



# Pioneer Elite

INSURANCE PLANS

Short term accident and sickness insurance plans for international students, scholars, and student athletes



**International  
Student Protection**

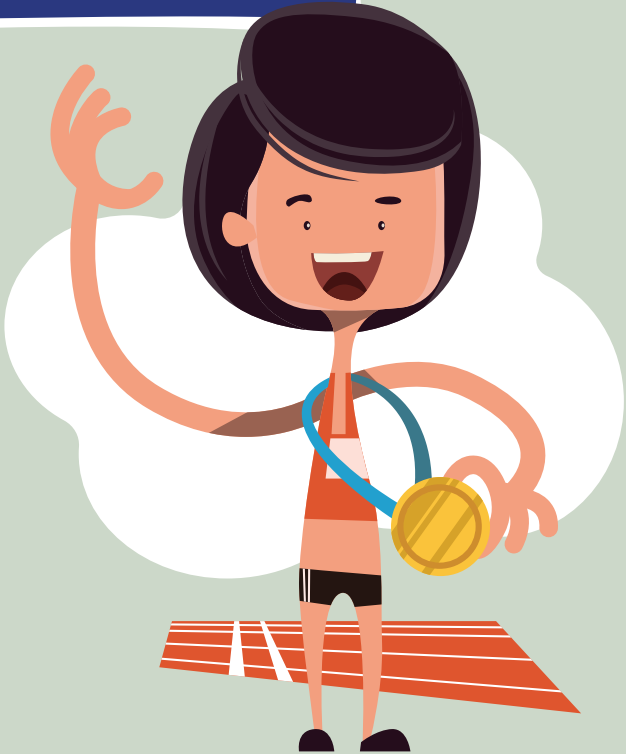
Powered by Relation Insurance Services

**MEETS  
J-1 AND  
F-1 VISA  
REQUIREMENTS**

AH-1058

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## About ISP

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International Student Protection (ISP), provided by Relation Insurance Services, offers competitive, economical international accident and sickness insurance to international students and scholars traveling to the United States. ISP prides itself on supplying plans at an economical price. To us, low cost does not equate to low quality: all of our plans are backed by an "A" rated insurance carrier.

In addition to insurance benefits for costs incurred due to accidents and sicknesses, the Pioneer Elite plans provide benefits for Emergency Evacuation and Repatriation of remains, as well as non insurance travel assistance services, and the following non-insurance benefits:

- + PERSONAL SERVICE**
- + ONLINE ENROLLMENT**
- + PERSONALIZED LOGIN FOR CLAIMS TRACKING**
- + CLAIMS SUPPORT**
- + ELECTRONIC ID CARDS**

All participants have access to live, fully-trained customer service representatives standing by to answer any and all questions, from understanding insurance jargon to meeting university requirements. If you have international students coming to the United States and you do not see a plan that meets your needs, please contact us to design a customized plan.

ISP PLANS ARE OFFERED BY:

**RELATION INSURANCE SERVICES**

**111 John Street, Suite 750 New York, NY 10038**

**Tel. 877-738-5787**

**[info@intlstudentprotection.com](mailto:info@intlstudentprotection.com)**

**[www.intlstudentprotection.com](http://www.intlstudentprotection.com)**

# Eligibility for Pioneer Elite Plans

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All international students and scholars under the age of 65 with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities or research related activities and actively participating in supervised and sponsored intercollegiate and intercollegiate sports. Students taking the following courses are not eligible to enroll in the Plan: distance learning courses; students solely taking off-campus internet, home study, correspondence, or television courses; courses taken for audit and OPT. Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Plan is issued) can also be covered, if they are traveling with you.

**ELIGIBILITY FOR INSURANCE:** Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be Insured on the Plan Effective Date. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that Insured.

An Insured's Dependent is eligible on the date: 1) the Insured is eligible, if the Insured has Dependents on that date; or 2) the date the person becomes a Dependent, if later. In no event will a dependent be eligible if the Insured is not eligible. Also, a Covered Person cannot be covered as an Insured and as a Dependent.

