

ISP is pleased to present the international student accident and sickness insurance plan designed for international students enrolled at University of Findlay.

INSURANCE PLAN BENEFIT SUMMARY	
PLAN BENEFITS	
Maximum Benefit per Policy Term	\$2,000,000
Maximum per Covered Accident or Sickness	\$250,000
Deductible	\$250 per Policy Period
Coinsurance	80% of Usual and Customary Charges up to \$10,000; 100% of Usual and Customary Charges, thereafter
Pre-existing condition limitation	Covered as any other medical condition / No waiting period
Maximum for Prescription Drugs	\$5,000
Prescription Drug Co-Pay	\$30 Generic / \$50 All Other
Maximum for Diagnostic X-ray and Laboratory Services	\$5,000
Maximum for Pregnancy <i>(conception must occur while covered under the policy)</i>	Treated as any other medical condition
Maximum for Therapeutic Termination of Pregnancy	\$500
Mental & Nervous Disorders	Limited to one treatment per day
Copays*	
Student Health Center	\$0
All other providers	\$40
Hospitalization	\$250
Emergency Room	\$250 (waived if admitted to hospital)
Emergency Evacuation	100% of Actual Cost
Repatriation of Remains	100% of Actual Cost
Emergency Reunion	\$2,000
Accidental Death & Dismemberment	\$1,000
Travel Assistance Services	<i>Provide by AXA Assistance</i>
<p>*Copays are waived if the participant is treated onsite at the Student Health Center and is not referred off campus:</p> <ul style="list-style-type: none"> • In the case of a participant not being able to be treated at the Student Health Center and subsequently being referred to an off-campus private doctor by a licensed general health practitioner at the Student Health Center, the copay will be half of the scheduled copay amount. • In the case of treatment not being possible at the Student Health Center and the participant being referred to the ER by a licensed general health practitioner at the Student Health Center, the copay will be half of the scheduled copay amount. • In the case of treatment not being available at the Student Health Center, or if there is not one, and the participant is referred to or forced to go the ER and then subsequently hospitalized, then the ER, doctor's visit and hospitalization copays will be integrated to a maximum of \$250. 	

This is a brief summary of benefits under the international student accident and sickness insurance policy. For a full description of coverage, please refer to the policy. This can be obtained at any time via our website once you have been enrolled into the plan. The full policy will govern in all cases.

INTERNATIONAL STUDENT INSURANCE FREQUENTLY ASKED QUESTIONS

What does my insurance plan cover?

University of Findlay has partnered with International Student Protection (ISP) to provide an affordable and comprehensive medical insurance program for international students that covers accidents and sicknesses. The plan provides worldwide coverage while you are enrolled and eligible for coverage under the plan. Coverage is effective worldwide, except for your home country.

The plan will pay for Covered Medical Expenses that result directly from a Covered Accident or Sickness. These benefits are payable until the earlier of 364 days from the date of a covered Injury or Sickness, the date the Insured Person returns to his or her Home Country or Permanent Residence or the expiration date for the Insured Persons Coverage. Medical Expense Benefits are only payable:

- 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met;
- 2) for those Medically Necessary Covered Expenses that you incur; and
- 3) for charges incurred for services rendered to you while on a covered Trip
- 4) provided the first charge is incurred within 90 days of the Covered Accident or Sickness.

For full plan details, benefits, exclusions, and limitations, refer to the policy.

When is my insurance plan effective?

For Spring semester 2017, the dates of coverage are January 1, 2017 to July 31, 2017.

The premium for each student for this period of coverage is \$693.

How do I obtain my insurance ID card?

Insurance identification cards can be downloaded from the ISP website by clicking "[Reprint ID Card](#)" and entering your first name, last name, and date of birth. You can also send an email to ISP at info@intlstudentprotection.com including your name and date of birth and we will send the card to you via email. ***Keep your insurance ID card with you at all times.***

What do I do if I need medical care?

Your first choice for medical treatment should be your campus health center. If you cannot access the student health center it is recommended that you utilize a walk-in clinic, doctor's office, or urgent care facility that participates in the MultiPlan Network. Some providers may allow you to walk in and receive care while others may require you to make an appointment. More information on MultiPlan Network providers is included below. For non-emergencies, the hospital or emergency room should not be your first choice. Services provided there are very expensive and may lead to high out of pockets costs for you. In case of a serious or life threatening emergency, call 9-1-1 for emergency assistance.

Do I need to receive treatment at my college or university's student health center?

It is always recommended that you first seek treatment at your university's health service center when practical. Many regular services may be provided to you at no charge. The health center has practical knowledge of the local medical community and can refer you to proper doctors when additional care is needed. Visiting the on campus health center will also reduce the your out of pocket expenses as the \$40 copay is reduced to \$0 for treatment received at the campus health center.

ISP plans do not require that members first be treated at the student health center, but it is recommended.

Must I use an "In-Network" medical provider?

This insurance program gives you access to a network of doctors, hospitals, and medical providers organized to provide you with quality medical care at discounted pricing to keep your out-of-pocket costs down. This plan uses a national discount network called MultiPlan. It is **STRONGLY recommended** that members utilize providers within the network in order to take advantage of significant network discounts and to limit their out-of-pocket expenses. Members can search for medical providers that are part of the network on the ISP website or by visiting the PHX website: [Find a Medical Provider](#)

How do I pay for prescription drugs?

