

ACA COMPARABLE

ISO-Care

U N L I M I T E D



Insurance Plan for F1/J1
International Students attending
University of Virginia

ISO 
Student Health Insurance

(800) 244-1180

www.isoa.org

ISO16LUUVA

ISO-Care Health Insurance Plan

ISO is proud to offer you **ISO-Care**, Affordable Care Act (ACA) comparable plan. **ISO-Care Plan** is comprehensive accident and sickness insurance plan, designed to meet the particular needs of international students who are currently studying in the USA. You must be outside your home country/country of permanent residence to receive the benefits of coverage.

Summary Schedule of Benefits

Benefits	ISO-Care Unlimited LF003240
Annual maximum	Unlimited
Deductible	\$500 annually
Maximum out-of-pocket expenses	\$6,350 annually
Co-insurance in-network	80% of preferred allowance
Co-insurance out-of-network	60% of usual, reasonable & customary charges
Physician visits - At students health center - Primary care physician - Specialist	\$0 co-pay \$30 co-pay \$50 co-pay
Outpatient emergency room (waived if admitted)	\$250 co-pay
Hospitalization	\$250 co-pay
Maternity	Covered as any other sickness
Wellness & preventative care ¹	Covered at 100% in-network or at SHC only
Prescriptions - deductible per fill ²	\$30
Pre-existing conditions	Covered
Medical evacuation/repatriation	\$100,000
Repatriation of remains	\$50,000

¹ No co-pay or deductible applies to wellness or preventative care when these services are delivered by a network provider or at the Student Health Center (SHC)

² There is no deductible for prescription contraceptives

Monthly Rates

Age	ISO-Care Unlimited
12 - 24	\$68
25 - 29	\$98
30 - 65	\$182
Dependent	\$733

Medical Expense Benefits

We will pay benefits for **covered expenses** incurred by a plan participant for loss due to **sickness** or **injury**, subject to the maximum benefit for all services as shown in the Schedule after the **deductible** and any required **co-insurance** and/or **co-payment** are satisfied.

Covered expenses are considered incurred when the covered service is rendered, provided there is a charge made for such service.

We provide payment for services, procedures and supplies that are **medically necessary**. No benefits will be paid for expenses determined not to be medically necessary, including any or all days of **hospital stay**.

The total payable for all **covered expenses** will not exceed the maximum benefit shown in the Schedule. Also read the DEFINITIONS section carefully. No benefits will be paid for services designated as "No Benefits" in the Schedule.

Inpatient Covered Expenses include:

1. Hospital Services:

Room and Board Expense:

- a. Daily semi-private room rate for a hospital stay; and
- b. General nursing care provided and charged for by the hospital.

Intensive Care

Physiotherapy

Miscellaneous Expenses:

- a. During a hospital stay; or
- b. As a precondition for a hospital stay.

Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies.

2. Surgery Services:

Surgeon

Assistant Surgeon

Anesthetist

Nurses:

- a. Private duty nursing care only;
- b. During a **hospital stay**;
- c. Ordered by a **physician**; and
- d. **Medically necessary**.

General nursing care provided by the **hospital** is not covered under this benefit.

3. Physician's Visits during a **hospital stay**. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.

4. Preadmission Testing limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the hospital miscellaneous expenses benefit.

5. Psychotherapy for the treatment of a mental or emotional disorder or of related bodily illness by psychological means where the psychotherapy is administered by a physician.

Outpatient Medical Expenses Include:

1. Surgery Services:

Surgeon

Anesthetist

Miscellaneous for Day Surgery benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies.

2. **Miscellaneous Hospital** and **Physician** services payable as shown in the schedule.

3. **Physician's Visits** limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.

4. **Physiotherapy** limited to one visit per day.

5. **Medical Emergency** as defined. Benefits will be paid as shown in the schedule.

6. **Diagnostic X-ray Services**

7. **Radiation Therapy**

8. **Laboratory Procedures**

9. **Tests and Procedures:**

- Diagnostic services and medical procedures;
- Performed by a physician;
- Excluding physician's visits; physiotherapy; x-rays; and laboratory procedures.

10. **Injections:**

- When administered in the physician's office; and
- Charged on the physician's statement.

11. **Prescription Drugs**

12. **Chemotherapy**

13. Contraceptive management payable at 100%.

14. Preventative care when performed by a network provider, payable at 100%.

Preventive Service: In addition to the covered services listed here, the following services shall be covered without regard to any deductible, co-payment, or co-insurance requirement that would otherwise apply:

- (1) evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
- (2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the plan participant involved;
- (3) with respect to plan participant who are infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
- (4) with respect to plan participants who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. For purposes of this section, recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current. No recommendation of the United States Preventive Service Task Force shall serve to reduce the mammogram benefits.

