

Student Medical Insurance

Name of Policy Holder: _____ SEVIS ID# _____
 Date of Birth: _____ Gender: [] Male [] Female
 Phone: _____ Email: _____ Arrived U.S Date (See I94) _____
 Request Coverage Date From: _____ to _____ Total Period of _____ Month/s.
 Total Amount: _____

| | | |
|---------------------|----------------------|-----------------------|
| Under 29 | | |
| 3 Months = \$294.00 | 6 Months = \$588.00 | 12 Months = \$1176.00 |
| Age 30-39 | | |
| 3 Month = \$548.00 | 6 Months = \$1096.00 | 12 Months = \$2192.00 |
| Age 40-49 | | |
| 3 Month = \$8105.00 | 6 Months = \$1620.00 | 12 Months = \$3240.00 |
| Age 50-65 | | |
| 3 Month = \$1170.00 | 6 Months = \$2340.00 | 12 Months = \$4680.00 |

I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student as required by the definitions of this policy. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon requested.

See back for current general coverage detail. More information will be provide in the despriction of coverage handbook. Coverage subject to change without notify. Student take responsible to check with Insurance company for update policy.

Signature of Applicant: _____ Date: _____

| Plan Details | |
|--|--|
| Overall Maximum Limit | \$200,000 |
| Maximum per Injury / Illness | \$100,000 |
| Deductibles (except Emergency Room) | \$100 per injury or illness within the Preferred Provider Organization (PPO) network or student health center ; otherwise \$150 per injury or illness . If treatment received outside of U.S., \$100 per illness or injury . |
| Emergency Room Deductible (claims incurred in U.S. only) | \$500 for treatment received in an emergency room unless admitted as inpatient |
| Coinsurance - Claims Incurred in the U.S. | |
| In-Network Payment | Within the PPO: We will pay 80% of eligible expenses, after the deductible, up to the overall maximum limit. |
| Out-Of-Network Payment | Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount. |
| Coinsurance - Claims Incurred Outside the U.S. | We will pay 100% of eligible expenses, after the deductible, up to the overall maximum limit. |

Eligible expenses are subject to **deductible, coinsurance, overall maximum limit, and are per certificate period** unless specifically indicated otherwise.

| Benefit | Limit |
|--|--|
| Hospital Room and Board | Average semi-private room rate, including nursing services |
| Intensive Care Unit | Up to the overall maximum limit |
| Local Ambulance | Up to \$300 per injury or illness , when covered illness or injury results in hospitalization as inpatient. - <i>not subject to coinsurance</i> |
| Outpatient Treatment | Up to the overall maximum limit |
| Outpatient Prescription Drugs | 50% of actual charges- <i>not subject to coinsurance</i> |
| Outpatient Physical Therapy & Chiropractic Care | Up to \$25 per visit per day - <i>not subject to coinsurance</i> Must be ordered in advance by a physician and not obtained at a student health center |
| Mental Health Disorders (excludes drug abuse and alcohol abuse) | Treatment must not be provided at a student health center . Outpatient: \$50 maximum per day, \$500 maximum. Inpatient: Up to \$5,000. |
| Acute Onset of Pre-existing Condition (Excludes chronic and congenital conditions) | Up to \$25,000 lifetime maximum for eligible medical expenses |
| Terrorism | Up to \$50,000 lifetime maximum, eligible medical expenses only. |
| All Other Eligible Medical Expenses | Up to the overall maximum limit |
| Emergency Travel Benefits | Limit |
| Emergency Medical Evacuation | Up to \$50,000 lifetime maximum - <i>not subject to deductible, coinsurance, or overall maximum limit</i> |
| Repatriation of Remains | Up to \$25,000 lifetime maximum - <i>not subject to deductible, coinsurance, or overall maximum limit</i> |
| Emergency Reunion | Up to \$1,500, subject to a maximum of 15 days - <i>not subject to deductible, coinsurance, or overall maximum limit</i> |
| Accidental Death & Dismemberment | Lifetime Maximum - \$10,000 Death - \$10,000 Loss of 2 Limbs - \$10,000 Loss of 1 Limb - \$5,000 - <i>not subject to deductible, coinsurance, or overall maximum limit</i> |