**PLAN EFFECTIVE DATE:** The Plan is effective at 12:01 a.m. on July 1, 2019.

**PLAN PARTICIPANT'S EFFECTIVE DATE:** A Person will become a Plan Participant under the Plan, provided proper premium payment is made, on the latest of: 1) the Effective Date of the Plan; or 2) the date the Participation Organization receives a completed application or enrollment form; or 3) the day the Plan Participant becomes eligible, subject to any required waiting period, according to the referenced date requested and shown in the Application/Enrollment Form; or 4) the Date the Company approves the Application; or 5) the Date requested by the Participating Organization.

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.

**PLAN TERMINATION DATE:** The Plan terminates at 11:59 p.m. on June 30, 2020.

**PLAN PARTICIPANT'S TERMINATION DATE:** Insurance for a Plan Participant will end on the earliest of: 1) the date the Plan Participant is no longer in an Eligible Class; or 2) the date the Plan Participant returns to his or her Home Country; or 3) the expiration of 364 days from the Effective Date of Coverage; or 4) the date shown on the Evidence of Coverage issued by the Company; or 5) the date the Plan Participant becomes a permanent resident of the United States, or; 6) the date the Plan Participant reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of: a) the date the premium is fully earned; or b) the Expiration Date of the Plan. This does not include Reserve or National Guard duty for training; or 7) the end of the period for which the last premium contribution is made; or 8) the date the Plan is terminated; or 9) the date the Plan Participant requests, in writing, that his/her coverage be terminated; or 10) the date the Plan Participant's participation in the Program terminates; or 11) the date the Plan Participant's Trip is completed; or 12) the expiration date of the term of coverage, requested by the Participating Organization; or 13) the end of the Benefit Period shown in the Schedule of Benefits.

**EXTENSION OF BENEFITS:** We will extend benefits under the Plan for up to three (3) months after a Covered Person's coverage would otherwise end if on that date he or she is: 1) Hospital Confined for an Injury or Sickness covered by the Plan; and 2) under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.

**ENROLLMENT TERM:** A Covered Person may enroll for monthly periods of coverage, subject to the followings rules: 1) three month's minimum premium is the acceptable premium; 2) 364 days premium is the maximum acceptable premium; and 3) the full premium is payable at the time of enrollment.

If coverage is initially purchased for a minimum of three (3) months, coverage may be extended, if available, at the premium rate in force at the time of renewal. The maximum total coverage period of coverage for any one Covered Person cannot exceed 364 days.

## COVERED ACTIVITIES:

**EDUCATIONAL TRAVEL:** We will pay the benefits described only if you suffer a loss or incur a Covered Expense as the direct result of a Covered Accident or Sickness while traveling: 1) outside of your Home Country; 2) up to 364 days; and 3) engaging in educational activities sponsored by the School.

## International Student Programs

The Pioneer Elite plans are designed with intercollegiate athletes in mind as each provides benefits for accidents and sicknesses that occur while participating in intercollegiate sports.

The Pioneer Elite plans are ISP's high-end programs, which meet J-1 and F-1 state department visa requirements and most university waiver requirements. They include highly competitive rates for enrollees with dependent spouses and children.

## Rates (per month)

Age	Pioneer Elite 10K	Pioneer Elite 15K	Pioneer Elite 20K
Age 29 and Under	\$159	\$195	\$234
Age 30 and Over	\$210	\$247	\$291
Dependent Spouse	\$562	\$608	\$678
Each Dependent Child	\$538	\$581	\$650

\* Minimum term of coverage is three (3) months. Maximum term of coverage is 364 days.

Application Administrative fee of \$15 will be charged at time of purchase.

Underwritten by Allied World Assurance Company, Ltd.

Benefits are subject to the definitions, limitations, exclusions and other provisions within the policy and certificate. For more information and complete details of terms, conditions, limitations, and exclusions of coverage, please refer to the policy.

