

ACA Comparable

# ISO Care for MA

Dedicated Insurance for International Students



Student Health Insurance

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Berkshire Hathaway  
Specialty Insurance®

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## SUMMARY SCHEDULE OF BENEFITS

	ISO-Care for MA Unlimited
Policy number	47250153IOA1013
Annual maximum	Unlimited
Deductible per Covered Person	\$500 Per Policy Term
Out-of-Pocket Maximum Per Covered Person	\$6,350 Per Policy Term
Coinsurance	80% of Usual, Reasonable & Customary
Copay <sup>1</sup> per visit	
Student Health Center	\$10
Primary care physician	\$30
Specialist	\$50
Urgent Care	\$50
Outpatient Emergency Room (waived if admitted)	\$300 copay
Hospital Room & Board Benefit	\$250 copay
Maternity & Pre-Natal Care	Covered as any other sickness
Wellness & Preventive Care <sup>2</sup>	Covered at 100% of URC
Prescriptions	
– additional deductible per fill <sup>3</sup>	\$30
Pre-existing conditions	Covered
Emergency Medical Evacuation / repatriation	\$100,000
Repatriation - Return of mortal remains	\$50,000

<sup>1</sup>No copay for wellness or preventative care when these services are delivered by an Aetna provider.

<sup>2</sup>There is no deductible/copay when these services are delivered by an Aetna provider.

<sup>3</sup>There is no deductible for prescription contraceptives.

## MONTHLY RATES

Age	ISO-Care for MA
12 – 24	\$89
25 – 29	\$135
30 – 64	\$365
Dependent	\$773

## ELIGIBILITY

You are eligible for this plan if you are a non-U.S. citizen, have a current passport or visa and are temporarily residing outside your home country/country of permanent residence. You must also be actively engaged in educational activity and start your educational program within 30 days of plan effective date and maintain full time student status for the duration of the policy. You are “actively engaged” in educational activity if you are one of the following:

1. Students on F1 visa who are enrolled and attending an associate or bachelor’s program at an educational institution on a full-time basis;
2. Students on J1 visa who are enrolled and attending classes at an educational institution on a full-time basis;
3. Students on F1/J1 visa who are enrolled in a master’s or PhD degree;

The full-time requirement is waived for summer if the student was attending school as a full-time student in the preceding spring term.

Your dependent spouse and your dependent children are also eligible for coverage under your plan if they hold a valid visa to the U.S., and you pay the premiums due for each covered dependent. Permanent residents of the U.S. or persons who have applied for permanent residency in the U.S. are not eligible for coverage under this plan.

Students currently on medical leave or on OPT are not eligible.

## 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.

For purposes of this insurance, if you or your covered dependents incur accident or sickness benefits in your, or their, Home Country (passport country) or in your, or their, country of permanent residence (location in which you or they permanently reside), such benefits are not covered under this plan.

### **Inpatient covered benefits include:**

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#### **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:

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- 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.

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**2. Surgery services:**

Surgeon  
Assistant surgeon  
Anesthetist  
Nurses

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

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**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.

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**5. Mental and Nervous Conditions** for the treatment of a Biologically Based Mental Sickness where the treatment is administered by a properly licensed Physician, psychologist or other provider as required by law.

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**Outpatient medical expenses include:**

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**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.

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**2. Miscellaneous hospital and physician services payable as shown in the schedule.**

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

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**4. Physiotherapy: Therapeutic Services, Physical Therapy, Manipulative, Cardiac Rehabilitation, Vocational and Speech Therapy** are subject to \$50 copay per session, limited to one visit per day and maximum of 12 visits per event.

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

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**6. Radiation/Chemotherapy therapy**

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**7. Diagnostic testing:**

- a. X-ray services and laboratory procedures, subject to \$30 copay per visit;
- b. MRI, PET, and CT scans are subject to \$100 copay per visit.

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**8. Injections:**

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

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

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10. Wellness Benefits including contraceptive management, payable at 100% usual & customary charges.

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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. 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;
2. 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;

**Other services:**

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1. Ambulance services

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2. Durable Medical equipment:

- a. When prescribed by a physician; 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.
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3. Consulting physician when requested and approved by the attending physician. Covered expenses will be paid under this benefit or under the Physician's Visit benefit, but not both on the same day.

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4. Dental Treatment performed by a physician and made necessary by injury to natural teeth maximum \$500 Per Policy Term.

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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.

