

ISO Med

**Accident & Sickness Insurance for
Academic Visitors & International Students**

ISO 



Underwritten By: United States Fire Insurance Company

**For international students
attending DePaul University**

(800) 244-1180

www.isoa.org

ISO Med Accident & Sickness Insurance Plan

ISO is proud to offer you **ISO Med** plans, limited duration accident and sickness insurance plans. **ISO Med** plans are designed to meet the particular needs of international students, visiting faculty, scholars, and teachers, who are currently studying in the USA.

Summary Schedule of Benefits

Policy Number	ISO Med 1 UGL6035S
Annual Maximum	\$1,000,000
Per Injury or Sickness Maximum	\$250,000
Lifetime Medical Maximum	No Lifetime Maximum
Deductible ¹ per event at the Student Health Center ²	\$25
Deductible per event In-network / Out-of-Network ¹	\$90 / \$225
Maximum out-of-pocket expenses	\$1,500 annually
Maximum deductible per policy year	\$500
Co-Insurance In-network ³	80% of the first \$4,000 100% thereafter
Co-Insurance Out-of-network ³	75% of Usual & Customary
Medical Evacuation/ Repatriation	\$100,000
Repatriation	\$50,000
Extension of Home Country Coverage	\$500
AD&D - Accidental Death & Dismemberment	\$20,000

- 1 Per Injury or Sickness
2 Reduced if first rendered at Student Health Center
3 Refer to the Accident & Sickness Description hereafter

Monthly Rates

	ISO Med 1
Student	\$60
Dependent	\$459

* Maximum term of coverage is 10 months.

Accident & Sickness Benefits

When a covered Injury or Sickness requires treatment by a Physician, the coverage will provide benefits for the Reasonable and Customary Charges for Medically Necessary Covered Medical Expenses, which exceed the deductible per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Coordination of Benefits Provision.

Covered Expenses are the Preferred Allowance for In-Network Providers or Usual, Reasonable and Customary charges for Out-of-Network providers for medically necessary services and supplies. Treatment must begin no more than 30 days after the date of the accident or the onset of sickness.

Covered Medical Expenses include:

1. Hospital Room and Board Expense: daily semi-private room rate when Hospital Confined. Up to PPO allowable in network and \$1,000/day out of network for ISO Med 1. Maximum 30 days per occurrence;
2. Intensive/Cardiac Care Unit Expenses: the daily room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services;
3. Hospital Miscellaneous Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature. Doctor's surgical expenses are not covered under this expense;
4. Surgeon Benefit (Inpatient or Outpatient): subject to maximum of \$3,000 per occurrence;
5. Assistant Surgeon Expenses when Medically Necessary;
6. Day Surgery Benefit: for use of the surgical facility;
7. Anesthesia Benefit: for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis;
8. Diagnostic X-rays, laboratory procedures and tests;
9. Ambulance Expenses for transportation from the emergency site to the Hospital;
10. Physician Visit Benefit (Inpatient or Outpatient): including the Doctor's initial visit \$60 per visit for ISO Med 1; each Medically Necessary follow-up visit \$40 per visit for ISO Med 1;
11. Consultant Physician Benefit: visits when referred by the attending Doctor, \$250 per visit for ISO Med 1;
12. Emergency Room Benefit: including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies subject to co-payment of \$300 per occurrence. If a covered Person is admitted to the hospital following visit to the emergency room, the co-payment is waived;
13. Maternity (conception must occur while this coverage is in effect);
14. Mental and Nervous Condition (Outpatient): maximum of 40 visits, \$5,000 maximum, per coverage year, payable at 80% In-Network and 60% Out-of-Network;
15. Mental and Nervous Disorders (Inpatient): payable at 80% In-Network and 60% Out-of-Network;
16. Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are the same as any Sickness
17. Emergency Dental Expense Benefit: 1) performed by a Physician; and 2) made necessary by Injury to Natural Teeth. \$300 for ISO Med 1. Routine dental care and treatment to the gums are not covered;

Accident & Sickness Benefits (continued)

