



Travel  
Insurance Services



# Study USA- HealthCare™

Medical Insurance Coverage for  
international students studying in  
the U.S. or U.S. students studying  
outside the U.S.

- › Rates as low as \$38 per month
- › Coverage from 1 - 12 months and Renewable
- › Medical Expense, Evacuation, Accidental Death and Much More
- › Meets Most Requirements Set By: Dept. of State, Immigration & Naturalization Services, NAFSA, and University Study Abroad Programs

**Enroll Online Today &  
Get instant Confirmation (See Back Cover)**



**Every year, thousands of international students in the U.S. and abroad need emergency medical treatment and are unprepared for the high costs involved.**

**Study USA-HealthCare™** provides medical coverage for students studying outside their home country and is available for as little as \$38 per month.

**Study USA-HealthCare™** is ideal for students who have to meet certain school or government requirements.

**Study USA-HealthCare™ provides:**

Illness and accident expense protection

- Quality health care in emergency situations
- 24 hour assistance services
- Doctor or hospital referrals
- Payment for treatment

**Highlights of Study USA-HealthCare™:**

- High Limit Emergency Medical Evacuation
- Mental or Nervous Disorders and Alcohol & Substance Abuse Benefits
- Repatriation of Remains
- Accidental Death and Dismemberment
- ID Theft Service

This brochure only provides an overview of available plan designs for Study USA-HealthCare™ Insurance. For a complete description of coverage including coinsurance, deductibles, exclusions and covered expenses, please visit our web address on the back of the brochure.

## › Study USA-HealthCare™ is renewable

Coverage is renewable as long as the student has continuous coverage and meets the eligibility requirements.

## › Continuously Insured

Any Covered Person who has continuous coverage under this Program from one year to the next shall be covered for conditions first manifesting themselves while continuously insured. The total amount of benefits payable for an Injury or Illness cannot exceed the Aggregate Maximum per Injury or Illness under this Program.

During the Program year, a Covered Person must pay the appropriate premium and submit a completed Renewal Form within 30 days following the end of their current coverage period to avoid a lapse in coverage.

This continuously Insured provision will not establish a new benefit period, nor affect any lifetime or other maximum benefits shown for an incurred loss existing during any preceding coverage period.

## › Included Benefits

	PLAN A LIMIT	PLAN B LIMIT
Medical Expenses, per incident	\$250,000	\$300,000
Emergency Medical Evacuation	\$500,000	\$500,000
Mental or Nervous Disorders and Alcohol & Substance Abuse Benefits*	\$10,000 *	\$10,000 *
Repatriation of Remains	\$100,000	\$100,000
Accidental Death and Dismemberment	\$5,000	\$5,000

\* This benefit is \$5,000 for U.S. students studying abroad.

## › Monthly Premium Rates

AGE	PLAN A	PLAN B
0 - 24	\$38	\$40
25 - 29	\$55	\$58
30 - 34	\$70	\$74
35 - 39	\$99	\$104
40 - 44	\$125	\$131
45 - 49	\$135	\$142
50 - 54	\$250	\$263
55 - 65	\$300	\$315
Spouse	\$450	\$473
Child	\$90	\$95

## › Enroll Online

Visit the Web address on the back of the brochure.

You can do it all online:

- Enroll
- Pay with your credit card
- Get instant Confirmation and ID Card

## Medical Expense - A \$250,000 / B \$300,000 / Incident

If as the result of an Injury or Illness, a Covered Person incurs medical expenses, we will pay the covered percentage of the Covered Medical Expense incurred as described below and subject to the limitations, within 52 weeks from the date of the Injury or Illness or commencement of the first expense up to an Aggregate Maximum of Plan A \$250,000 or Plan B \$300,000 per Injury or Illness. A Covered Person must receive treatment for an Injury or Illness within 30 days of the date of the injury.