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6. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration

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7. Mental and nervous disorder (inpatient).

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8. Mental and nervous disorder (outpatient), subject to \$50 copay per session.

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9. Therapeutic termination of pregnancy.

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10. 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.

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11. 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

**Accident** means an unforeseeable event which:

- 1) Causes Injury to one or more Covered Persons; and
- 2) Occurs while coverage is in effect for the Covered Person.

**Biologically Based Mental Sickness** means a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the Sickness.

**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.

**Coinsurance** means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

**Company** means Berkshire Hathaway Specialty Insurance Company. Also hereinafter referred to as We, Us and Our.

**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.

**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.

**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.

**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.

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

**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 the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. 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.

## EXCLUSIONS

**The Policy does not cover any loss resulting from any of the following:**

1. War or any act of war, declared or undeclared;
2. An Accident which occurs while the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
3. 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;
4. Voluntary, active participation in a riot or insurrection;
5. Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
6. Organ transplants;
7. Treatment for a[n] Injury or [Sickness resulting from the Covered Person's intoxication or use of 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;
8. Acupuncture;
9. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
10. Eligible Expenses for which the Covered Person would not be responsible in the absence of the Policy;
11. Treatment of acne;
12. Charges which are in excess of Usual, Reasonable and Customary charges;



13. Charges that are not Medically Necessary;
14. Charges provided at no cost to the Covered Person;
15. Expenses incurred for treatment while in home country;
16. Expenses incurred for a[n] Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
17. 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;
18. Duplicate services actually provided by both a certified nurse midwife and Physician;
19. 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;
20. 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;
21. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
22. Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
23. Elective abortion; elective cesarean section; or any complications of any of these conditions; pregnancy or childbirth of a dependent when dependent child of a Covered Person (except for complications arising there from);
24. 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
25. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
26. Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofascial pain;
27. 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);
28. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
29. Weak, strained or flat feet, corns, calluses, or toenails;
30. Private-duty nursing services;
31. The cost of the Covered Person's unused airline ticket for the transportation back to the Covered Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
32. Expenses payable under any prior policy which was in force for the person making the claim;
33. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
34. 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;
35. 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;
36. Travel in or upon:
  - a. A snowmobile; or

- b. A water jet ski; or
  - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel; or
  - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; **or** whether used for recreation or competition;
37. 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; scuba diving, involving underwater breathing apparatus; snorkeling; water skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding;
38. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
39. Rest cures or custodial care;
40. 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);
41. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
42. 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; or
  - b. While being used for any test or experimental purpose; or
  - c. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
  - d. while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household;
  - e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - f. An ultra-light, hang-gliding, parachuting or bungee cord jumping.

## EMERGENCY 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.

### **"Emergency Medical Evacuation" means:**

1. The Covered Person's transportation to a Hospital or other medical facility for treatment of an unforeseen Injury or Sickness is Medically Necessary to treat that acute or life threatening Injury or Sickness, and adequate Medical Treatment is not available in the immediate area, both as determined by the local attending Physician.

### **"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 for treatment of an unforeseen Injury or Sickness is Medically Necessary to treat that acute or life threatening Injury or Sickness, as determined by the local attending Physician.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization, contact On-Call International (866) 525-1959 or (603) 328-1959.

## **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) 525-1959 or (01-603) 328-1959.

## **AETNA MEDICAL SERVICE PROVIDERS**

Plan Participants insured under this plan may choose to be treated within or outside of the **Aetna PPO network**.

Aetna – (833) 577-2586 / [www.aetna.com](http://www.aetna.com)

## **BAGGAGE BENEFITS**

Baggage Loss: Maximum Benefit Amount of \$500, subject to: 1) Combined Maximum of \$250 for: jewelry; precious or semi-precious stones; watches; articles consisting in whole or in part of silver, gold or platinum; furs or articles trimmed with fur; cameras and their accessories and related equipment, computer, digital or electronic equipment or media; 2) Maximum of \$100 per article (including those subject to the preceding Combined Maximum amount); 3) Maximum of \$50 for each of the following: a. cost of replacing a passport or visa; b. cost associated with the unauthorized use or replacement of lost or stolen credit cards.

Baggage Delay: Maximum Benefit Amount of \$50 (plus up to \$50 to expedite return of delayed baggage).

Trip Delay Benefit: Maximum Benefit Amount of \$500, subject to maximum of \$50 per day.

Trip Interruption Benefit: Maximum Benefit Amount of \$200.