18. Physiotherapy, Chiropractic, Acupuncture Expenses on an inpatient or outpatient basis limited to \$70 per visit for ISO Med 1. 1 visit per day, 30 days maximum per occurrence. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy;
19. Durable Medical Equipment Benefit: Must be rehabilitative braces or appliances prescribed by a Doctor that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. This benefit includes medical equipment rental, expenses for blood and blood transfusions. No benefits will be paid for rental charges in excess of the purchase price;
20. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis. 80% of Reasonable & Customary, up to \$1,000 per coverage year for ISO Med 1;
21. Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment;
22. Therapeutic termination of pregnancy;

Coordination of Benefits Provision: When a Covered Person is covered under more than one valid and collectible health insurance plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the Coordination of Benefits provision is included in the Master Certificate on file with the Program Manager.

Conformity With State Statutes: Any provision of the Master Certificate which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Accidental Death & Dismemberment

If Injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss and irrevocable loss of audible communication. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

PPO - Preferred Provider Organization

Persons insured under this plan may choose to be treated within or outside of First Health or Multiplan Networks. The Networks consist of hospitals, doctors and other health care providers organized into a network for delivering quality health care at affordable rates.

First Health – to search for participating doctors or hospitals call toll free (800) 226-5116 or search on the internet at: www.myfirsthealth.com

Multiplan – to search for participating doctors or hospitals call toll free (888) 342-7427 or search on the internet at: www.multiplan.com

Medical Evacuation / Repatriation

Benefits will be paid for covered expenses up to the maximum stated in the Summary Schedule of Benefits if an Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured's Injury or Sickness warrants the emergency evacuation.

"Medical Evacuation" means:

If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility or your return to your primary place of residence is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment. All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization contact On-Call International (866) 509-7715 or (603) 328-1728.

Repatriation of Remains

In the event of the Insured's death during a trip, the expense incurred within 30 days from the date of the Covered Loss will be paid for minimally necessary casket or air tray, preparation and transportation of the Insured's remains to their primary place of residence in the United States of America or the place of burial.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization contact On-Call International (866) 509-7715 or (603) 328-1728.



If you have any questions please contact us at:
(800) 244-1180 | mailbox@isoa.org | www.isoa.org
ISO representatives are here to assist you!

Eligibility

You are eligible if you are a member of ISO - Int'l Student Organization in the USA, have a current passport or visa and are temporarily residing outside your home country/country of permanent residence, while actively engaged in education or research activities. You are "actively engaged" in educational activity if you are one of the following:

1. F1/J1 valid visa holder.
2. Undergraduate - registered for and attending classes on a full-time basis.
3. Graduate student.
4. Scholar or researcher who is invited by an educational organization.
5. Student involved in education, educational activities, or research related activities.

Your non-U.S. spouse and eligible dependent children are also eligible for coverage if accompanying you.

For purposes of this insurance, if your home country (passport country) is different from your country of permanent residence (location in which you permanently reside), you will not be covered in either location. Permanent residents are not eligible for coverage under the Master Certificate.

Period of Coverage

Coverage will begin at 12:01 am on the latest of the following:

- a. The Effective Date of the Master Certificate; or
- b. The date the Company receives a completed application or enrollment form; or
- c. The day the insured person becomes eligible, subject to any required waiting period, according to the referenced date requested and shown in the Application/ Enrollment Form or Schedule of Benefits

Coverage will terminate at the earliest of the following:

- a. The Expiration Date shown in the Master Certificate; or
- b. The premium due date if premiums are not paid when due, subject to any grace period.

Extension of Accident and Sickness Insurance Benefits

If a Covered Person is hospital confined at termination of coverage, benefits will continue to be paid until the earlier of either discharge from the hospital they are confined to or until the maximum benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days beyond the term of coverage.

Newborn Children Coverage: Coverage for a newborn Child will begin from the moment of birth. You must give Us notice within 31 days of the birth of the Child. If notice is not given within 31 days, coverage for the newborn Child will terminate upon the expiration of the initial 31 day period.