Other Services:

1. Ambulance Services

2. Durable Medical Equipment - Braces and Appliances:

- When prescribed by a **physician**; and
- When a written prescription accompanies the claim when submitted. Braces and appliances include durable medical equipment which:
 - Is primarily and customarily used to serve a medical purpose
 - Can withstand repeated use, and
 - Is not generally useful to a person in the absence of **sickness** or **injury**.No benefits will be paid for rental charges in excess of purchase price.

3. Consulting Physician

when requested and approved by the attending **physician**. **Covered expenses** will be paid under this benefit or under the **physician's visits** benefit, but not both on the same day.

4. Dental Treatment

performed by a physician and made necessary by **injury** to **natural** teeth.

5. Prescription Drug Expenses

including dressings, drugs and medicines prescribed by a Physician and administered on an outpatient basis, payable at 80% of charges after a \$30 deductible per fill.

6. Medical Services and Supplies:

expenses for blood and blood transfusions; oxygen and its administration.

7. Mental and Nervous Disorder

(Outpatient);

8. Mental and Nervous Disorders

(Inpatient);

9. Therapeutic termination of pregnancy

10. Maternity

11. Alcoholism/drug abuse treatment:

the benefits and the maximum are the same as any sickness;

Coordination of Benefits Provision: When a plan participant is covered under more than one valid and collectible 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 policy on file with ISO-International Student Organization.

Plan 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!



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 plan participant. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the plan participant's injury or sickness warrants the emergency evacuation.

"Medical Evacuation" means:

1. The plan participant's immediate transportation from the place where he or she suffers an injury or sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; or

"Medical Repatriation" means:

2. The plan participant's transportation to his or her home country to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an injury or sickness.

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

If the plan participant dies prior to his/her termination of coverage due to an injury or sickness, benefits will be paid up to the maximum stated in the summary schedule of benefits for: a) cost of embalming; b) coffin; c) transportation of the body to the plan participant's home country/country of permanent residence. This benefit does not include the transportation expense of anyone accompanying the deceased.

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

Eligibility

You are eligible if you are a participant of ISO – International Student Organization, are a non United States Citizen, 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. F1 visa holder on OPT is not eligible.
2. Undergraduate student - registered for and attending classes on a full-time basis.
3. Graduate student.
4. Scholar or researcher who is invited by an educational organization.

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 or persons who have applied for permanent residency are not eligible for coverage under the master policy.

Period of Coverage

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

- a. The effective date of the policy;
- b. The date the application form and premium are received by the underwriting company or its designated representative; or
- c. The date requested on the application form; or
- d. The date the participant enters the United States.

Coverage will terminate on the earliest of the following:

- a. The last day for which premium has been paid.
- b. The date the plan participant returns to his home country and is no longer eligible.
- c. The date of entry into active duty military service

Extension of Accident and Sickness Insurance Benefits

If on the termination date a plan participant is under the care and treatment of a physician and hospital confined, benefits will continue to be paid for that condition for a period of up to 3 months following the end of the term of coverage, or discharged from the hospital or until the annual maximum benefit has been paid, whichever occurs first.

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

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Services and supplies furnished normally without charge by the participating institution's infirmary, its employees, or physicians who work for the participating institution; or plan participant's immediate family, or anyone who lives with the plan participant.
2. Eye examinations, prescriptions or fitting of eyeglasses and contact lenses, or other treatment for visual defects and problems, unless payable as a covered expense associated with a sickness or injury covered by the policy.
3. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
4. Dental treatment, except as specifically provided for in the schedule.
5. War or any act of war, declared or undeclared, or while in the armed forces of any country.
6. Participation in a riot or civil disorder, commission of or attempt to commit a felony, or fighting, except in self-defense;
7. Injury sustained while:
 - a. Participating in any interscholastic, intercollegiate, or professional sports, contest or competition; or
 - b. Traveling to or from such sport, contest or competition as a participant; or
 - c. Participating in any practice or conditioning program for such sport, contest or competition

*Participating in sports clubs or intramural athletic activities is not excluded.
8. Skydiving; parachuting, motorcycling, scuba diving, jet skiing, mountain climbing (where ropes or guides are used), professional or amateur racing, spelunking, whitewater rafting, hang gliding, glider flying, parasailing, sail planing, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
9. That part of medical expense payable by any automobile insurance policy without regard to fault.

Exclusions (continued)

10. Treatment in a military or Veterans Hospital or a hospital contracted for or operated by a national government or its agency unless:
 - a. The services are rendered on an medical emergency basis; and
 - b. A legal liability exists for the charges made on behalf of a Plan Participant for the services given in the absence of insurance.
11. Elective surgery and elective treatment, including but not limited to correction of a deviated nasal septum, treatment for congenital anomalies, acne, weak, strained or flat feet, corns, calluses or toenails, except as required to correct an injury for which benefits are otherwise payable under the policy.
12. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
13. Reproductive/Infertility services including but not limited to: infertility (male or female); impotence, organic or otherwise; sterilization or reversal thereof.
14. Organ Transplants.
15. Expense incurred within your home country or country of regular domicile;
16. Elective abortion; elective cesarean section; pregnancy or childbirth of a dependent when dependent child of a plan participant (except for complications arising therefrom).
17. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly;
18. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction

Definitions

Covered Expenses means charges:

- a. Not in excess of usual, reasonable and customary charge;
- b. Not in excess of the maximum benefit amount payable per service as shown in the schedule;
- c. Made for medical services and supplies not excluded under the policy;
- d. Made for services and supplies which are medically necessary; and
- e. Made for medical services specifically included in the schedule.

