

Insurance Explained

Our Insurance Explained Center will help you understand more about student insurance, with helpful videos such as our "US Healthcare System Overview".

Find out more today at:
InternationalStudentInsurance.com/explained

Student Zone

Whether you have misplaced your ID card or benefit booklet, need assistance with a claim, or have a question about benefits, we are ready to respond. Frequently, these and other issues can be addressed with a short visit to Student Zone. Student Zone is an online account management and resource tool that allows you to change your personal information, renew coverage, replace your ID card and much more.

You may access Student Zone by logging in at:
InternationalStudentInsurance.com/zone

Security

This plan is insured by Syndicate 4141 at Lloyd's, London. Lloyd's is the largest and oldest insurance market in the world and is rated 'A (Excellent)' by A.M. Best Company and 'A+ (Strong)' by Standard & Poor's. Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market.

Plan Administrator

HCC Medical Insurance Services LLC (HCCMIS), headquartered in the United States in Indianapolis, Indiana, provides the administration on this plan. HCCMIS is a full-service company offering 24-hour, multi-lingual, emergency assistance and support, claims processing, provider referrals and medical case management. Their assistance is never more than a phone call away.



Student Health Insurance Coverage Summary

Health insurance for international students, study abroad students, and scholars

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 professionals can help you choose the best insurance product for your school and your students.

Contact Us

International Student Insurance
224 First Street Neptune Beach, FL 32266 USA
Phone: 877-758-4391 | Direct: 904-758-4391
Fax: 904-212-0412

info@InternationalStudentInsurance.com
InternationalStudentInsurance.com



Benefits	Smart	Budget	Select	Elite
Certificate Period Maximum	\$200,000	\$250,000	\$300,000	\$500,000
Maximum Benefit per Injury/ Illness	\$100,000	\$250,000	\$300,000	\$500,000
Deductible	\$50 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$100 per injury or illness	\$45 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$90 per injury or illness	\$25 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$50 per injury or illness	\$25 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$50 per injury or illness
ER Deductible – Inside the USA Only	\$350 per injury/ illness	\$350 per injury/ illness	\$100 per injury/ illness	\$100 per injury/ illness
Coinsurance Claims incurred inside U.S.	For the certificate period, underwriters will pay 80% of eligible expenses after the deductible to the certificate period maximum.	For the certificate period, underwriters will pay 80% of the next \$25,000 of eligible expenses after the deductible, then 100% to the certificate period maximum.	Underwriters will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to certificate period maximum.	Within the PPO: Underwriters will pay 100% of eligible expenses after deductible to certificate period maximum. Outside the PPO: Underwriters will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to certificate period maximum.
Coinsurance Claims incurred outside of U.S.	For the certificate period, underwriters will pay 100% of eligible expenses after the deductible up to the certificate period maximum			
Hospital Room & Board	Average semi-private room rate, including nursing services			
Local Ambulance	Up to \$300 per injury / illness if hospitalized as inpatient	Up to \$500 per injury / illness if hospitalized as inpatient	Up to \$750 per injury / illness if hospitalized as inpatient	Up to \$750 per injury / illness if hospitalized as inpatient
Intensive Care Unit	Usual, reasonable and customary charges			
Hospital pre-certification penalty	50% of eligible medical expenses			
Outpatient Treatment	Usual, reasonable and customary charges			
Outpatient Prescription Drugs	50% of Actual Charge	50% of Actual Charge	50% of Actual Charge	80% of Actual Charge
Mental Health	Outpatient: \$50 maximum per day, \$500 maximum per certificate period. Inpatient: Usual, reasonable, and customary charges to \$5,000 maximum per certificate period. Treatment must not be provided at a Student Health Center.	Outpatient: \$50 maximum per day, \$500 maximum per certificate period. Inpatient: Usual, reasonable, and customary charges to \$10,000 maximum per certificate period Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage. Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.
Dental treatment due to accident	No Coverage	\$250 maximum per tooth; \$500 maximum per certificate period		
Dental treatment to alleviate pain*	No Coverage	\$100 maximum per certificate period		
Pre-existing Conditions	\$25,000 lifetime maximum for eligible medical expenses for the acute onset of pre-existing condition only	12-month waiting period	6-month waiting period	6-month waiting period
Maternity care for a covered pregnancy	No Coverage	80% up to \$5,000 within the PPO; 60% up to \$5,000 outside the PPO	80% up to certificate period maximum within the PPO; 60% up to certificate period maximum outside the PPO	80% up to certificate period maximum within the PPO; 60% up to certificate period maximum outside the PPO
Routine nursery care of newborn	No Coverage	\$250 maximum per certificate period	\$750 maximum per certificate period	\$750 maximum per certificate period
Therapeutic termination of pregnancy	\$500 maximum per certificate period			
Physical Therapy & Chiropractic Care	Maximum \$25 per day	Maximum \$50 per day	Maximum \$50 per day	Maximum \$75 per day
Intercollegiate, interscholastic, intramural, or club sports	No Coverage	\$3,000 maximum per injury / illness Medical expenses only	\$5,000 maximum per injury / illness Medical expenses only	\$5,000 maximum per injury / illness Medical expenses only
Terrorism	No Coverage	\$50,000 max lifetime limit	\$50,000 max lifetime limit	\$50,000 max lifetime limit
Emergency Medical Evacuation*	\$50,000	\$250,000	\$300,000	\$500,000
Emergency Reunion*	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$5,000 lifetime maximum	\$5,000 lifetime maximum
Accidental Death & Dismemberment*	No Coverage	No Coverage	\$25,000 principal sum	\$25,000 principal sum
Repatriation of Remains*	\$25,000	\$25,000	\$25,000	\$50,000
Personal Liability*	No Coverage	No Coverage	No Coverage	\$250,000