Exclusions

The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by Additional Benefits:

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. Voluntary, active participation in a riot or insurrection;
4. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other and collectible insurance;
5. Organ transplants;

Exclusions (continued)

6. Treatment for an Injury or Sickness caused by, contributed to or resulting from the Covered Person's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Covered Person's Physician;
7. Eligible Expenses for which the Covered Person would not be responsible in the absence of the Policy;
8. Treatment of acne;
9. Charges which are in excess of Usual, Reasonable and Customary charges;
10. Charges that are not Medically Necessary;
11. Charges provided at no cost to the Covered Person;
12. Expenses incurred for treatment while in Your Home Country, excess of \$500;
13. Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
14. Regular health checkups; routine physical, or other examination where there are no objective indications or impairment in normal health;
15. Services or treatment rendered by a Physician, Registered Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Covered Person;
16. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Policyholder;
17. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
18. Pregnancy or childbirth, except when conception occurs while covered under the Policy; elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth of a dependent when dependent child of an Covered Person (except for complications arising there from);
19. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
20. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under the Policy, and rendered within 6 months of the Accident;
21. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
22. Weak, strained or flat feet, corns, calluses, or toenails;
23. Expenses incurred during a Hospital room visit which is not of an emergency nature;
24. For the cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary;
25. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
26. Injury sustained while taking part in: mountaineering, hang gliding; parachuting; bungee jumping, racing by horse, scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; scuba diving, involving underwater breathing apparatus; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course.

Exclusions (continued)

- 27. Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition;
- 28. Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
- 29. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers.

Definitions

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Covered Person for the Medically Necessary treatment of an Injury. Eligible Expenses must be incurred while this coverage is in force.

Covered Person means a Covered Person and Dependent eligible for coverage as identified in the Enrollment/Application for whom proper premium payment has been made when due, and who is therefore a Covered Person under the Master Certificate.

Dependent means a Covered Person's:

- 1) lawful spouse, if not legally separated or divorced, [or Domestic Partner] or Civil Union Partner.
- 2) unmarried Children under age 26.

The age limitations will not apply to a Covered Person's unmarried Child who is dependent on the Covered Person or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

Spouse means lawful spouse, if not legally separated or divorced or Domestic Partner or Civil Partner.

Child means the Covered Person's natural Child, adopted Child (or Child placed in the Covered Person's home for purposes of adoption), foster Child, stepchild, or other Child for whom the Covered Person has legal guardianship (proof will be required). A Child must reside with the Covered Person in a parent-Child relationship. NOTE: In the event the Covered Person shares physical custody of the Child with another parent, the requirement that the Child reside with the Covered Person will be waived.

Injury means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident after the effective date of a Covered Person's coverage under the Master Certificate, while this coverage is in force as to the person whose Injury is the basis of the claim. All injuries to the same Covered Person sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Physician means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the state in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Covered Person, a Covered Person's Spouse, son, daughter, father, mother, brother or sister or other relative.

Definitions (continued)

Pre-Existing Condition means an Injury or Sickness, disease, or other condition during the 365 day period immediately prior to the date the Covered Person's coverage is effective for which the Covered Person: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 365 day period before coverage is effective under the Covered Person's Plan.

Sickness means Sickness or disease contracted and causing loss commencing while the coverage is in force as to the Covered Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc) for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by Us for the same service or supply.

Geographic Area means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Reasonable and Customary Charges, Fees or Expenses as used in this brochure to describe expense will be considered to mean the percentile of the payment system in effect at coverage issue as shown on the Schedule of Benefits.

For a complete list of definitions, see the Master Certificate on file with the Program Manager.

Assistance Services

Assistance services are provided by On Call International. An outline of the assistance services appears below.

Pre-Travel Assistance

- Help in arranging special medical services needed while traveling

Medical Emergency Services

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc.
- Medical transportation arrangements
- Emergency message service for medical situations

Legal Assistance

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

Travel Assistance

- Help with lost passports, tickets and documents

On Call International

- U.S. or Canada: (866) 509-7715
- International: Contact International Operator to place your call to (603) 328-1728
- E-mail for emergencies to mail@oncallinternational.com

Claim Procedure

In the event of Sickness or Injury, you should report to the Student Health Service, if available, or the nearest physician or hospital. Persons insured under this plan may choose to be treated within or outside First Health or Multiplan Networks. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and Medical Expense Benefits.

