

# 2020 Global Medical Evacuation and Repatriation for Students and Scholars

Offered by



**Questions:** Contact ISO (800) 244-1180 / mailbox@isoa.org

*This is a benefit plan designed to protect students against unforeseen emergency medical evacuation or repatriation of remains expenses if a major medical event should occur while they are studying outside their home country.*

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## ELIGIBILITY

An international student, visiting faculty, scholar or other person with a current passport or student visa (F-1, J-1 or M-1 visa) temporarily located outside his or her home country while engaged in full-time educational activities from an institution that offers student insurance via ISO Insurance, and who has not been granted permanent residency status, is eligible to be insured under the Policy.

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

Insureds must have paid the required premium and their name, student number, and date of birth must have been included in the application. Insureds must actively attend classes for at least the first 31 days of the period for which coverage is purchased, except in the case of medical withdrawal.

The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium less any claims paid.

## WHEN COVERAGE BEGINS AND ENDS

Coverage begins at 12:01a.m., if the eligibility requirements are met, on the later of: 1) the Effective Date reported as the term of coverage by the Plan Administrator; or 2) the day immediately following the date that full premium and completed application are received by the Plan Administrator.

Coverage ends at 12:01a.m. on the earliest of: 1) the last day for which premium has been paid; 2) the date the Insured ceases to be eligible for this insurance; or 3) the date the Policy terminates.

## DESCRIPTION OF COVERAGE

### Coverage A - Medical Evacuation Expense

When, as a result of an Injury or Sickness, the Insured is hospitalized for at least five (5) consecutive days, the Company will pay the Reasonable and Customary Charges for evacuation to the home country or to a facility operated pursuant to the law of the home country for the care and treatment of injured or ill persons, or to another medical facility in the United States. Such action must be medically necessary and upon the recommendation of the Claims Administrator of the Policy and approval by the attending physician. The Company will pay the actual expense incurred, but not to exceed the Maximum Aggregate Benefit of \$100,000.

**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.**

## Coverage B - Repatriation of Remains Expense

In the event of an Insured's death while covered under the Policy, the Company will pay the actual expense incurred for preparation and transportation of the remains back to the home country or country of regular domicile. If applicable, such action will be in accordance with any international requirements. The Company will pay the actual expenses incurred, but not to exceed the Maximum Aggregate Benefit of \$100,000.

**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.**

## EXCESS BENEFITS

All coverages will be in excess of all other valid and collectible insurance indemnity and will apply only when such benefits are exhausted.

Other valid and collectible insurance indemnity for which benefits may be payable are insurance programs provided by:

1. Individual, group, or blanket insurance or coverage;
2. Other prepayment coverage provided on a group or individual basis;
3. Any coverage under labor management trustee plans, union welfare plans, employer organization plans, employee benefit organization plans, or other arrangement of benefits for individual of a group;
4. Any coverage required or provided by any statute, socialized insurance program;
5. Any no-fault automobile insurance; or
6. Any third-party liability insurance.

## GENERAL EXCLUSIONS

This plan does not pay benefits for:

1. Treatment, services, or supplies which:
  - a) Are not Medically Necessary;
  - b) Are not prescribed by a doctor as necessary to treat a Sickness or Injury;
  - c) Are determined to be experimental/investigational in nature by the Company;
  - d) Are received without charge or legal obligation to pay;
  - e) Would not routinely be paid in the absence of insurance;
  - f) Are received from any family member;
2. Expenses incurred as a result of loss due to war, or any action of war, declared or undeclared; service in the armed forces of any country;
3. Expenses incurred as a result of suicide or intentionally self-inflicted Injury while sane or insane;
4. Injury or Sickness arising out of or in the course of employment or which is compensable under any Workers' Compensation or Occupational Disease Act or Law;
5. Expenses incurred as a result of committing or attempting to commit an assault or felony or participating in a riot or insurrection or engaging in an illegal occupation;
6. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitates medical treatment within 24 hours of the Accident. Correction of deviated nasal septum shall be considered as cosmetic surgery for the purpose of the Policy;
7. Loss due to or arising from the influence of alcohol or intoxicants, or the use of drugs except as prescribed by a doctor;
8. Expenses that would be payable, or medical treatment that is available, under any governmental or national health plan for which the Insured could be eligible;
9. Expenses resulting from a motor vehicle accident if the Insured 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 the Policy;
10. Injury resulting from participating in interscholastic, intercollegiate or professional sporting events, racing or speed contests, skin diving or sky diving or mountaineering (where ropes or guides are customarily used);
11. Congenital conditions;
12. Any service performed primarily to improve physical appearance without correction or material improvement of a bodily malfunction;
13. Expenses incurred within the Insured's home country or country of regular domicile.

## DEFINITIONS

**Accident** means an unforeseeable event which causes Injury to one or more Plan Participants; and occurs while coverage is in effect for the Plan Participant.

