

ACA COMPARABLE

ISO-Share

Unlimited



Accident & Sickness Insurance Plan
for International Students

Underwritten by: United States Fire Insurance Company

ISO1920UFMA



Student Health Insurance

(800) 244-1180

www.isoa.org

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SUMMARY SCHEDULE OF BENEFITS

	ISO-Share Unlimited
Policy number	US1181761
Annual maximum	Unlimited
Deductible per covered person	\$1,250 annually
Maximum out-of-pocket expenses	\$6,350 per Covered Person annually
Co-Insurance	80% of usual, reasonable & customary charges
Co-pay ¹ :	
Student Health Center	\$0 per visit
Primary care physician	\$30 per visit
Specialist	\$50 per visit
Urgent Care	\$50 per visit
Outpatient emergency room (waived if admitted)	\$250 co-pay
Hospital room & board benefit	\$250 co-pay
Maternity & pre-natal care	Covered as any other sickness
Wellness & preventive care ²	Covered at 100% of URC
Prescriptions	
– additional deductible per fill ³	\$30
Pre-existing conditions	Covered
Medical evacuation / repatriation	\$100,000
Repatriation - Return of mortal remains	\$50,000

¹No co-pay for wellness or preventative care when these services are delivered by a First Health or Multiplan provider.

²There is no deductible/copay when these services are delivered by a First Health or Multiplan provider.

³There is no deductible for prescription contraceptives.

MONTHLY RATES

Age	ISO-Share
12 – 24	\$63
25 – 29	\$95
30 – 64	\$192
Dependent	\$685

ELIGIBILITY

You are eligible if you are a member of ISO - International 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 and enrolled in classes within 30 days of the plan's effective date. You are "actively engaged" in educational activity if you are one of the following:

1. F1 valid visa holder. F1 visa holder on OPT is not eligible.
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 policy.

BENEFITS

We will pay benefits for covered expenses incurred by a covered person for loss due to sickness or injury, less any deductible and subject to the maximum benefit for all services as shown in the Schedule less any coinsurance or, benefit specific deductible or copayment amount shown. 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 benefits include:

1. Hospital services:

a) Room and board expense: 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

3. Doctor's Visits during a **hospital stay**. Benefits are limited to one visit per day. Benefits do not apply for pre or post-operative care.

4. Preadmission Testing including but not 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. Mental and Nervous Conditions for the treatment of a Biologically Based Mental Illness where the treatment is administered by a properly licensed Physician, psychologist or other provider as required by law.

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 doctor services payable as shown in the schedule.

3. Doctor'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. Emergency as defined. Benefits will be paid as shown in the schedule.

6. Diagnostic x-ray services as shown in the schedule

7. Radiation/Chemotherapy therapy

8. Laboratory procedures

9. Injections:

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

10. Prescription drugs - 80% of URC based on a 30 day supply per prescription. Covered up to plan limit.

11. Wellness Benefits including contraceptive management, payable at 100%.

Preventive Service: In addition to the Covered Services listed in Your Policy/Certificate, If the Student Health Center or Discount Providers are used the following services shall be covered without regard to any deductible, copayment, or coinsurance 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 Covered Person involved;
3. With respect to Covered Persons 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 Covered Persons 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:
 - a. When prescribed by a doctor; and
 - b. When a written prescription accompanies the claim when submitted. Durable medical equipment may include braces and appliances 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 doctor. Covered expenses will be paid under this benefit or under the Doctor’s Visits benefit, but not both on the same day.

 4. Dental Treatment performed by a doctor and made necessary by injury to natural teeth.

 5. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a doctor 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 (inpatient and outpatient).

 8. Therapeutic termination of pregnancy.

 9. Maternity & Pre Natal Benefits will be payable for Eligible Expenses an Covered Person incurs before, during, and after delivery of a Child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Covered Person and her newborn Child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

 10. Alcoholism/drug abuse treatment: the benefits and maximum amounts are the same as any sickness.
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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 policy on file with the school.

Conformity With State Statutes: Any provision of the policy 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.

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 the Policy is in force.

Covered Person means a Person and Dependent eligible for coverage as identified in the Enrollment/Application who is a U.S. citizen residing in the United States, or if not a U.S. citizen, resides permanently in the United States, for whom proper premium payment has been made when due, and who is therefore a Covered Person under the Policy.