* Not subject to the deductible or coinsurance

Premiums

The premiums below are in \$USD and are per month of coverage, for daily rate premiums please visit our website.

Coverage including the USA

Age	Smart	Budget	Select	Elite
Under 18	\$36.25	\$51.25	\$103.75	\$145.25
18-24	\$29.00	\$41.00	\$83.00	\$116.20
25-30	\$60.00	\$83.00	\$175.00	\$245.00
31-40	\$122.00	\$169.00	\$355.00	\$497.00
41-50	\$215.00	\$301.00	\$631.00	\$883.40
51-64	\$291.00	\$405.00	\$850.00	\$1,190.00
65+	Contact us for more information			

Coverage excluding the USA

Age	Smart	Budget	Select	Elite
Under 18	\$33.75	\$45.00	\$77.50	\$108.50
18-24	\$27.00	\$36.00	\$62.00	\$86.80
25-30	\$31.00	\$36.00	\$62.00	\$86.80
31-40	\$62.00	\$83.00	\$135.00	\$189.00
41-50	\$110.00	\$209.00	\$303.00	\$424.20
51-64	\$160.00	\$284.00	\$386.00	\$540.40
65+	Contact us for more information			

Exclusion Summary

The following list contains a summary of the plan exclusions. Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage:

1. Pre-existing Conditions — except as covered under the table of benefits.
2. Maternity, unless directly related to a Covered Pregnancy.
3. Congenital conditions.
4. Charges not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
5. Services that are not administered or ordered by a Physician, and which are not Medically Necessary.
6. Treatment provided at no cost to the Member.
7. Any services which are Investigational, Experimental or Research purposes.
8. Services for obesity or weight modification.
9. HIV, AIDS or ARC, and all diseases caused by and/or related to HIV.
10. Elective termination of Pregnancy.
11. Dental Treatment, except for Emergency Dental Treatment as listed.
12. Vision and hearing tests and examinations.
13. Diagnosis, testing, or treatment of the temporomandibular joint.
14. Expenses in excess of \$3,000 (Budget), \$5,000 (Select/Elite) and all expenses under the Smart for participation in intercollegiate, interscholastic, intramural, or club sports.
15. Extreme or hazardous sports (please see the website for a full list).
16. Injury sustained while under the influence of intoxicating liquor or drugs.
17. Self-inflicted Injury or Illness.
18. Sexually Transmitted Diseases and conditions.
19. Immunizations and Routine Physical Exams.
20. Mental Health Disorders if treatment is obtained at a Student Health Center.
21. Injuries from violation of the law.
22. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
23. Treatment for hair loss.
24. Sleep apnea or other sleep disorders.
25. Organ or tissue transplants or related services.
26. Diagnosis, testing, or treatment for skin conditions.