# Benefit Schedule

	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Out-of-Country Medical Expense: Total Maximum per Covered Accident or Sickness	\$500,000	
Sports Benefit	Options of \$10,000, \$15,000 or \$20,000	
Treatment Period	First Treatment must occur within 30 days after the date of the Covered Accident or Sickness	
Deductible	\$350 per Plan Period	
Coinsurance	SINGLE: 80% of Preferred Allowance for the first \$25,000; 100% of Covered Expenses thereafter	60% of Usual & Customary
	FAMILY: 80% of Preferred Allowance for the first \$50,000; 100% of Covered Expenses thereafter	60% of Usual & Customary
Maximum Out of Pocket	\$5,000 Single \$10,000 Family Maximum out of pocket excludes copays, deductibles, non-covered charges	N/A
<b>Copays:</b> - Dr's Office Visit - Emergency Room - Hospital Room & Board - MRI/ CAT Scan  - Prescription Drugs	<b>Copay per Visit</b> \$25 (Waived at SHC) \$150 \$150 \$100  <b>Copay per Prescription</b> \$25 Generic / \$50 All Other	<b>Deductible per Visit</b> \$50 \$250 \$250 \$250  <b>Deductible per Prescription</b> \$25 Generic / \$50 All Other
Benefit Period	From the date of the Covered Accident or Sickness to the Plan Termination Date	
Extension of Benefits	Three (3) Months if Hospitalized for a Covered Accident or Sickness at time of Coverage Expiration Date	
Pre-Existing Condition Limitation	Six (6) Months (Prior Creditable coverage under an ISP Policy)*	
Pregnancy	Covered if Conception occurs after coverage is in force	
Maximum for Dental Treatment (made necessary by Injury to Sound, Natural teeth only)	\$2,500 (Injury Only)	

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Maximum for Physiotherapy (Outpatient)</b>	30 Visits	30 Visits
<b>Maximum for Psychotherapy (Inpatient)</b>	30 Days	30 Days
<b>Maximum for Psychotherapy (Outpatient)</b>	30 Visits	30 Visits
<b>Maximum for Braces &amp; Appliances</b>	\$5,000	\$5,000
<b>Maximum for Routine Newborn Hospital Nursery Care</b>	\$3,000	\$1,500
<b>Emergency Evacuation</b>	100% of Actual Cost	
<b>Repatriation of Remains</b>	100% of Actual Cost	
<b>Accidental Death &amp; Dismemberment Principal Sum</b>	\$10,000	
<b>Emergency Reunion</b>	\$2,500	

\* This coverage contains a Pre-existing Condition limitation. Pre-existing Conditions are defined within the policy forms. Please refer to the policy form for the definition applicable.

# Medical Expense Benefits

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We will pay Maximum Benefit shown in the Schedule of Benefits, for Covered Expenses from a Covered Accident or Sickness. These benefits are subject to the: Deductibles; Coinsurance Maximum Rates; Benefit Periods; and other terms or limits shown in the Schedule of Benefits.

Out-of-Country Medical Expense Benefits are only payable:

1. For Usual and Customary Charges incurred after the Deductible has been met;
2. For those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. When the first charges are incurred within 30 days after the date of the Covered Accident or Sickness.

No benefits will be paid for any expenses incurred that are in excess of Usual, Reasonable, and Customary Charges.

## Covered Medical Expenses

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1. Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
2. Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.
3. Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.
4. Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.
5. Newborn nursery care expenses.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient: diagnostic x-rays; laboratory procedures; and tests.
8. Doctor non-surgical treatment/examination expenses (excluding medication) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.
9. Doctor's surgical expenses as shown in the Schedule of Benefits. If a Covered Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
10. Assistant surgeon expenses when Medically Necessary.
11. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Outpatient laboratory test expenses.
13. Physiotherapy physical medicine/chiropractic/acupuncture expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits). Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.
14. Chiropractic expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits).
15. X-ray expenses (including reading charges) but not for dental x-rays.



16. Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident; and emergency alleviation of dental pain.
17. Dental expenses for impacted wisdom tooth.
18. Outpatient registered nurse services if ordered by a Doctor.
19. Ambulance expenses for transportation from the emergency site to the Hospital.
20. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
21. Prescription Drug Expenses including: dressings; drugs; and medicines prescribed by a Doctor and administered on an outpatient basis.
22. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; or hearing aids.
23. Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.
24. Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.
25. Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
26. Emergency medical treatment of pregnancy.
27. Therapeutic termination of pregnancy.
28. Pregnancy when conception occurs while covered under the Plan.

