

StudentSecure

International Medical Insurance | Schedule of Benefits and Limits

Benefit	Select Plan	Budget Plan
Certificate Period Maximum	\$300,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)	\$250,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)
Maximum Benefit per Injury or Illness	\$300,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)	\$250,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)
Hospital Room & Board	Average Semi-private room rate, including nursing services	
Local Ambulance	Up to \$350 per Injury / Illness if Hospitalized as Inpatient	
Intensive Care Unit	Usual, Reasonable, and Customary charges	
Outpatient Treatment and Doctor's or Specialist's Consultation	Usual, Reasonable, and Customary charges	
Outpatient Prescription Drugs	50% of Actual Charge	
Mental Health Disorders	Outpatient: \$50 Maximum per day, \$500 Maximum Lifetime Inpatient: Usual, Reasonable, and Customary charges to \$10,000 Maximum Lifetime Treatment must not be obtained at a Student Health Center	
Dental Treatment due to Accident	\$250 Maximum per tooth \$500 Maximum per Certificate Period	
Dental Treatment to alleviate pain	\$100 Maximum per Certificate Period	
Maternity Care for a Covered Pregnancy	Usual, Reasonable, and Customary Charges	
Routine Nursery Care of Newborn	\$750 Maximum per Certificate Period	\$250 Maximum per Certificate Period
Therapeutic Termination of Pregnancy	\$500 Maximum per Certificate Period	
Physical Therapy & Chiropractic Care	Maximum \$50 per visit per day Must be ordered in advance by a Physician and not obtained at a Student Health Center	
Intercollegiate, interscholastic, intramural, or club sports	\$5,000 Maximum per Injury / Illness Medical Expenses only	
Terrorism	\$50,000 Maximum Lifetime Limit, Medical Expenses Only	
Benefit Period for coverage after Policy Termination Date	60 days from date of Injury or Onset of Illness if Member is Hospitalized on the Termination Date	
Emergency Reunion	\$2,500 Lifetime	\$1,000 Lifetime
Accidental Death & Dismemberment	Principal Sum \$25,000 (Participant) \$10,000 (Spouse) \$ 5,000 (Child)	No Coverage

Benefit	Select Plan	Budget Plan
Emergency Medical Evacuation	\$300,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)	\$250,000 (Participant) \$ 50,000 (Spouse) \$ 50,000 (Child)
Emergency Reunion	\$2,500 Lifetime	\$1,000 Lifetime
Accidental Death & Dismemberment	Principal Sum \$25,000 (Participant) \$10,000 (Spouse) \$ 5,000 (Child)	No Coverage
Repatriation of Remains	\$25,000 Maximum	\$15,000 Maximum
Hospital Pre-certification Penalty	50% of Eligible Medical Expenses if you don't notify us prior to being admitted to a hospital	
Deductible	\$100 per Injury or Illness Reduced to \$50 if treatment is from Student Health Center	
Coinsurance - Claims incurred in USA	For the Certificate Period, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Certificate Period Maximum For charges incurred within the PPO or at a Student Health Center, coinsurance will be waived.	For the Certificate Period, Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit
Coinsurance - Claims incurred outside of USA	After the Deductible, Underwriters will pay 100% of Eligible Expenses to Certificate Period Maximum	For the Certificate Period, Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit

What Is Excluded?

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

- Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance during the first 12 months of coverage. A Pre-existing Condition is any Injury or Illness which, within the 12 months prior to the Effective Date of Coverage, manifested itself, exhibited symptoms, or required medical treatment or medication, or for which a Physician was consulted.
- Coverage Area – For all non-US citizens electing “No” to US Coverage and for all US citizens or residents, no coverage is provided within the United States, except for US citizens or residents during an eligible Incidental Home Country visit or an eligible Benefit Period.
- Treatment for or related to any congenital condition, except for a newborn child insured under the Policy.
- Pre-natal, delivery, post-natal, and newborn care, unless related to a Covered Pregnancy.
- Birth control, artificial insemination, infertility, impotency or sexual dysfunction sterilization or reversal thereof.
- Substance abuse.
- Charges for use of Emergency Room for treatment of Illness within the United States unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
- Services that are not Medically Necessary and administered or ordered by a Physician or Medical Specialist, and services that are provided at no cost, by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government-sponsored plans.
- Charges which exceed Usual, Reasonable and Customary.
- Investigational, Experimental or for Research purposes.
- Venereal disease, and treatment of individuals who are HIV+ or have AIDS or ARC.
- Treatment by a Chiropractor unless ordered in advance by a Physician.
- Physical therapy and treatment for Mental Health Disorders if treatment is obtained at a Student Health Center
- Diseases of the skin.
- Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment for the relief of acute, spontaneous and unexpected onset of pain.
- Eyeglasses, vision exams, contact lenses, hearing tests, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.
- Immunizations and Routine Physical Exams.