



# Trail Blazer

INSURANCE PLANS

Premium, short term blanket accident and sickness insurance plan for international students and scholars studying in the US



**ISP** International  
Student Protection

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

## TABLE OF CONTENTS:

About ISP .....	2
Eligibility for Trail Blazer Plan .....	3
International Student Programs: .....	4
Rates: .....	4
Benefit Schedule: .....	5
Medical Expense Benefits .....	7
Covered Medical Expenses .....	7
Schedule of Covered Losses .....	10
Exclusions and Limitations: .....	10
How to File A Claim .....	15
Definitions .....	17



## About ISP

---

International Student Protection (ISP), provided by J. Deutsch Associates, offers competitive, affordable blanket accident and sickness insurance to international students and scholars traveling to the United States, as well as US students studying abroad. ISP prides itself on supplying comprehensive plans at the lowest possible price. To us, low cost does not equate to low quality: all of our insurance plans are backed by "A" rated insurance carriers.

In addition to benefits for costs incurred due to accidents and sicknesses, the Trail Blazer plans provide benefits for Emergency Evacuation and Repatriation of remains, Travel Assistance services, and the following 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 US 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 insurance plan.

ISP PLANS ARE OFFERED BY:  
**J. DEUTSCH ASSOCIATES, INC.**  
111 John Street, Suite 750 New York, NY 10038  
Tel. 877-738-5787 • Fax. 212-693-4753  
[info@intlstudentprotection.com](mailto:info@intlstudentprotection.com)  
[www.intlstudentprotection.com](http://www.intlstudentprotection.com)

# Eligibility for Trail Blazer Plan

---

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. Students taking the following courses are not eligible to enroll in the insurance 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 Policy 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 Policy 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.

**EFFECTIVE DATE OF INSURANCE:** An Insured's coverage will begin on the latest of the following dates: 1) the Policy Effective Date, provided that the policy premium has been paid; 2) the date he or she is eligible; or 3) the date of the scheduled Trip departure date.

**TERMINATION DATE OF INSURANCE:** An Insured's coverage will end on the earlier of the date: 1) the policy terminates; 2) the Insured is no longer eligible; 3) the period ends for which premium is paid; 4) the Insured fails to pay the required premium, if the Insured is so required.

A Dependent's coverage will end on the earliest of the date:

- 1) he or she is no longer a Dependent; 2) the Insured's coverage ends;
- 3) the date the Policy ends; 4) the period ends for which premium is paid.

**EXTENSION OF BENEFITS:** We will extend benefits under the Policy for 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 Policy; 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) eleven month's 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 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 11 months.

## 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 11 months; and 3) engaging in educational activities sponsored by the School.

## International Student Programs

The Trail Blazer plans are ISP's high-end program, which meets the US State Department's insurance requirements for J-1 and F-1 visa holders and most university waiver requirements. It includes highly competitive rates for enrollees with dependent spouses and children.

### Rates (per month)

Age	Trail Blazer Basic	Trail Blazer Elite
Age 24 and under	\$67	\$93
Age 25 - 29	\$77	\$105
Age 30 - 40	\$144	\$195
Age 41 - 65	\$308	\$413
Dependent (Spouse)	\$461	\$589
Dependent (Each Child)	\$308	\$472

*\*Minimum term of coverage is 3 months. Maximum term of coverage is 11 months. Application Administrative fee of \$15 will be charged at time of purchase.*

**This insurance policy is not basic health insurance or major medical insurance and is a limited benefit accident and sickness insurance policy.**

Underwritten by Catlin Insurance Company, Inc., 3340 Peachtree Road, NE, Suite 2950, Atlanta, GA 30326. Policy Form Series AHBA 050 0612 (In CT – AHBA 050 0613, in DE – AHBA T050 1212, In FL – AHBA 050 0213, In LA & TX – AHBA ST050 0213)

XL Catlin is the global brand used by XL Group plc's insurance companies, including Catlin Insurance Company, Inc

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 and certificate. Product features and availability may vary by state.