### **EMERGENCY MEDICAL EVACUATION AND REPATRIATION BENEFIT**

We will pay the amount stated in the Benefit Schedule for expenses incurred for the medical evacuation or repatriation of a Covered Person. Benefits are payable if the Covered Person: 1) is traveling outside of his or her Home Country; 2) suffers a Covered Injury or Sickness during the course of the covered Trip; and 3) requires Emergency Medical Evacuation.

Benefits will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury or Sickness requires an Emergency Medical Evacuation or repatriation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar: transportation; treatment; services; or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

After Hospitalization or treatment for a Covered Injury or Sickness, if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to Plan maximums and limitations.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

## REPATRIATION OF REMAINS BENEFIT

We will pay the amount stated in the Benefit Schedule for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to a Covered Injury or Sickness while on a covered Trip. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle; adequate for transporting the remains; and 3) transporting the remains by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

## EMERGENCY REUNION BENEFIT

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, to have one of the Insured's Immediate Family Members accompany him or her to the Covered Person's Home Country or Hospital where the Covered Person is confined if: 1) the Emergency Medical Evacuation Repatriation Benefit is payable under the Plan; and 2) the Insured is alone outside of his or her Home Country.

In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed seven (7) days.

This benefit will not exceed the lesser of: 1) the cost of one round-trip economy airfare ticket and other local travel related expenses; or 2) the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of seven (7) days; or 3) the Benefit Amount shown in the Schedule of Benefits.

We must authorize all expenses in advance for any benefit to be payable.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

We will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

# Schedule of Covered Losses

COVERED LOSS	BENEFIT AMOUNT
Life .....	100% of the Principal Sum
Two or more Members .....	100% of the Principal Sum
One Member .....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum
Four Fingers of the Same Hand .....	20% of the Principal Sum

**Member** means hand or foot, sight, speech, and hearing.

# Exclusions and Limitations

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

1. Suicide or attempted suicide (applies to accidental death & dismemberment only).
2. Intentionally self-inflicted Injury (applies to accidental death & dismemberment only).
3. War or any act of war, whether declared or not.
4. Piloting or serving as a crewmember.
5. Commission of, or attempt to commit: a felony; an assault; or other illegal activity.
6. Active participation in a riot, or insurrection.
7. Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:

- a. a fare-paying passenger on a regularly scheduled commercial or charter airline;
  - b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight;
  - c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
8. Travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.
  9. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.
  10. Injury or Sickness covered by: Workers' Compensation; Employer Liability Laws.
  11. Travel in any aircraft: owned; leased; or controlled by the Policyholder; or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by the Policyholder if the aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.
  12. An Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our 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.
  13. Aggravation of an Injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.
  14. Injury or Sickness where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury or Sickness, except as provided in the Plan.

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

In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. Treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
2. Damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Plan).
3. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law; or the commission or attempt to commit an assault or a felony; or that occurs while the Covered Person is engaged in an illegal occupation.
4. Injury or death caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.
5. Blood; blood plasma; or blood storage; except expenses by a Hospital for processing or administration of blood.
6. Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
7. Any: elective treatment; surgery; health treatment; or examination; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
8. Eyeglasses; contact lenses; hearing aids; examinations or prescriptions for them; or repair or replacement of existing artificial limbs; orthopedic braces; or orthotic devices.
9. Treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.
10. Treatment or service provided by a private duty nurse.
11. Replacement of: artificial limbs; eyes ; and larynx.
12. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Plan.
13. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Plan.

