



STUDENT SECURE

International Student Health Insurance



*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

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Notice

For further information on this Plan, visit www.internationalstudentinsurance.com/student-health-insurance/

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

Toll Free (877) 758-4391

Direct +1 (904) 758-439

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/

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. If your plan has been active for less than 15 days, you will be charged for the first 15 days plus the cancellation fee. 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

This plan includes coverage for pre-existing medical conditions after six (6) months on the Elite and Select plan, after twelve (12) months on the Budget plan and there is no pre-existing condition coverage on the Smart plan. Please review the benefit table for full terms and conditions.

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 bills 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

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 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 through your Student Zone or to:

WorldTrips
Box No. 2005
Farmington Hills, MI 48333-2005
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
Toll Free (877) 758-4391
Direct +1 (904) 758-4391



Policy

Benefits

| | Smart | Budget | Select | Elite |
|---|--|---|---|---|
| Overall Maximum Limit | US\$200,000 | US\$500,000 | US\$1,000,000 | US\$5,000,000 |
| Maximum per injury/ illness | US\$100,000 | US\$250,000 | US\$500,000 | US\$500,000 |
| Deductible | US\$0 | US\$0 | US\$0 | US\$0 |
| Copayments | | | | |
| Student Health Center | US\$25 | US\$25 | US\$10 | US\$10 |
| Physician Office Visit | \$75 in-network \$150 out-of-network | \$50 in-network \$100 out-of-network | \$50 in-network \$100 out-of-network | \$20 in-network \$40 out-of-network |
| Urgent Care | \$100 in-network \$200 out-of-network | \$75 in-network \$150 out-of-network | \$50 in-network \$100 out-of-network | \$30 in-network \$60 out-of-network |
| Hospital | \$200 in-network \$400 out-of-network | \$150 in-network \$300 out-of-network | \$100 in-network \$200 out-of-network | \$75 in-network \$150 out-of-network |
| Emergency Room Claims incurred in the USA | US\$350 | US\$350 | \$200 | US\$100 |
| Coinsurance In Network, Inside the USA | 80% of the next \$100,000 of eligible expenses after applicable copayments, then 100% to the overall maximum | 80% of the next \$45,000 of eligible expenses after applicable copayments, then 100% to the overall maximum | 80% of the next \$25,000 of eligible expenses after applicable copayments, then 100% to the overall maximum | 80% of the next \$10,000 of eligible expenses after applicable copayments, then 100% to the overall maximum |
| Coinsurance Out of Network, Inside the USA | Usual, Reasonable, and Customary (URC) | | | |
| Coinsurance Outside the USA | 100% of Eligible Expenses after applicable copayments, up to the overall maximum | | | |
| Eligible expenses are subject to applicable copayments, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise. | | | | |

| | | | | |
|--|---|--|--|---|
| Hospital Room & Board | Average Semi-Private Room Rate, including nursing services | | | |
| Intensive Care Unit | Up to Overall Maximum Limit | | | |
| Local Ambulance per injury/ illness if hospitalized as Inpatient Not subject to coinsurance | Up to \$300 | Up to \$500 | Up to \$750 | Up to \$750 |
| Outpatient Treatment | Up to Overall Maximum Limit | | | |
| Outpatient Prescription Medication | 50% of Actual Charge - not subject to coinsurance | 50% of Actual Charge - not subject to coinsurance | 50% of Actual Charge - not subject to coinsurance | 100% coverage for generic 50% coverage for brand 50% coverage for oral contraceptives Specialty Drugs: No coverage |
| | For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program — further details below | | | |
| Vaccination Not subject to coinsurance | No Coverage | No Coverage | No Coverage | \$150 maximum* |
| Sports & Activities Leisure, Recreational, Entertainment, or Fitness | Up to the Overall Maximum Limit | | | |
| Mental Health Outpatient Treatment must not be obtained at the Student Health Center | \$500 maximum | Maximum of 30 visits. Coverage includes drug and alcohol abuse. | Maximum of 30 visits. Coverage includes drug and alcohol abuse. | Maximum of 40 visits. Coverage includes drug and alcohol abuse. |
| Mental Health Inpatient Treatment must not be obtained at the Student Health Center | Up to \$5,000 | Maximum of 30 days. Coverage includes drug and alcohol abuse. | Maximum of 30 days. Coverage includes drug and alcohol abuse. | Maximum of 40 days. Coverage includes drug and alcohol abuse. |
| Maternity Maternity care for a covered pregnancy | No Coverage | Up to \$5,000 | Up to \$10,000 | Up to \$15,000 |
| Newborn Care Routine nursery care of newborn Not subject to coinsurance | No Coverage | \$250 Maximum | \$750 Maximum | \$750 Maximum |

| | | | | |
|---|---|--|--|--|
| Therapeutic Termination of Pregnancy Not subject to coinsurance | \$500 Maximum | | | |
| Outpatient Physical Therapy & Chiropractic Care Not subject to coinsurance | \$25 per day | \$50 per day | \$50 per day | \$75 per day |
| | Must be ordered in advance by a physician and not obtained at a student health center | | | |
| Emergency Dental treatment Not subject to coinsurance | \$500 Maximum | | | |
| Pre-existing Conditions | No Coverage | 12-month waiting period | 6-month waiting period | 6-month waiting period |
| Acute Onset of Pre-existing Condition See Benefit Description in Policy Wording for more information. | Up to \$25,000 lifetime maximum for eligible medical expenses | | | |
| Terrorism Medical expenses only | No Coverage | \$50,000 Maximum | \$50,000 Maximum | \$50,000 Maximum |
| All other Eligible Medical Expenses | Up to the Overall Maximum | | | |
| Emergency Medical Evacuation Not subject to coinsurance or overall maximum limit | \$50,000 lifetime maximum | \$250,000 lifetime maximum | \$300,000 lifetime maximum | \$300,000 lifetime maximum |
| Repatriation of Remains Not subject to coinsurance or overall maximum limit | \$25,000 lifetime maximum | \$25,000 lifetime maximum | \$50,000 lifetime maximum | \$50,000 lifetime maximum |
| Emergency Reunion Not subject to coinsurance or overall maximum limit | Up to \$1,000, subject to a maximum of 15 days | Up to \$1,000, subject to a maximum of 15 days | Up to \$5,000, subject to a maximum of 15 days | Up to \$5,000, subject to a maximum of 15 days |