# Trail Blazer Basic Benefit Schedule:

	In Network	Out of Network
Annual/Lifetime Maximum	Unlimited	
Out of Country Medical Expense: Total Maximum per Covered Accident or Sickness	\$500,000	
First Treatment	First Charge must occur within 30 days after the date of the Covered Accident or Sickness	
Deductible	\$350 per Policy Period	
Coinsurance	SINGLE: 80% of PPO Allowance for the first \$25,000; 100% of Covered Expenses thereafter	60% of Usual and Customary
	FAMILY: 80% of PPO Allowance for the first \$50,000; 100% of Covered Expenses thereafter	60% of Usual and Customary
Maximum Out of Pocket	\$5,000 Single/ \$10,000 Family Max out of Pocket Excludes Copays/ Deductibles/ Non Covered Charges	N/A
Copays: - Dr's Office Visit - Emergency Room - Hospital Room & Board** - MRI/ CAT Scan** - Prescription Drugs	\$25 (Waived at SHC) \$150 \$150 \$100 \$25 Generic \$50 All Other	\$50 \$250 \$250 \$250 \$25 Generic \$50 All Other
Benefit Period	Policy Termination from the date of the Covered Accident or Sickness	
Extension of Benefits	3 Months if Hospitalized for a Covered Accident or Sickness at time of Coverage Expiration Date	
Pre-Existing Condition Limitation	6 months (Prior Creditable coverage under an ISP Policy)*	
Pregnancy	Covered if Conception Occurs after coverage is in force	
Maximum for Dental Treatment	\$2,500 (Injury Only)	
Maximum for Chiropractic Care	\$5,000	\$5,000
Max. for Physiotherapy (Outpatient)	30 Visits	30 Visits
Max. for Psychotherapy (Inpatient)	30 Days	30 Days
Max. for Psychotherapy (Outpatient)	30 Visits	30 Visits
Max. for Braces & Appliances	\$5,000	\$5,000
Max. for Routine Newborn Hospital Nursery Care	\$3,000	\$1,500
Emergency Evacuation	100% of Actual Cost	
Repatriation of Remains	100% of Actual Cost	
Accidental Death & Dismemberment	\$10,000	
Emergency Reunion	\$2,500	
Family Reunion	\$2,500	

\* This coverage contains a Pre-existing condition limitation. Maximum benefit of \$50,000 may be applicable. The Pre-existing Conditions definitions are defined within the policy forms and may vary based on the state of issuance.

\*\*Prior Notification Required

For Schools located in the following states only the In network benefit schedule would apply with coinsurance based on Usual & Customary Charges AZ, GA, ID, IL, MT, NC, OH, OR, PA and TX.

# Trail Blazer Elite Benefit Schedule:

	In Network	Out of Network
Annual/Lifetime Maximum	Unlimited	
Out of Country Medical Expense: Total Maximum per Covered Accident or Sickness	\$600,000	
First Treatment	First Charge must occur within 30 days after the date of the Covered Accident or Sickness	
Deductible	\$100 per Policy Period	
Coinsurance	SINGLE: 90% of PPO Allowance for the first \$20,000; 100% of Covered Expenses thereafter	70% of Usual and Customary
	FAMILY: 90% of PPO Allowance for the first \$40,000; 100% of Covered Expenses thereafter	70% of Usual and Customary
Maximum Out of Pocket	\$2,000/ \$4,000 Family Max out of Pocket Excludes Copays/ Deductibles/ Non Covered Charges	N/A
Copays: - Dr's Office Visit - Emergency Room - Hospital Room & Board** - MRI/ CAT Scan** - Prescription Drugs	\$25 (Waived at SHC) \$100 \$100 \$100 \$20 Generic \$50 All Other \$15 Oral Contraceptives	\$50 \$200 \$200 \$200 \$20 Generic \$50 All Other \$15 Oral Contraceptives
Benefit Period	Policy Termination from the date of the Covered Accident or Sickness	
Extension of Benefits	3 Months if Hospitalized for a Covered Accident or Sickness at time of Coverage Expiration Date	
Pre-Existing Condition Limitation	6 months (Prior Creditable coverage under an ISP Policy)*	
Pregnancy	Covered if Conception Occurs after coverage is in force	
Maximum for Dental Treatment	\$2,500 (Injury Only)	
Maximum for Chiropractic Care	\$5,000	\$5,000
Max. for Physiotherapy (Outpatient)	30 Visits	30 Visits
Max. for Psychotherapy (Inpatient)	30 Days	30 Days
Max. for Psychotherapy (Outpatient)	30 Visits	30 Visits
Max. for Braces & Appliances	\$5,000	\$5,000
Max. for Routine Newborn Hospital Nursery Care	\$4,000	\$1,500
Emergency Evacuation	100% of Actual Cost	
Repatriation of Remains	100% of Actual Cost	
Accidental Death & Dismemberment	\$10,000	
Emergency Reunion	\$2,500	
Family Reunion	\$2,500	

\* This coverage contains a Pre-existing condition limitation. Maximum benefit of \$50,000 may be applicable. The Pre-existing Conditions definitions are defined within the policy forms and may vary based on the state of issuance.