14. Conditions that are not caused by a Covered Accident or Sickness.
15. Participation in any activity or hazard not specifically covered by the Plan.
16. Any: treatment; service; or supply not specifically covered by the Plan.
17. Any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
18. Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
19. Routine nursery care.
20. Routine physicals.
21. Cosmetic or plastic surgery, except as a result of Injury.
22. Elective surgery.
23. Birth defects and congenital anomalies; or complications which arise from such conditions.
24. New eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.
25. Routine dental care and treatment.
26. Rest cures or custodial care.
27. Organ or tissue transplants and related services.
28. Confinement or institutional care.
29. Maternity and routine nursery care (except as provided by the Plan).
30. Any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.
31. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
32. Treatment relating to: birth defects; and congenital conditions; or complications arising from those conditions.
33. Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a Covered Injury or Sickness.
34. Expenses incurred for birth control including surgical procedures and devices (except as provided by the policy).
35. Nasal or sinus surgery, except surgery made necessary as the result of a Covered Injury a deviated nasal septum including sub mucous resection and surgical correction thereof.
36. Expenses incurred in connection with: weak; strained; or flat feet; corns; calluses; or toenails.
37. Treatment of acne.
38. Expenses incurred for Trips taken for the purpose of seeking medical care.
39. Expenses incurred while traveling against the advice of a medical professional.

# Global Emergency Services

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The following description of the Scholastic Emergency Services Program has been included in this Plan Summary for the convenience of the Plan Participant and in no way affects the coverage provided by the International Student Insurance Plan described herein. Scholastic Emergency Services is not insurance. It does not pay for transportation or medical costs. Global emergency services are provided by Scholastic Emergency Services (SES), an Assist America partner, and is not provided or underwritten by Allied World Assurance Company, Ltd.

## About SES

Scholastic Emergency Services (SES) is the nation's foremost provider of global emergency services designed specifically for the active student lifestyle. For any medical difficulty encountered 100 miles (150 km) away from home or campus, SES is the lifeline students can depend on with just a simple phone call. SES handles travel emergencies of every kind and even provides some services to students while on campus.

One simple phone call to the number on your SES identification card will connect you to a state-of-the-art Operations Center, worldwide response capabilities, experienced crisis management professionals, and air and ground ambulance service providers.

SES completely arranges and pays for the assistance services it provides without limits on the cost. This alleviates many of the obstacles and potential expenses that can be caused by medical emergencies away from home or campus. SES is not insurance; rather it is a provider of global emergency services. SES services do not replace medical insurance during emergencies. All medical costs incurred should be submitted to your health plan and are subject to the Policy limits of your health coverage.

## Key Services

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Arrangement of emergency medical evacuation
- Medical monitoring
- Arrangement of repatriation of remains
- Prescription assistance
- Compassionate visit
- Care of minor children
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more...

All services must be arranged and provided by SES. No claims for reimbursement will be accepted. The SES services in this brochure are only intended to serve as a general overview of the emergency travel assistance services available. The services available to you through your plan may vary from what is listed in this brochure. For a complete description of the services that are provided to you by your plan, please consult your service certificate provided by the Plan administrator and/ or the fulfillment material provided by SES.

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*This brochure provides a brief summary of the ISP Plan contained within and is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to the Participating Organization. For a detailed plan description, exclusions and limitations please view the Plan on file with the Participating Organization. If any conflict should arise between the contents of this brochure and the respective Plan, the terms of the Plan will govern in all cases.*

## How to File a Claim

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Claims under the ISP Pioneer Elite plans are administered by Relation Insurance Services. If your medical provider has submitted your claim information directly to the Claims Administrator you will simply need to complete a claim form and return it to Relation Insurance Services. A separate claim form is needed for each Covered Sickness or Injury.

If the medical provider has not submitted the claim information to Relation, 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 Relation Insurance Services.

**Relation Insurance Services**  
**P. O. Box 25936, Overland Park, KS 66225**  
**Fax: 913-327-7520**  
**Email: [risservicexl@relationinsurance.com](mailto:risservicexl@relationinsurance.com)**

Alternatively, 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 a claim via our easy to use site.