MEDICAL BENEFITS SCHEDULE	IN THE PPO NETWORK OR OUTSIDE U.S.	OUT OF THE PPO NETWORK
	After a \$50 Deductible* /incident	After a \$150 Deductible* /incident
Up to \$25,000	<b>Program Pays Covered Medical Expenses:</b> 80%	70%
Plan A \$25,000.01 - \$250,000 Plan B \$25,000.01 - \$300,000	<b>Program Pays Covered Medical Expenses:</b> 100%	70%
Prescription Copay**	<b>Insured Pays:</b> \$10 for generic   \$20 for brand names	

**\*The deductible will be waived if medical service is first received from the Student Health Center. Otherwise, the Covered Person must pay the deductible. The deductible shall not exceed \$250 per Covered Person per Program year. If there is no Student Health Center, the deductible will be waived only if medical services are received from a Preferred Provider Network member.**

**\*\*The prescription copay is in addition to the deductible above.**

Benefits will be paid at Network level if the Insured is (1) treated by a provider who is a member of the Preferred Provider Network; (2) treated for a Medical Emergency; or (3) treated by a non Preferred Provider when there is no provider qualified to provide the care needed within a 50 mile radius of the Covered Person's student residence.

## Covered Expenses

- Charges made by a hospital for room and board, floor nursing and other services, inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation.
- Charges made for diagnosis, treatment and surgery by a physician.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment.
- Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
- Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.
- Dental Treatment: The Program will pay for treatment of Injury to sound natural teeth as any other injury up to \$250.00 per tooth to a maximum of \$1,000 per Injury.

8. Therapeutic Termination of Pregnancy: The Program will pay on the same basis as any other Illness up to a \$500.00 maximum.
9. Chiropractic expenses: When it is medically necessary, the program will pay up to a maximum of \$35.00 per visit up to a maximum of 3 visits per week, for a maximum benefit of \$1,000 per year.

### › **Emergency Medical Evacuation Expense – A/B \$500,000**

If Injury or Illness commencing during the Period of Coverage requires Emergency Evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or to the Country of Residence, all expenses incurred are covered up to a limit of \$500,000. An Emergency Evacuation must be recommended by a legally licensed physician who certifies that the severity of Injury or Illness necessitates such Emergency Evacuation and agreed to by you or your representative. Arrangements must be made by the assistance company.

### › **Bedside Visit**

The Company will pay the cost of a round trip economy airline ticket, up to a maximum of \$2,500, to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined when, in the opinion of a medical practitioner acceptable to the Company, such a visit is necessary due to a bodily injury or illness which constitutes an immediate danger to life.

### › **Mental or Nervous Disorders and Alcohol and Substance Abuse Benefits – A/B \$10,000 (studying inside U.S.) A/B \$5,000 (studying outside of U.S.)**

This Program includes treatment for Mental or Nervous Disorders and Alcohol and Substance Abuse, which falls under Accidental Sickness Medical Benefit, as follows:

When confined as an inpatient or when treated on an outpatient basis, the Program will pay the lesser of (1) the Usual, Reasonable and Customary Charge incurred for the first 30 days of hospital confinement per Program year or (2) 90% of the Usual, Reasonable and Customary Charge incurred up to a limit of \$10,000 in the U.S., \$5,000 outside U.S.

### › **Repatriation of Remains Expense – A/B \$100,000**

If Injury or Illness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence will be paid up to a limit of \$100,000. Arrangements must be made by the assistance company.

### › **Accidental Death and Dismemberment – A/B \$5,000**

### › **Emergency Travelers Assistance**

You are eligible to use any of these assistance services during the Period of Coverage: 24-hour verification of medical coverage for hospitals and physicians; 24-hour medical care location service; medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy; emergency medical transportation arrangements; emergency message service for medical situations; multilingual services; 24-hour contact for legal emergencies; legal referral to help you locate a consular official or attorney.

## › ID Theft Service

The Company will provide the Services within the United States, except for New York. The following Services will be provided to Eligible Person(s): Use of the Identity Theft Customer Service Center; A copy of the Identity Theft Recovery Kit if requested, and Restoration Services.

## › Concierge Services

Restaurant referrals and reservations; event ticketing; ground transportation coordination; golf tee time reservations and referrals; wireless device assistance; latest worldwide weather and ski reports; floral services; private air charter assistance; cruise charter assistance; latest sports scores; find, wrap, and deliver one-of-a-kind gifts; movie and theater information; latest stock quotes; special occasion reminders and gift ideas; lottery results; local activity recommendations.