Prescription benefits under the plan are administered by **Express Scripts**, a national pharmacy network. To use the benefit, go to a participating pharmacy, present your ID card, and pay the co-payment (per prescription or refill). The co-pay amount will depend on what type of medication the doctor has prescribed.

In the event you fill a prescription and do not have your insurance ID card with you, you will need to pay for the prescription and submit a claim for reimbursement. You would need to send in a prescription claim form along with a copy of the prescription and receipt from the pharmacy to **Express Scripts**. Covered prescription expenses would be reimbursed to you, less the appropriate co-pay amount. A copy of the Express Scripts reimbursement form can be found on the ISP website under [Forms and Documents](#). To inquire about your prescription drug benefit or to access a more complete list of network pharmacies call 800-400-0136. Have your group and member numbers from your ID Card handy.

How do I file a claim?

If the medical provider has submitted the claim information directly to the claims administrator (Administrative Concepts Inc. / ACI) you will simply need to complete a claim form and return it to ACI. For In-Network services, the providers should be able to do this. Instructions on how to do so are below.

A SEPARATE CLAIM FORM IS NEEDED FOR EACH SICKNESS OR INJURY

A copy of the form can be found on our website under Forms and Documents. [Forms and Documents](#)

If the medical provider has not submitted the claim information to ACI, and you have paid the medical provider for the services provided, you will need to submit the itemized bill from the medical provider and receipt showing the amount paid, along with a completed claim form, to ACI.

You can fax, email, or mail claims to ACI. ISP encourages members to email their claim form whenever possible so that there is a record of the date and time the claim form was submitted. If at any time assistance is needed with filing a claim, please do not hesitate to contact the ISP team!

The address, fax number, and email address to submit claims information are as follows:

Mailing Address:

Administrative Concepts, Inc.
994 Old Eagle School Rd
Suite 1005
Wayne, PA 19087

Email: aciclaims@visit-aci.com

Fax: 1.610.293.9299

The easiest way to submit claim information is through your online member account.

Members are encouraged to create an online account to easily manage their claims. After creating an account, members can file and check the status of their claims via our website. You can create an online account 48 business hours after purchasing coverage.

Additional information is sometimes requested by the claims administrator after receiving your initial claims documentation, such as further details regarding the accident or sickness. Please be sure to reply promptly to any requests for information to ensure that your claims are processed in a timely manner.

My contact information has changed. How do I notify ISP?

Please send written notification of phone number, email address or mailing address change to ISP via email: info@intlstudentprotection.com .

Can my dependents be covered under this plan?

You may cover an eligible dependent spouse or dependent children accompanying you to the US under this plan. If you wish to cover your dependents, you will need to purchase coverage for the dependent(s) when completing your online enrollment during the open enrollment period for each semester.

What is not covered under this plan?

The policy contains exclusions and limitations, and some things may not be covered. These exclusions are as follows according to the policy:

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the

absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.

- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country. (except as provided by the Home Country Extension benefit)
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. (except as provided by the Policy)
- elective surgery.
- Injury sustained while participating in amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports. (except as provided by the Policy)
- for specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, and parasailing.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
- expenses incurred for birth control including surgical procedures and devices.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- treatment of acne.
- mental and nervous disorders (except as provided in the Policy)
- cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery, except as a result of Injury.
- routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

IMPORTANT CONTACTS

For Claims or Benefits related questions:

With questions regarding specific medical procedures or status of open claims, please contact the claims administrator directly.

Contact: Administrative Concepts, Inc. (ACI) - Claims Administrator
Phone: 1-888-293-9229, option 2 for member services
Se habla español
Email: aciclaims@visit-aci.com
Web: www.visit-aci.com
Hours: Available 8AM – 8PM EST, Monday through Friday

For all other questions regarding your insurance plan:

For general policy administration such as help submitting a claim, obtaining your ID card, or confirming coverage dates, contact ISP.

Contact: International Student Protection (ISP) – Plan Administrator
James Bueno, Sr. Account Executive
Phone: 1-877-738-5787
Email: info@intlstudentprotection.com
Web: www.intlstudentprotection.com
Hours: Available 9AM – 5PM EST, Monday through Friday

IMPORTANT: In the event of a serious accident or medical condition, please contact ISP immediately so we can assist in coordinating treatment with our claims team and assistant provider

For questions regarding your Prescription Drug coverage:

Express Scripts administers the prescription coverage under this plan. Contact them with any questions regarding prescription coverage specifics or reimbursements.

Contact: Express Scripts – Prescription Vendor
Phone: 1-877-738-5787
Email: info@intlstudentprotection.com
Web: www.express-scripts.com

For Emergency Evacuation/Repatriation of Remains or Travel Assistance Services:

In the event of a serious medical condition, the assistance provider should be contacted if an emergency evacuation or repatriation of remains to the student's home country may be required.

Contact: AXA Assistance – Travel Assistance Provider
Phone: 1-855-327-1414
Email: medassist-usa@axa-assistance.us
Web: www.acetravelassistance.net
Hours: 24 hours a day, 7 days a week

IMPORTANT TERMS AND DEFINITIONS

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not 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 Covered Expense.

“Sickness” means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Trip” means Policyholder sponsored travel by air, land, or sea from the Covered Person’s Home Country. It includes the period of time from the start of the trip until its end provided the Covered Person is engaged in a Covered Activity or Personal Deviation if covered under the Policy.

“Usual and Customary Charge” means the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply is provided.

This is a partial list of definitions referenced in the policy. For a full description, please reference the policy document found here: <http://info.visit-aci.com/findlay/policy.pdf>