## Complaints

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In the event that You are dissatisfied and wish to make a complaint You can do so to the Complaints team at:

**Relation Insurance Services**  
**P.O. Box 25936**  
**Overland Park, KS 66225**  
**Phone: 888-388-0931**

It is Our intention always to supply a first-class standard of service and should You remain dissatisfied and are unable to resolve the situation, or You wish to make an enquiry regarding this insurance You may contact Us at the following address:

**Allied World Assurance Company, Ltd**  
**27 Richmond Road**  
**Pembroke HM08**  
**Bermuda**  
**Tel: + 1-441-278-5400**  
**Email: [info@awac.com](mailto:info@awac.com)**

# Privacy Notice

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To provide our services as an administrator, Relation Insurance Services will collect and use personal information about you, such as your name, age and contact details so that we can arrange coverage for you. During the period of your insurance you may also provide special personal information (e.g. about your health) that may be used by Relation Insurance Services, and by us, so that we can process your insurance and deal with any claim you make.

We may pass your personal information to third parties such as medical emergency providers, reinsurers, loss adjusters, subcontractors and affiliates, who will use your personal information for processing your insurance and handling claims, as well as for the purposes described in our Privacy Notice. Certain regulators may also require your personal information for their own purposes which are also described in our Privacy Notice.

We may transfer your personal information to other countries which have limited or no data protection laws. Any transfer will be made with appropriate safeguards in place to ensure your personal information is held securely.

Any information you provide may be used by Relation Insurance Services and by us for crime prevention.

We will not share your personal information with third parties for marketing purposes.

You have the right to see the personal information we hold about you, and you must make this request in writing and give your full name and address. You should send your request to:

**Marcos Rolon, Privacy Officer**  
**Relation Insurance Administrators**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**  
**[clientservices@relationinsurance.com](mailto:clientservices@relationinsurance.com)**

Your consent to our processing of your personal information in the way described in this Notice is necessary for us to be able to provide you with insurance coverage, and the services required to fulfil our obligations to you, and you hereby consent to such processing. You may withdraw your consent at any time, but if you do, we may be unable to provide services to you, or process any claim, and your insurance cover will come to an end. Where you are providing personal information about anyone other than yourself, you must provide them with this Notice and obtain their explicit consent as set out above.

More information about how we use your personal information is set out in our Privacy Notice which can be found at [www.coverage2u.com](http://www.coverage2u.com). You can also request a copy of our Privacy Notice by contacting [clientservices@relationinsurance.com](mailto:clientservices@relationinsurance.com).

## Network Providers

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**Allied World Assurance Company, Ltd. does not control which Network Providers are used. The Network Providers are organized through Relation Insurance Services, all enrollees have access to the both the First Health Network and PHCS/MultiPlan Network of medical providers and are provided an Express Scripts prescription card.**

## FIRST HEALTH NETWORK (PRIMARY NETWORK)

While you are traveling outside your home country for academic study you will have the comfort of knowing your medical benefits will be traveling with you. Visit the First Health Network website at [www.myfirsthealth.com](http://www.myfirsthealth.com). From the website you can download a list of participating providers. You may also call **800-226-5116** for friendly Customer Service assistance in locating a provider. When medical services are received from participating providers, simply show your Student Health Insurance Card to obtain provider verification. You will then be able to receive in-network services for lower out-of-pocket costs to you.

## PHCS/ MULTIPLAN NETWORK (Secondary Network)

When obtaining medical treatment, Persons insured under this Plan may choose to be treated within or outside of the PHCS/ MultiPlan Network. The network consists of hospitals, doctors, and other health care providers organized into a network for delivering quality health care at affordable rates. There is no penalty for being treated outside of the PHCS/ MultiPlan Network. However, insured persons often minimize their out of pocket expenses by utilizing network providers, as services are often provided at discounted rates. In order to use the services of a participating provider you must present your Student Health Insurance Card. An insured Person may contact PHCS/ MultiPlan at **800-678-7427** to receive information on participants in your area, or visit their website at [www.multiplan.com](http://www.multiplan.com). Please note that the online directory is subject to change.

## EXPRESS SCRIPTS – PRESCRIPTION DRUG BENEFITS

Your student insurance program includes a benefit for prescription medication. This benefit is administered by Express Scripts, a nationwide pharmacy network. To use the benefit, go to a participating pharmacy, present your ID Card and pay the copay (per prescription or refill). A partial list of national chain network pharmacies includes: A&P, Acme, Costco, CVS, Drug Emporium, Duane Reade, Eckerd, Farmco Giant, Grand Union, Kmart, Medicine Shoppe, Pathmark, Rite Aid, Target, Thriftway, Walmart.

