



Tourer

INSURANCE PLAN

Affordable short term, limited accident and sickness plan for international students and scholars while in the US on OPT or Academic Training



ISP International
Student Protection

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About ISP:

International Student Protection (ISP), offered by J. Deutsch Associates, offers competitive, affordable 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 insurance plans at an affordable price.

In addition to benefits for costs incurred due to accidents and sicknesses, the Tourer plan provides 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
www.intlstudentprotection.com

Eligibility for Tourer Plan

All students and scholars of a Participating School while traveling in the United States on Educational Travel and actively participating in OPT or Academic Training.

Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Policy is issued) are also covered, if they are traveling with you.

PERIOD OF COVERAGE: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; 3) the period ends for which the required premium is paid; or 4) the scheduled Trip return date. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

TERM OF COVERAGE: This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). "Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

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 ISP Tourer plan is our basic insurance program that exceeds J-1 and F-1 visa requirements.

Rates (per person per month)

Age	TOURER
Age 29 and Under	\$43
30-40	\$135
41-50	\$157
51-65	\$182
Rate per Dependent Child or Spouse	\$673

**Minimum term of coverage is 1 month.*

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

MEDICAL EXPENSE BENEFITS: We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable until the earlier of 364 days from the date of a covered Injury or Sickness, the date the Insured Person returns to his or her Home Country or Permanent Residence or the expiration date for the Insured Persons Coverage. Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while on a covered Trip 4) provided the first charge is incurred within 90 days of the Covered Accident or Sickness.

Trip means Participating Organization sponsored travel by air, land or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the policy.

Benefit Schedule:

	TOURER
Maximum Benefit per Policy Term	\$300,000
Total Maximum per Covered Accident or Sickness	\$150,000
Deductible	\$100 per Covered Accident or Sickness <i>(reduced to \$50 per event if services are first rendered at School Student Health Facility)</i>
Copayment ER Visit	\$0
Co-insurance Rate	100% of Usual and Customary Charges
Pre-existing Condition Limitation <i>(credit is provided for prior continuous coverage)</i>	6 months prior to effective date
Prescription Drug: Benefit Maximum / Co-Pay / Deductible / Co-Insurance Rate	\$2,500 / \$25 / N/A / 100% of Usual and Customary Charges
Maximum for Pregnancy <i>(conception must occur while covered under the Policy)</i>	\$5,000 for natural delivery; \$7,500 for C-section delivery
Maximum for Therapeutic Termination of Pregnancy	\$500
Maximum for Hospital Room and Board	\$1,500 per day up to 30 days
Maximum for Intensive Care Unit	Additional \$525 per day up to 8 days
Maximum for Hospital Miscellaneous Services	\$500 per day up to 30 days
Maximum for Surgical Treatment	\$25,000
Maximum for Doctor Non-Surgical	\$50 per visit, 1 visit per day up to 30 visits
Maximum for Assistant Surgeon	25% of surgical benefit
Maximum for Anesthesia	25% of surgical benefit
Maximum for Inpatient Hospital/ Emergency Room Services	75% of Usual and Customary Charges

Benefit Schedule *(continued)*:

	TOURER
Maximum for CAT Scan, PET Scan or MRI:	\$250
Maximum for Ambulance Services	\$400
Maximum for Dental Services <i>(Injury only)</i>	\$500
Maximum for Orthopedic Prosthesis or Brace	\$1,000
Maximum for Physiotherapy <i>(inpatient/outpatient)</i>	\$35 per visit, 1 visit per day up to 12 visits
Maximum for Outpatient Hospital/ Emergency Room Services	75% of Usual and Customary Charges, up to \$10,000
Maximum for Outpatient Surgery	\$25,000
Extension of Benefits	30 Days

Other limitations, if any, may apply as shown in the Policy.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Benefit Schedule*.

Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period shown in the *Benefit Schedule*.