## **PERIOD OF COVERAGE**

Coverage will begin at 12:01 am on the latest of either the start date requested on the enrollment form or the date the participant enters the United States, provided that the enrollment form and premium are received by the underwriting company or its designated representative.

Coverage will terminate at 11:59 pm on the earliest of either the last date for which premium has been paid, or on the date you are no longer eligible or return to your Home Country/country of permanent residence. Coverage for your dependent spouse and/or your dependent children will terminate when your coverage terminates.

### Extension of Accident and Sickness Insurance Benefits

Newborn Children Coverage: Coverage for a newborn Child will begin from the moment of birth. Maximum coverage is \$500. 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 Aetna PPO network.

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, **SISCO Benefits, PO Box 3190, Dubuque, IA 52004**. 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 under the policy occurs or ends, 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 833-577-2586 between 8:00 A.M. and 8:00 P.M. EST Monday through Thursday and between 8:00 A.M. and 6:00 P.M. EST Friday or e-mail at [ISOclaims@siscobenefits.com](mailto:ISOclaims@siscobenefits.com).

## REFUND OF PREMIUM

Refund of Premium is not allowed, unless:

- 1) Your school, within 31 days of the plan's start date, does not accept the ISO policy benefits as meeting the school's minimum requirements for such insurance and denies your waiver request in that regard. You must submit written proof to us that your school has denied your waiver request; or
- 2) You withdraw from school within 31 days of the plan's start date and you provide us with a copy of the school's written acknowledgment of your withdrawal.

Any premium refund request must be in writing. Premium refund requests will not be considered if a claim has been filed for any coverage or benefits under the policy. All refunds are subject to approval by the Plan Manager. **A \$50 processing fee is applied to any approved refund.**

## PLAN MANAGER AND UNDERWRITER

This brochure provides you with a summary of the benefits of ISO-Care for MA Unlimited plan. The Plan Manager is ISO, and the underwriter is Berkshire Hathaway Specialty Insurance Company, part of the National Indemnity group of insurance companies, **which hold a financial strength ratings of A++ from AM Best and AA+ from Standard & Poor's.**

Please keep this brochure as a summary of the insurance plan as specified in the policy that is on file with ISO. The policy contains a complete description of all of the terms and conditions summarized in this brochure, including: benefits, limitations, and exclusions. In the event of a discrepancy, the policy will prevail. You may request a full copy of the policy by emailing ISO.

## 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) 525-1959
- International: Contact International Operator to place your call to (603) 328-1959
- E-mail for emergencies to [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

# Enrollment Form

**Rates and benefits are valid for enrollment between July 1, 2024 and June 30, 2025. You may enroll for up to 12 months maximum. For immediate enrollment, visit [www.isoa.org](http://www.isoa.org).**

If you have an account registered with ISO, please indicate your member ID: \_\_\_\_\_

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

Home country: \_\_\_\_\_ Gender: ☐ Male ☐ Female Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Visa type in passport: \_\_\_\_\_ Passport number: \_\_\_\_\_

School name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Expected graduation date (or program end date): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

U.S. address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

U.S. phone number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please start my insurance coverage on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**You are eligible if you are a non-U.S. citizen have a current passport or visa and are temporarily residing outside your home country. Other terms and eligibility requirements may apply, see the plan brochure.**

I wish to enroll under: \_\_\_\_\_

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)      = \$ \_\_\_\_\_

To add dependents, please provide the following information:

First name	Last name	Date of birth	Gender	Visa type in passport
Spouse		MM/DD/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child 1		MM/DD/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child 2		MM/DD/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**I wish to enroll for insurance under the terms specified in the brochure:**

I read the plan brochure and agree to the terms and conditions. I know it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. I authorize isoa.org to charge my card the full amount of my order. I understand that my insurance cannot be cancelled after it is processed. Premium refunds, less a \$50 cancellation processing fee, will be considered only if you withdraw from school within 31 days of the plan's start date and you provide us with a copy of the school's written acknowledgment of your withdrawal.

Signature: \_\_\_\_\_  
Please sign here

Please charge my credit/debit card:      Visa ☐      Mastercard ☐      American Express ☐      Discover ☐

Credit/debit card number: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security code (CVV 3 digits): \_\_\_\_\_

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).

**If you have any questions, please contact us at:**  
**(800) 244-1180 | [customer care@is oa.org](mailto:customer care@is oa.org) | [www.is oa.org](http://www.is oa.org)**