**Medically Necessary** means a treatment, drug, device, service, procedure or supply that is:

- 1) Required, necessary and appropriate for the diagnosis or treatment of an Sickness or Injury;
- 2) Prescribed or ordered by a Physician or furnished by a Hospital;
- 3) Performed in the least costly setting required by the condition;
- 4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;
- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

**Pre-Existing Condition** means an Injury, Sickness, disease, or other condition during the 365 day period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant: 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 Plan Participant's Plan.

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

**Underwritten by: Crum & Forster SPC, part of Crum & Forster Group Companies**

**Plan Manager: ISO Insurance**

**Policy # CC000120**

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## Travel Assist Plan

*The Travel Assist Plan is designed to provide students, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide, 24-hour emergency assistance services during the term of coverage. This Plan supplements the insurance benefits provided. The assistance plan services are provided by On Call International.*

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**Emergency Evacuation:** If you suffer an Injury or Sickness and adequate medical facilities are not available locally in the opinion of On Call's designated physician, On Call will coordinate all arrangements necessary for transfer to the nearest adequate facility capable of providing adequate care.

**Medically Necessary Repatriation:** If, in the opinion of the On Call physician, it is medically advisable to transfer you when you are sick or injured away from home to a medical facility nearest your permanent residence or to your permanent residence for continuing care following stabilization, On Call shall coordinate all arrangements for transfer.

**Repatriation of Remains:** In the event of your death, On Call will render assistance to return your deceased remains. On Call's assistance services include: locating a sending funeral home; coordination of consular services (in the case of death overseas); procuring death certificates; and assistance in transporting your remains to a funeral home nearest your permanent primary residence or to your permanent primary residence. Other assistance services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next-of- kin.

**Family or Friend Transportation Arrangements:** If you are hospitalized for more than seven consecutive (7) days and are traveling alone, On Call will assist in arranging for a family member or friend of your choice to be by your bedside while hospitalized.

**Return of Minor Children:** If you are hospitalized for more than seven consecutive (7) days leaving your minor, dependent children unattended, On Call will assist with returning your children who are under 18 years of age to their home, with an attendant if necessary.

On Call cannot be held responsible for failure to provide services or for delays caused by strikes or conditions beyond its control including, but not limited to, flight conditions or where rendering of service is prohibited by local laws or regulatory agencies.

Member may be required to release On Call or any healthcare provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, On Call's actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by you. On Call is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney.

**For Emergency Assistance call: 1-866-509-7715 Toll free in U.S. and Canada  
All other locations call collect: 1-603-328-1728.  
On Call International is available 24 hours a day.**

**In addition to emergency medical transportation services the travel assist plan offers a variety of services:**

**Medical Assistance**

**Available when you are more than 100 miles from home:**

- Locating Medical Care;
- Case Communications;
- Medical Insurance Assistance;
- Locating Legal Services;
- Bail Bond Services;
- Baggage Assistance;
- Emergency Payment Assistance;
- Emergency Assistance in Obtaining a Cash Advance; and
- Emergency Assistance to Replace Credit Cards.

**Travel Assistance**

**Available when traveling more than 100 miles from home:**

- Consulate and Embassy Locations;
- Translation and Interpreter Services;
- Emergency Message Assistance;
- Emergency Ticket Replacement;
- Emergency Travel Arrangements;
- Hotel Convalescence Arrangements;
- Prescription Drug Assistance.

**PRE-TRIP ASSISTANCE**

**Available at any time during your term of coverage and not subject to 100 mile travel radius condition:**

- Passport and Visa Information;
- Health Hazards Advisory;
- Inoculation Requirements;
- Weather Information;
- Currency Exchange Information.

On Call reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, labor disturbances and strikes, nuclear accidents, acts of God, or refusal of the authorities in the country of assistance to permit On Call to fully provide services. On Call will, however, endeavor to provide services to the best of its ability during any such occurrence.

**CONTACT INFORMATION**

On Call International Global Response Center  
(877) 318-6901 (Toll-free within the United States)  
(603) 328-1909 (Outside the United States)  
E-mail: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

**All services must be arranged and provided by On Call International.  
No claims for reimbursement will be accepted.**

# Enrollment Form

Last name: \_\_\_\_\_ First name \_\_\_\_\_

Passport # / 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: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Insurance	Primary Policy Holder Name	Medical Insurance Company
	Policy Number	Claims Phone #

Emergency Contact Person	Name	Relation Ship	Phone #
	Email Address		

Complete name and date of birth if insurance is requested:

	First name	Last name	Date of birth	Gender (circle)	Visa
Spouse			<i>mm / dd / yyyy</i>	Male / Female	
Child 1			<i>mm / dd / yyyy</i>	Male / Female	
Child 2			<i>mm / dd / yyyy</i>	Male / Female	

Please start my insurance coverage on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   month        day        year

I wish to enroll for insurance under the terms of this brochure under policy number **CC001768**.

**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)

**Annual premium - \$72.00 per person**

**\_\_\_\_\_ (number of people to insure) x \$72 = \$ \_\_\_\_\_ (total to be charged)**

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).

**Questions: Contact ISO (800) 244-1180 / mailbox@isoa.org**