To inquire about your prescription drug benefit or to access a more complete list of network pharmacies, visit [www.express-scripts.com](http://www.express-scripts.com) or call **800-447-9638**. Have your group and member numbers from your ID Card handy.

# Subscription Agreement

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I hereby apply to be a Plan Participant of Fairmont Specialty Trust (the “trust”) and to participate in the insurance coverage extended by certain underwriters at Allied (“the insurers”) to Plan Participants under the trust (the “coverage”). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the Plan manager. I understand that the liability of the Insurers as underwriters of the coverage is as provided in the master policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

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

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



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

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

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

This insurance is not subject to, and does not provide certain insurance benefits required by the United States’ Patient Protection and Affordable Care Act (“PPACA”). PPACA requires certain United States citizens or United States residents to obtain PPACA compliant health insurance, or “minimum essential coverage.” PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on United States residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this Plan meets any obligations you may have under PPACA. This Plan is not designed to cover United States residents and citizens. This Plan is not subject to guaranteed issuance or renewal.

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## Refund of Premium

All refund requests must be in writing and your 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 of the administrator. You cannot cancel insurance for yourself so long as any dependent, if applicable, remains enrolled. Please note there is a \$25 early termination fee for all approved refunds.

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## How to Enroll

Visit [www.intlstudentprotection.com](http://www.intlstudentprotection.com). Select your school name and your insurance plan and click the enroll now button. Complete a few questions and pay your premium with a credit or debit card.

# Important Definitions

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Please see your School's plan for a complete list.

**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.

**Covered Accident** means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

**Deductible** means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Plan. It applies separately to each Plan Participant.

**Dependent** means a Plan Participant's:

1. Lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner; or
2. Unmarried Children under age 26.

The age limitations will not apply to a Plan Participant's unmarried Child who is dependent on the Plan Participant 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 two-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 Plan Participant's coverage under the Plan, while the Plan is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Maximum Benefit** means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself, while covered under this Plan, by symptoms of sufficient severity that a prudent layperson 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, drug, device, service, procedure or supply that is:

1. Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury; or
2. Prescribed or ordered by a Physician or furnished by a Hospital; or
3. Performed in the least costly setting required by the condition; or
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:

1. Is Experimental/Investigational or for research purposes; or
2. Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider; or
3. 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; or
4. Could have been omitted without adversely affecting the person's condition or the quality of medical care; or
5. Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration; or
6. Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
7. 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.

**Plan Participant** means a Person eligible for coverage as identified in the Enrollment/ Application a Non-United States Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Plan.

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

**Usual, Reasonable, and Customary Charge** 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:

1. The actual amount charged by the provider; or
2. The negotiated rate; or
3. 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.

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



# International Student Protection

Powered by Relation Insurance Services

## Short term accident and sickness insurance plans for international students, scholars and student athletes

*This brochure provides a brief summary of the ISP plan contained within and is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to the Participating Organization. For a detailed plan description, exclusions and limitations please view the Plan on file with the Participating Organization. If any conflict should arise between the contents of this brochure and the respective Plan, the terms of the Plan will govern in all cases.*

International Student Protection Plans are offered through Relation Insurance Services.

ISP Plans are distinguished by personalized service. All participants have access to live, fully trained customer service representatives. In addition, our automated online enrollment system makes purchasing coverage and checking the status of a claim convenient and easy.

If you have international students coming to the United States or a group of students traveling abroad and you do not see a plan that meets your needs, please contact us to design a customized group insurance plan based on your university's requirements.

ISP PLANS ARE OFFERED BY:

**Relation Insurance Services**

**111 John Street, Suite 750 New York, NY 10038**

**Tel. 877-738-5787**

**[info@intlstudentprotection.com](mailto:info@intlstudentprotection.com)**

**[www.intlstudentprotection.com](http://www.intlstudentprotection.com)**

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