Plan Participant means you and your eligible spouse and dependents covered under the policy. The proper premium payment must be made to be covered under the policy.

Dependent means a plan participant's:

- a. lawful spouse, if not legally separated or divorced, or domestic partner or civil union partner.
- b. unmarried children under age 26.

The age limitations will not apply to a plan participant's unmarried child who is incapable of self-support due to a mental or physical incapacity. Proof of such 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 plan participant's unmarried natural child, adopted child (or child placed in the plan participant's home for purposes of adoption from the moment of placement as certified by the agency making the placement), foster child, stepchild, or other child for whom the plan participant has legal guardianship (proof will be required). A stepchild is a dependent on the date the child begins permanently residing in the plan participant's home.

Definitions (continued)

Injury means bodily harm resulting, directly and independently of disease or bodily infirmity, from an accident. All injuries to the same person sustained in one accident, including all related conditions and recurring symptoms of injuries will be considered one injury.

Physician means a licensed practitioner of the healing arts acting within the scope of his license. Physician does not include:

- a. You;
- b. Your spouse, dependent, parent, brother, or sister; or
- c. A person who ordinarily resides with you.

Sickness means illness, disease, and complications of pregnancy requiring treatment by a physician while covered by this policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same sickness.

Usual, Reasonable and Customary means:

- a. Charges and fees for medical services or supplies that are the lesser of:
 1. The usual charge by the provider for the service or supply given; or
 2. The average charged for the service or supply in the area where service or supply is received; and
- b. Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.

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

Underwritten by: Advent Underwriting Ltd.
on behalf of Advent Syndicate 780 at Lloyd's

This brochure provides you with a summary of the benefits of ISO-Care Unlimited insurance plan, as underwritten by Advent Underwriting Ltd. on behalf of Advent Syndicate 780 at Lloyd's. Lloyd's is rated A (Excellent) by AM Best Company 2015.

Please keep this brochure as a summary of the insurance plan as specified in the Policy that is on file with ISO-International Student Organization. The policy contains a complete description of all of the same terms and conditions outlined in this brochure including: benefits, limitations, and exclusions as underwritten by Advent Underwriting Ltd. on behalf of Advent Syndicate 780 at Lloyd's. In the event of a discrepancy, the policy will prevail.

Claim Procedure

In the event of sickness or injury, you should report to the student health services, 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.healthsmart.com**.

Complaints

Complaints handling procedures are located at <https://www.isoa.org/faq>

Subscription Agreement

I hereby apply to be a plan participant of ISO - International Student Organization established in the Cayman Islands (the "trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's (the "insurers") to plan participants under the trust (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. Preventative care and contraceptive management are covered as stated under medical expense benefits section and while in the United States. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurers as underwriters of the coverage is as provided in the master policy. By acceptance of coverage and/or submission of any claim for benefits, the plan participant ratifies the authority of the signer to so act and bind the plan participant.

The plan participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the plan participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

Subscription Agreement (Continued)

The plan participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together "representations & warranties"). The plan participant acknowledges that certain of such information will be relied upon by the insurers as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the plan participant, the loss of coverage and all monies paid in relation thereto. The plan participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The plan participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the plan participant and the plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the insurers to the plan participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.

This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.

Refund of Premium

Premium refunds, less a processing fee, will be considered only for entry into the armed forces. Unearned funds will be refunded 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.

PPO - Preferred Provider Organization

Students insured under this plan may choose to be treated within or outside of the First Health or Multiplan networks.

First Health – (800) 226-5116 / www.myfirstthealth.com

MultiPlan – (888) 342-7427 / www.multiplan.com

Enrollment Form

For immediate online enrollment visit www.isoa.org

Last name: _____

First name: _____

S.S.# / 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: _____

E-mail: _____

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

You are eligible if you are a participant of ISO – International Student Organization. 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

Enrollment Form (continued)

Rates and benefits are valid for enrollment between April 1, 2016 and March 31, 2017. You may enroll for a period of 3 months minimum and up to 12 months maximum.

I wish to enroll under: ☐ ISO-Care Unlimited (LF003240)

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 Annual Service Fee = \$ 16

6 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 address (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.

I have read the Subscription Agreement contained in this brochure and agree to the Terms and Conditions of such subscription.

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)