hospitalization as inpatient

<b>Outpatient Prescription Drugs</b>	50% of actual charges.  For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program — further details below
<b>Outpatient Physical Therapy &amp; Chiropractic Care</b> Not subject to coinsurance	Up to \$25 maximum per visit per day. Must be ordered in advance by a physician.
<b>Sports Coverage</b>	Usual, Reasonable, and Customary charges (Non-contact and non-organized/non-sanctioned amateur sports or athletic activities not otherwise excluded herein, engaged in by you solely for leisure, recreational, entertainment or fitness purposes)
<b>Mental Health Disorders</b> Excludes drug and alcohol abuse	Outpatient: \$500 maximum Inpatient: Up to \$5,000
<b>Maternity</b> Maternity care for a covered pregnancy	Same as any other illness
<b>Therapeutic Termination of Pregnancy</b> Not subject to coinsurance	Up to \$500
<b>Emergency Dental Treatment</b> Not subject to coinsurance	\$500 maximum
<b>Pre-existing Conditions</b>	No Coverage
<b>Acute Onset of Pre-existing Condition</b> Excludes chronic and congenital conditions	\$25,000 lifetime maximum for eligible medical expenses
<b>Terrorism</b>	No Coverage
<b>All other Eligible Medical Expenses</b>	Up to the overall maximum limit
<b>Emergency Travel Benefits</b>	Limit
<b>Emergency Medical Evacuation</b> Not subject to deductible, coinsurance, or overall maximum limit	Up to \$50,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition
<b>Repatriation of Remains</b> Not subject to deductible or coinsurance	Up to \$25,000 lifetime maximum
<b>Emergency Reunion</b> Not subject to deductible or coinsurance	Up to \$1,000, subject to a maximum of 15 days following a covered Emergency Medical Evacuation

- This table is a summary of the plan benefits, for full details and policy wording please consult and download a copy of the description of coverage
- 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.

# Policy

## Pricing

Worldwide, including the USA

Age	Daily Rates	Monthly Rates
Under 24	\$1.15	\$35.00
25-30	\$2.43	\$74.00
31-40	\$6.02	\$183.00
41-50	\$10.55	\$321.00
51-64	\$14.27	\$434.00



# Policy

## Exclusions

Excluded Conditions, Treatments (includes Diagnoses, Tests, and Examinations), Services, Supplies, Acts, Omissions, and/or Events:

1. Pre-existing Conditions, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Congenital illnesses.
3. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes. (Unless specifically covered under wellness benefit)
4. Dental treatment and treatment of the temporomandibular joint, except for emergency dental treatment necessary to replace sound natural teeth lost or damaged in an accident covered hereunder or for the emergency relief of acute onset of pain.
5. Mental health disorders if treatment is obtained at a student health center.
6. Physical therapy if treatment is obtained at a student health center.
7. Chiropractic treatment, unless ordered in advance by a physician for medically necessary treatment related to a covered injury or illness, and not obtained at a student health center.
8. Routine pre-natal care, pregnancy, childbirth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy.
9. Elective termination of pregnancy.
10. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization, or reversal of sterilization.
11. All sexually transmitted diseases and conditions.
12. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
13. Organ or tissue transplants or related services.
14. Injury sustained that is due wholly or partially to the effects of intoxication or drugs other than drugs taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse.
15. Voluntarily using any drug, narcotic, or controlled substance, unless as prescribed by a physician.
16. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
17. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.
18. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
19. Orthoptics and visual eye training.
20. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
21. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
22. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
23. Sleep apnea or other sleep disorders.
24. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
25. Psychometric, intelligence, competency, behavioral and educational testing.
26. While confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care hospital.
27. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
28. Modifications of the physical body intended to improve the psychological, mental, or emotional wellbeing, including but not limited to sex-change surgery.
29. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
30. Exercise programs, whether or not prescribed or recommended by a physician.
31. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
32. Any illness or injury incurred as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health when, prior to your effective date, any of the following were issued:
  - The United States Centers for Disease Control & Prevention had issued a Warning/Alert Level 3 or higher for a location or destination, including common carriers; or
  - The United States Centers for Disease Control & Prevention had issued a Global or Worldwide Warning/Alert Level 3 or higher.

This exclusion is applicable when 1) any of the above were in effect within 6 months immediately prior to your effective date or 2) within 10 days following the date the alert/warning is issued you have failed to depart the country or location. This exclusion does not apply to charges resulting from COVID19/ SARS-CoV-2.

33. Investigational, experimental or for research purposes.
34. Complications or consequences of a treatment or condition not covered hereunder.
35. Incurred outside your certificate period.
36. Submitted to us for payment more than 60 days after the last day of the certificate period.
37. Exceeding usual, reasonable and customary.
38. Not medically necessary.
39. Not administered by or ordered by a physician.
40. Provided by a relative, family member or any person who ordinarily resides with you.
41. Provided at no cost to you.
42. Failure to keep a scheduled appointment.
43. When departure from the home country is to obtain treatment in the destination country/countries.
44. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
45. Payable under any government system, including the Australian Medicare system.
46. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
47. War, military action or while on duty as a member of a police or military force unit.
48. Not included as Eligible Expenses as defined herein.