\*\*Prior Notification Required

For Schools located in the following states only the In network benefit schedule would apply with coinsurance based on Usual & Customary Charges AZ, GA, ID, IL, MT, NC, OH, OR, PA and TX.

## Medical Expense Benefits

---

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, in Our judgment, are in excess of Usual and Customary Charges.

## Covered Medical Expenses

---

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. Physical Therapy.
29. MRI/CAT Scan and all other diagnostic imaging services.
30. Pregnancy when conception occurs while covered under the Policy.

### **EMERGENCY MEDICAL EVACUATION 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 policy 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 Policy; 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 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 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.

### **FAMILY REUNION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers a Covered Injury or Sickness and must be confined in a Hospital for at least 3 consecutive days or if the Covered Person is medically evacuated to another location, We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

### **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**

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

**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's 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 Policy.
15. participation in any sports activity listed below not specifically authorized, sponsored and supervised by the Policyholder; rugby; cave diving; cheerleading; motorcycling; rock climbing; ice climbing; mountain climbing; horse riding; base jumping; gymnastics; lacrosse; soccer; bull riding; hockey; football; street lugging; heli-skiing; surfing; motorcycle racing; snowboarding; climbing above 20,000 feet; including: tryouts; practice; or any competitions or games; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; caving or spelunking; extreme skiing; heli-skiing; skiing outside marked trails; mountain climbing; ice climbing; scuba diving; professional or semi-professional sports; extreme sports; body contact sports; hot-air ballooning; base jumping; sail gliding; parakiting; parkour; racing including stunt show or speed test of any motorized or non-motorized vehicle; rodeo activities.

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 Policy).

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 Policy.
13. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
14. conditions that are not caused by a Covered Accident or Sickness.
15. participation in any activity or hazard not specifically covered by the Policy.
16. Any: treatment; service; or supply not specifically covered by the Policy.
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. (except as provided by the policy)
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. 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.
24. routine dental care and treatment.
25. rest cures or custodial care.
26. organ or tissue transplants and related services.
27. Injury sustained while participating in interscholastic; intercollegiate; professional ; or semiprofessional sports.

28. confinement or institutional care.
29. maternity and routine nursery care. (except as provided by the policy)
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.

*\*The exclusions and limitation may vary based on the state of issuance.*

# Travel Assistance Services

---

In addition to the insurance protection provided by this plan, Catlin Insurance Company, Inc. has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents, and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling. When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for your insurance plan; 3) a description of the insured's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the Policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the Policy providing insurance benefits is not in effect.

*\*This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.*

## How to File a Claim

---

Claims under the ISP 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: 1-913-327-7520 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.



## 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.

## How to Enroll

---

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

## DEFINITIONS: *For these benefits*

---

**Accident** means a: sudden; unexpected; and unintended event.

**Covered Injury** means any bodily harm that results directly and independently of all other causes from a Covered Accident.

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

**Dependent** means an Insured's lawful spouse or Domestic Partner; or a Dependent Child. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

**Dependent Child; Child** means an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these Injuries, are considered a single Injury.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

**Maximum Benefit** means the most we will pay for each Benefit stated in the Schedule of Benefits.

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself, while covered under this Policy, 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, 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) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) 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, at Our discretion, consider the cost of the alternative to be the Covered Expense.

**Schedule of Benefits** is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

**Sickness** means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.

**Trip** means travel by: air; land; or sea from the Covered Person's Home Country.

**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.



## Premium, short term blanket accident and sickness insurance plan for international students and scholars studying in the US

*This brochure provides a brief summary of the ISP plans contained within. All benefits provided are subject to the definitions, limitations, exclusions and other provisions within the policy. For more information and complete details of terms, conditions, limitations and exclusions of coverage, please refer to the policy. Product features and availability may vary by state. If any conflict should arise between the contents of this brochure and their respective policies, the terms of the policy will govern in all cases.*

International Student Protection Plans are offered through J. Deutsch Associates, a privately owned and operated general insurance agency founded in 1998. J. Deutsch Associates is licensed and authorized to sell in insurance in all 50 US states.

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 US 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:

**J. Deutsch Associates, Inc.**

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

**Tel. 877-738-5787 Fax. 212-693-4753**

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

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