COVERED MEDICAL EXPENSES

- 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.
- 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.
- 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.
- 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.
- Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
- Outpatient diagnostic X-rays, laboratory procedures and tests.
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
- Doctor's Surgical Expenses (as shown in the *Benefit Schedule*) If an 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 *Benefit Schedule* for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.
- Assistant Surgeon Expenses when Medically Necessary
- Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- X-ray Expenses (including reading charges) but not for dental X-rays.
- 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.

- Ambulance service to or from a Hospital
- Laboratory tests
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind
- Pregnancy and childbirth

EMERGENCY MEDICAL EVACUATION BENEFIT - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Return of Dependent Child (ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 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 and Customary 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.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

REPATRIATION OF REMAINS BENEFIT - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling 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; 3) transporting the remains; and 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

EMERGENCY REUNION BENEFIT - We will pay up to \$1,000 for expenses incurred to have your Family Member accompany you to your Home Country or the Hospital where you are confined if you are: 1) confined in a Hospital for at least 24 consecutive hours due to a covered Injury or Sickness and the attending Doctor believes it would be beneficial for you to have a Family Member at your side; or 2) the victim of a Felonious Assault. The Family Member's travel must take place within 7 days of the date you are confined in the Hospital, or the date of the occurrence of the Felonious Assault.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

Covered expenses include an economy airline ticket and other travel related expenses.

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 payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

"Family Member" means your parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

EXTENSION OF BENEFITS - We will extend benefits under the Policy up to the Maximum Benefit Period shown in the *Schedule of Benefits* 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*.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$1,000. Your dependent's Principal Sum is \$1,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

COVERED LOSS	BENEFIT AMOUNT
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. "Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

COMA BENEFIT - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed "Comatose" or in a "Coma" if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

Exclusions and Limitations:

PRE-EXISTING CONDITION LIMITATION: The Pre-existing Condition Exclusion will not apply if the Covered Person: 1) has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 6 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 6 consecutive months; or 3) was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

"Creditable Coverage" means: (1) a self-funded employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan.

We will not pay benefits for any loss or Injury that is caused by or results from:
(For Accidental Death & Dismemberment)

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

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

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.

- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country. (except as provided by the Home Country Extension Benefit)
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions. (except as provided by the Policy)
- Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- elective surgery.
- Injury sustained while participating in amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports.
- for specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, and parasailing.
- sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions
- expenses incurred for birth control including surgical procedures and devices.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- treatment of acne.
- mental and nervous disorders (except as provided in the Policy)
- cosmetic or plastic surgery, including but not limited to, breast implants and breast reduction surgery, except as a result of Injury.

- routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits.
- any expense paid or payable by any other valid and collectible group insurance plan.

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

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

TRAVEL ASSISTANCE SERVICES: In addition to the insurance protection provided by this plan, ACE USA has arranged with Axa 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, and your Plan Number (01AH585); 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 covered person was involved in an accident. 6) Name and telephone numbers for the treating doctor; where and when the treating doctor can be reached.

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 Axa Assistance are not employees or agents of Axa Assistance and the choice of provider is yours alone. Axa 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.

IMPORTANT NOTE REGARDING PPACA

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

How to File A Claim

Claims under the ISP plans are administered by Administrative Concepts Inc. (ACI).

If your medical provider has submitted your claim information directly to the Claims Administrator (ACI) you will simply need to complete a claim form and return it to ACI. A separate claim form is needed for each sickness or injury.

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

Administrative Concepts, Inc.

994 Old Eagle School Rd, Suite 1005, Wayne, PA 19087

Fax: 1.610.293.9299 Email: aciclaims@visit-aci.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. Please note there is a \$25 early termination fee for all approved refunds.



Affordable short term, limited accident and sickness plans for international students and scholars while in the US on OPT or Academic Training.

This brochure provides a brief summary of the ISP plans contained within. 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.

Underwritten by: ACE American Insurance Company

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.

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