Please view the full plan certificate on our website for a complete list of benefits and exclusions

For full information
or to apply, please visit:

InternationalStudentInsurance.com

**StudentSecure® Application
HCC Medical Insurance Services
Lloyd's Coverholder**

Enrollment Information – Please complete all sections. Note: Enter Spouse and Child details only for dependents to be covered, if any.				
Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Citizenship	U.S. Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>U.S. citizens/residents must select "No"</i>
Participant				Type of Coverage <i>Dependent coverage ONLY available under Select plan</i>
Spouse				<input type="checkbox"/> Student Only <input type="checkbox"/> Student & Spouse <input type="checkbox"/> Student & Children <input type="checkbox"/> Student & Family
Child				Plan Level: <input type="checkbox"/> Select <input type="checkbox"/> Budget <input type="checkbox"/> Smart
Child				Plan Selections – Single Payment OR Monthly Payments. <input type="checkbox"/> Single Payment – I want to pay in full now. Daily cost (refer to rate table): Multiply by # of days to be covered: x _____ Florida Surplus Lines Tax: x 1.05175 Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination Total amount due: _____
Child				
Complete Mailing Address				<input type="checkbox"/> Monthly Payments – I will be automatically charged monthly. Monthly cost (refer to rate table): Florida Surplus Lines Tax: x 1.05175 Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination Add administrative charge: + \$5.00 Monthly amount due (<i>This amount will be charged each month, including the first</i>): _____ # of months to be covered: _____
Email		Telephone		
Name of University		Home Country		
State (if in US)		Host Country		
<input type="checkbox"/> Undergraduate	Number of Hours Enrolled: _____	Type of Visa (I-94) <i>Non-US Citizens Only</i>		
<input type="checkbox"/> Graduate		<input type="checkbox"/> F-1 <input type="checkbox"/> M-1		
<input type="checkbox"/> Scholar		<input type="checkbox"/> J-1 <input type="checkbox"/> R-1		
Coverage Start Date ____/____/____	Date Classes Begin ____/____/____	Coverage End Date ____/____/____		
Payment Method: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa				
Credit Card #:		Expiration Date:		Complete Billing Address:
Name as it appears on card:				
Signature:				Daytime Phone Number:
Payment by Credit Card* : By signing above, the cardholder authorizes HCC Medical Insurance Services to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to HCCMIS. HCC Medical Insurance Services 251 N. Illinois Street, Suite 600 Indianapolis, IN 46204				Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order along with this Application via mail or courier to: Bank of America Lockbox Services c/o Lockbox # 15748 540 W. Madison 4th Floor Chicago, IL 60661
*If I have selected a monthly plan, I hereby request and authorize HCC Medical Insurance Services to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for the duration of the Coverage Period elected or until revoked by me in writing.				
I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student or Full-time Scholar as required by the definitions of this policy. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that renewal of this insurance may only be transacted online and will not be effective unless such transaction is made within the six (6) months immediately preceding my current coverage expiration date and confirmed in writing by HCC Medical Insurance Services. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.				
Signature of Applicant:				Date of Signature:
Signature of Spouse:				Date of Signature:

For more information or for assistance completing this application, please contact:

Producer Number: 99646

Keith Clausen / Envisage International Corp / 224 First Street

Neptune Beach, FL 32266

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