Please mail the completed claim form and accompanying documentation to the claims administrator, **HealthSmart, 3320 West Market Street, Suite 100, Fairlawn, OH 44333**. The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (800) 331-1096 between 9:00 A.M. and 5:00 P.M. Monday through Friday or e-mail at **iso@healthsmart.com**. On line claims status via the internet is available 24 hours a day at **www.klais.com**.

Underwritten by: United States Fire Insurance Company

This brochure provides you with a summary of the benefits of **ISO Med 1** plan as underwritten by the United States Fire Insurance Company under Master Certificate form ISO-13-C-IL. Fairmont Specialty and Crum & Forster are registered trademarks of United State Fire Insurance Company. The Crum & Forster group of companies is rated A (Excellent) by AM Best Company 2013.

Please keep this brochure as a summary of the insurance plan as specified in the Master Certificate that is on file with your Program Manager. The Master Certificate contains all of the same terms and conditions outlined in this brochure including: benefits, limitations, and exclusions as underwritten by United States Fire Insurance Company. In the event of a discrepancy, the Master Certificate will prevail.

Refund of Premium

Premium refunds will be considered only for entry into the armed forces. Unearned funds will be refunded, less a \$50 processing fee, for the number of full months only. The refund request must be in writing and your Medical Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval by the Program Manager.

A \$50 ISO processing fee is applied to all approved cancellation.

Program Manager: ISO

**If you have any questions please contact us at:
(800) 244-1180 | mailbox@isoa.org | www.isoa.org
ISO representatives are here to assist you!**

Enrollment Form

For immediate online enrollment visit www.isoa.org

Last Name: _____

First Name: _____

School ID: _____

Date of birth: ____ / ____ / ____ Sex: ☐ Male ☐ Female
month day year

Visa: ☐ F1 ☐ J1 Other: _____

Name of school: _____

Home country (passport country): _____

Country of permanent residence (if different from home country)

U.S. address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____

Home phone: _____

Fax: _____

E-mail: _____

Please start my coverage on: ____ / ____ / ____
month day year

You are eligible if you are a member of ISO - Int'l Student Organization in the USA. You must be outside your home country/ country of permanent residence to receive the benefits of coverage.



(800) 244-1180
mailbox@isoa.org
www.isoa.org

In CA, plan is offered
by ISO Insurance Center

Enrollment Form

Rates and benefits are valid for enrollment between August 16, 2015 and August 15, 2016. You may enroll for a period of 3 months minimum, 10 months maximum.

I wish to enroll under (please check one):

☐ ISO Med 1 (UGL6035S)

- 1 Applicant:
number of months _____ x \$ _____ = \$ _____
- 2 Spouse:
number of months _____ x \$ _____ = \$ _____
- 3 Child 1:
number of months _____ x \$ _____ = \$ _____
- 4 Child 2:
number of months _____ x \$ _____ = \$ _____
- 5 Total payment enclosed
(This sum must equal sum of payment) _____ = \$ _____

*Please note that number of months must match for all applicants

Comments: _____

Please charge my credit card: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card number: _____

Name as appears on credit card: _____

Expiration date: _____ / _____
month year

Billing adress (if different from mailing address)

Signature of card holder: _____

Complete name and date of birth if insurance is requested

Spouse: _____

Last First month/day/year Gender Visa Type

Child 1: _____

Last First month/day/year Gender Visa Type

Child 2: _____

Last First month/day/year Gender Visa Type

I wish to enroll for insurance under the terms of this brochure.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature _____ month/day/year

If paying by check, please make a check payable to ISOA and mail to:
150 West 30th Street, Suite 1101, New York, NY 10001
For immediate enrollment, visit www.isoa.org
Fax form to: (212) 262-8920 (if paying by credit card)