## › Exclusions

**This plan does not cover loss caused by or resulting from, nor is any premium charged for, the following expenses:**

1. Pre-Existing Conditions. A Pre-Existing Condition is defined as any injury or illness or condition which was contracted or which first manifested itself, or for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 6 months prior to the effective date of the Covered Person's coverage under this Program. Pre-Existing Conditions shall be excluded from coverage for a period of 6 months following the effective date of coverage under this program, unless stipulated by State or Federal Regulation. A Covered Person must be continuously insured. Conception of pregnancy must occur after the effective date of the Covered Person's coverage.
2. Expenses in excess of Usual, Reasonable and Customary Charges.
3. Services normally provided without charge by the College's health service, infirmary, or Hospital, or by health care providers employed by the College; or for any expenses for services rendered elsewhere which are available at the Student Health Service, infirmary, or hospital except in cases of Medical Emergency.
4. Eyeglasses, contact lenses, hearing aids, or prescriptions, examinations thereof, radical keratotomy or laser eye surgery to correct vision impairment.
5. Injury due to participation in a riot.
6. Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft, operated by a scheduled airline maintaining regular published schedules on a regularly established route.
7. Injury sustained or illness contracted while in the service of the Armed Forces of any country.
8. Treatment of mental or nervous disorders, except as specifically provided.
9. Elective treatment or elective surgery, except as specifically provided.
10. Treatment provided in a government hospital unless there is a legal obligation to pay such charges in the absence of insurance.
11. Expenses incurred after the date of insurance termination for a Covered Person.

- 12.** Congenital conditions, except as specifically provided for newborn infants.
- 13.** Expenses incurred for services or supplies which are experimental or investigative in nature, including the treatment, procedure, facility, equipment, drug usage, device or supplies.
- 14.** Professional services rendered by a member of the Covered Person's family or anyone who lives with the Covered Person.
- 15.** Expenses incurred for services and supplies not (a) medically necessary for the diagnosis or treatment of any Injury or Illness and (b) recommended by the attending Physician.
- 16.** Routine physicals other than hospital nursery expense of a newborn baby.
- 17.** Dental care, except as the result of injury to natural teeth caused by accident; any treatment identified as Temporomandibular Joint Dysfunction (TMJ).
- 18.** Expenses incurred in connection with weak, strained or flat feet, corns, calluses, bunions, or toenails.
- 19.** Expenses incurred for plastic or cosmetic surgery unless they result directly from an injury that necessitated medical treatment within 24 hours of the accident.
- 20.** Expenses incurred as a result of diagnostic or surgical procedures in connection with infertility unless caused by an Injury or Illness.
- 21.** Expenses incurred in connection with birth control, sterilization, or sterilization reversal, including surgical procedures and devices.
- 22.** Expenses covered under any occupational benefit policy, Workers' Compensation Act or similar law, automobile medical payments or no-fault plans, public assistance programs, government plan or any other valid and collectible insurance.
- 23.** War or any act of war, whether declared or undeclared.
- 24.** Committing or attempting to commit an assault or felony, fighting or brawling, except in self-defense.
- 25.** Suicide or intentionally self-inflicted injury while sane or insane.
- 26.** Claims arising out of participation in interscholastic, intercollegiate or professional sporting events; racing; speed contests; skin diving; sky-diving; mountaineering (where ropes or guides are customarily used); para-sailing; hang gliding; bungee jumping; bob-sledding; travel on a snow mobile or ATV; any two or three wheeled motor vehicle; or private air travel including ballooning and ultra-light aircraft.
- 27.** Expenses incurred while the Covered Person is intoxicated or under the influence of any drug unless taken under the advice of a licensed Physician.
- 28.** Expenses resulting from a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the accident takes place (this exclusion will not apply to passengers if they are insured under this Program).
- 29.** Expenses for circumcision, tubal ligation, vasectomy, breast reduction, breast implants, sexual reassignment surgery, orthognathic surgery, including mandibular retrognathia, learning disabilities, smoking cessation, hair removal, replacement or hair growth, or organ transplants.
- 30.** Pregnancy or childbirth for a dependent child of an Insured Student.
- 31.** Expenses greater than \$1,000 for Injuries or Illnesses incurred in the Insured Person's Country of Permanent Residence and after 30 days from the date the Insured entered the Country of Permanent Residence.