| | | | | |
|--|-------------|-------------|---|---|
| Accidental Death & Dismemberment Not subject to coinsurance or overall maximum limit | No Coverage | No Coverage | Lifetime Maximum – \$25,000 Death or Loss of 2 Limbs – \$25,000 Loss of 1 Limb – \$12,500 | Lifetime Maximum – \$25,000 Death or Loss of 2 Limbs – \$25,000 Loss of 1 Limb – \$12,500 |
| Personal Liability Not subject to coinsurance or overall maximum limit | No Coverage | No Coverage | No Coverage | Up to \$250,000 lifetime maximum |
| Intercollegiate, Interscholastic, Intramural or Club Sports Medical expenses only | No Coverage | No Coverage | \$5,000 maximum per injury/illness | \$5,000 maximum per injury/illness |

*Covered vaccinations and testing are: Measles, Mumps, Rubella (MMR); Tetanus/Diphtheria/Pertussis (TDAP); Chicken Pox (Varicella); Hepatitis B; Meningitis (Meningococcal MCV4 and B); COVID-19/SARS-CoV-2; or any vaccine required by your school program with documentation.

- 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

Monthly rates

| | Smart | Budget | Select | Elite |
|--------------------|---------|---------|-----------|-----------|
| Under 18 years old | US\$31 | US\$52 | US\$104 | US\$178 |
| 18 to 24 years old | US\$31 | US\$52 | US\$104 | US\$178 |
| 25-30 years old | US\$66 | US\$98 | US\$236 | US\$367 |
| 31-40 years old | US\$164 | US\$232 | US\$528 | US\$790 |
| 41-50 years old | US\$288 | US\$453 | US\$939 | US\$1,396 |
| 51-64 years old | US\$389 | US\$610 | US\$1,266 | US\$1,872 |

Worldwide, excluding the USA

Monthly rates

| | Smart | Budget | Select | Elite |
|--------------------|---------|---------|---------|---------|
| Under 18 years old | US\$26 | US\$46 | US\$78 | US\$129 |
| 18 to 24 years old | US\$26 | US\$46 | US\$78 | US\$129 |
| 25-30 years old | US\$34 | US\$53 | US\$83 | US\$130 |
| 31-40 years old | US\$83 | US\$114 | US\$201 | US\$306 |
| 41-50 years old | US\$148 | US\$315 | US\$453 | US\$686 |
| 51-64 years old | US\$214 | US\$428 | US\$574 | US\$873 |

For daily rates, and to run a free quote, please visit our website:

<https://www.internationalstudentinsurance.com/student-health-insurance/apply/>

Policy

Exclusions

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Pre-existing Conditions during the first six (6) months of coverage under StudentSecure Elite and Select, during the first twelve (12) months under StudentSecure Budget, and are excluded throughout coverage under StudentSecure Smart, except charges resulting directly from an acute onset of pre-existing condition, an Emergency Medical Evacuation, or Repatriation of Remains.
2. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
3. Vaccinations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes, except under StudentSecure Elite as provided for under the Vaccination and Preventative Care benefits.
4. Treatment of the temporomandibular joint.
5. Mental health disorders if treatment is obtained at a student health center.
6. Physical therapy and chiropractic care, 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.
7. Routine pre-natal care, pregnancy, childbirth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy.
8. Elective termination of pregnancy.
9. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
10. All sexually transmitted diseases and conditions.
11. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
12. Organ or tissue transplants or related services.
13. Injury or illness that is due wholly or partially to the effects of alcohol, illegal drugs, or drugs not taken in accordance with treatment prescribed by a physician, or injury sustained while under the influence of drugs or alcohol as defined under the law of the jurisdiction, or with a .08 Blood Alcohol Content (BAC), whichever is lower, or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party; (v) your own admission; or (vi) the description of events you described to us or you had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in their records.
14. 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.
15. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
16. 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.
17. Orthoptics and visual eye training.
18. 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.
19. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed, unless prescribed due to loss resulting from treatment of or caused by a covered injury or illness.
20. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
21. Sleep apnea or other sleep disorders.
22. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
23. Psychometric, intelligence, competency, behavioral and educational testing.
24. 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.
25. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
26. Modifications of the physical body intended to improve the psychological, mental or emotional well-being, including but not limited to sex-change surgery.
27. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
28. Exercise programs, whether or not prescribed or recommended by a physician.
29. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
30. 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:

- a. 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
- b. 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 sixty (60) days immediately prior to your effective date or 2) within ten (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 COVID-19/SARS-CoV-2.

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

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 during the 12 months prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to us prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

Acute Onset of Pre-existing Condition means a sudden and unexpected outbreak or recurrence that is of short duration, is rapidly progressive, and requires urgent care. A pre-existing condition that is a chronic or congenital, or that gradually becomes worse over time is not acute onset of a pre-existing condition. An Acute Onset of Pre-existing Condition does not include any condition for which, as of the

Effective date, the Insured Person (i) knew or reasonably foresaw he/she would receive, (ii) knew he/she should receive, (iii) had scheduled, or (iv) was told that he/she must or should receive, any medical care, drugs or treatment.