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 independently of disease or bodily infirmity, from an Accident after the effective date of a Covered Person's coverage under the Policy, while the Policy 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.

Sickness means Sickness or disease contracted and causing loss commencing while the Policy 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:

(1) With respect to fees or charges, fees for medical services or supplies which are;

(a) Usually charged by the provider for the service or supply given; and

(b) The average charged for the service or supply in the locality in which the service or supply is received; or

(2) With respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition.

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

EXCLUSIONS

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

1. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
2. Dental care or treatment other than care of 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;
3. War or any act of war, declared or undeclared;
4. Injury sustained while in the service of the armed forces of any country. When the Covered Person enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
5. Voluntary, active participation in a riot or insurrection;
6. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
7. Travel in or upon:
 - (a) A snowmobile;
 - (b) A water jet ski;
 - (c) Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - (d) Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
8. Injury sustained while taking part in: mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding;
9. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
10. Charges provided at no cost to the Covered Person;
11. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
12. 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]);
13. 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;
14. 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;
15. Organ Transplants;
16. Expense incurred within your home country;

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:

1. The Covered Person'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.

“Medical Repatriation” means:

2. The Covered Person'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 - RETURN OF MORTAL REMAINS

If the Insured 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 Insured'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 (01-603) 328-1728.

FIRST HEALTH & MULTIPLAN MEDICAL SERVICE PROVIDERS

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

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

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

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!

MENTAL HEALTH HOTLINE

CareConnect provides 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development and the demands of daily and family obligations.

Care Connect Behavioral Health Hotline - (888) 857-5462

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.
- d. The date the participant enters the United States

Coverage will terminate on the earliest of the following:

- a. The last date for which premium has been paid.
- b. The date the certificate terminates
- c. The date of entry into active duty military service.

Extension of Accident and Sickness Insurance Benefits

If on the termination date a covered person is under the care and treatment of a doctor 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.

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, **Wellfleet, 2077 Roosevelt Avenue, Springfield, MA 01104**. 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 855-664-5837 between 8:30 A.M. and 7:00 P.M. EST Monday through Thursday and between 8:30 A.M. and 5:00 P.M. EST Friday or e-mail at ISOclaims@wellfleet-iso.com. On line claims status via the internet is available 24 hours a day at www.wellfleet-iso.com.

REFUND OF PREMIUM

Premium refunds 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 plan manager. **A \$50 ISO processing fee is applied to all approved cancellation.**

Underwritten by: United States Fire Insurance Company

Plan Manager: ISO

This brochure provides you with a summary of the benefits of ISO-Share Unlimited plan, as underwritten by United States Fire Insurance Company. C&F 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 2018**.

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 United States Fire Insurance Company. In the event of a discrepancy, the policy will prevail. You may request a full copy of the master policy by emailing AHPolicyRequest@cfins.com.

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 a 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.

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

ENROLLMENT FORM

Rates and benefits are valid for enrollment between July 1, 2019 and June 30, 2020. You may enroll for a period of 5 months minimum and up to 12 months maximum.

For immediate online enrollment, visit www.isoa.org

Please fill in the form, email or fax the form (if paying by credit/debit card), or mail it with a check or money order to ISO.

Last name: _____ First name: _____

Passport number / school ID: _____ Name of school: _____

Home country: _____ Gender: Male _____ Female _____

Date of birth: _____ / _____ / _____ Visa type in passport: _____
month day year

U.S. address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____ Home phone: _____

E-mail: _____

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

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

I wish to enroll under ISO-Share Unlimited (US1181761):

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 Membership fee: = \$16 _____

6) Total payment enclosed: (This sum must equal sum of payment) = \$ _____

Complete name and date of birth if insurance is requested:

	First name	Last name	Date of birth	Gender (circle)	Visa type in passport
Spouse			mm / dd / yyyy	Male / Female	
Child 1			mm / dd / yyyy	Male / Female	
Child 2			mm / dd / yyyy	Male / Female	

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 _____ (Please sign here)

Please charge my credit/debit card: Visa [] MC [] AMEX [] Discover []

Credit/debit card number: _____

Name as appears on card: _____

Billing address: _____

Expiration date ____ / ____ Security code (CVV 3 digits) _____
mm / yyyy

Signature of card holder: _____

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

For immediate enrollment, visit www.isoa.org.

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!