

INDUSTRY LEADING GROUP PLANS



International Student Insurance (ISI) has been a trusted industry leader working with school administrators and their students to develop, implement and service their health insurance plan since 1998. Headquartered in Neptune Beach, Florida, ISI is global with satellite offices in Mexico and China.

ISI provides all group clients with the following services:



Provider Network

UnitedHealthcare provides students in the U.S. with one of the largest networks of providers in the U.S. that includes over 1.4M physicians, 6,797 hospitals and over 45,000 clinics



Online Claims Tracking

Participants can track claims right online in the Group Zone and download their EOBs 24-hours a day.



Group Zone

Participants can manage their plan, search for providers, track claims, download their ID card, and get help navigating the healthcare system online in their Group Zone.



24-Hour Support

Participants have access to 24/7 multilingual support for emergency help, claims questions, finding providers and more.



Enrollment Tool

Schools will have access to our enrollment tool system allowing administrators to enroll, extend, or cancel right online - and they will have immediate access to their ID cards.



Telemedicine

The plan allows participants to use the telemedicine service of their choice and the plan will cover as per the terms of the policy.

RATINGS AND ACCREDITATIONS

ISI has been relied on by schools across the country and around the world. ISI has a 5-star Trustpilot rating, holds an A+ with the Better Business Bureau and is a NAFSA Global Associate Partner. You can also see what our clients say about ISI on our [Testimonial page](#).



A NAFSA Global Associate



BENEFIT SUMMARY



Benefit	Select
Overall Maximum Limit	\$1,000,000
Maximum per injury/ illness	\$500,000
Deductible	\$0
Student Health Center Copayment	\$10 per visit
Physician Office Visits Copayment	\$50 per visit within the PPO network or outside the U.S.; otherwise, \$100 per visit
Urgent Care Copayment	\$50 per visit within the PPO network or outside the U.S.; otherwise, \$100 per visit
ER Copayment • Claims incurred in the U.S. only	\$200 for the emergency room facility fee for treatment received in an emergency room
Hospital Copayment • Inpatient and Outpatient	\$100 per visit within the PPO network or outside the U.S.; otherwise, \$200 per visit
Coinsurance • In Network, Inside the USA	80% of the next \$25,000 of eligible expenses after applicable copayments, then 100% to the overall maximum limit
Coinsurance • Out of Network, Inside the USA	Usual, Reasonable, and Customary (URC)
Coinsurance • Outside the USA	100% of eligible expenses after applicable copayments, up to the overall maximum limit
Eligible expenses are subject to applicable copayments, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.	
Hospital Room & Board	Average Semi-Private Room Rate, including nursing services
Intensive Care Unit	Up to Overall Maximum Limit
Local Ambulance • Per covered illness or injury when hospitalized as Inpatient • Not subject to coinsurance	Up to \$750
Outpatient Treatment	Up to Overall Maximum Limit

Benefit	Select
Outpatient Prescription Medication <ul style="list-style-type: none"> • Not subject to deductible 	50% of Actual Charge For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program — further details below
Vaccinations <ul style="list-style-type: none"> • Not subject to coinsurance 	No Coverage
Preventative Care	No Coverage
Mental Health - Physician Office Visit <ul style="list-style-type: none"> • Treatment must not be obtained at the Student Health Center 	Maximum of 30 visits <i>Coverage includes drug and alcohol abuse</i>
Mental Health - Inpatient <ul style="list-style-type: none"> • Treatment must not be obtained at the Student Health Center 	Maximum of 30 days <i>Coverage includes drug and alcohol abuse</i>
Maternity <ul style="list-style-type: none"> • Maternity care for a covered pregnancy 	Up to \$10,000
Newborn Care <ul style="list-style-type: none"> • Routine nursery care of newborn • Not subject to coinsurance 	Up to \$750
Therapeutic Termination of Pregnancy <ul style="list-style-type: none"> • Not subject to coinsurance 	Up to \$500
Outpatient Physical Therapy & Chiropractic Care <ul style="list-style-type: none"> • Not subject to coinsurance 	\$50 per day Must be ordered in advance by a physician and not obtained at a student health center
Emergency Dental <ul style="list-style-type: none"> • Not subject to coinsurance 	Up to \$500
Pre-existing Conditions	6-month waiting period
Acute Onset of Pre-existing Condition <ul style="list-style-type: none"> • See benefits description 	Up to \$25,000 lifetime maximum for eligible medical expenses
Terrorism <ul style="list-style-type: none"> • Eligible medical expenses only 	\$50,000 Maximum
All Other Eligible Medical Expenses	Up to the overall maximum limit
Sports & Activities - <ul style="list-style-type: none"> •Leisure, Recreational, Entertainment, or Fitness 	Up to the overall maximum limit
Intercollegiate, Interscholastic, Intramural, or Club Sports <ul style="list-style-type: none"> •Eligible medical expenses only 	\$5,000 maximum per injury or illness

Benefit	Select
Emergency Travel Benefits Limit	
Emergency Medical Evacuation <ul style="list-style-type: none"> • Not subject to coinsurance or overall maximum limit 	\$300,000 lifetime maximum
Repatriation of Remains <ul style="list-style-type: none"> • Not subject to coinsurance or overall maximum limit 	\$50,000 lifetime maximum
Emergency Reunion <ul style="list-style-type: none"> • Not subject to coinsurance or overall maximum limit 	Up to \$5,000, subject to a maximum of 15 days
Accidental Death & Dismemberment <ul style="list-style-type: none"> • Not subject to coinsurance or overall maximum limit 	Lifetime Maximum — \$25,000 Death or Loss of 2 Limbs — \$25,000 Loss of 1 Limb — \$12,500
Personal Liability <ul style="list-style-type: none"> • Not subject to coinsurance or overall maximum limit 	No Coverage

Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of the plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

PLAN

DETAILS

International Student Insurance (ISI) specializes in health and travel insurance to students and schools from around the world. Since 1998, we have been a trusted industry leader that schools and students can trust. Headquartered in Neptune Beach, Florida, and with employees in Mexico, China, and throughout Europe, our multilingual staff serve over 200 group clients and 100,000+ students annually.

Insurance Carrier

The plan is underwritten by Lloyd's of London. Lloyd's currently enjoys an A+ rating from Standard & Poor's, AA- from Fitch and A from A.M. Best.

Plan Administrator

This plan is administered by WorldTrips, who is headquartered in Indianapolis, Indiana. For over 23 years, WorldTrips has been on a mission to make unexpected travel mishaps and emergencies less stressful for students. Their insurance plans provide schools and students with access to quality healthcare and 24/7 emergency travel assistance to guide your students as they explore the world.

Eligibility

1. You must be under age 65; and
 - a. A full-time student at a college or university (excluding online colleges and universities); or
 - b. Within 31 days of being a full-time student at a college or university; or
 - c. A student under age 19 enrolled in a secondary school; or
 - d. A full-time scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; and
2. You must be residing outside your home country for the purpose of pursuing international educational activities; and
3. You must not have obtained residency status in your host country; and
4. If in the U.S., you must hold a valid education-related visa. A copy of the I-20 or DS2019 may be requested.

J-1 and F-1 visa holders: The full-time student/scholar status requirement is waived within the U.S. if you have a valid F-1 visa (including OPT) or a J-1 visa. Full-time status requirements remain in force for individuals holding M-1, or other category visas.

Provider Network

The Atlas plan uses the UnitedHealthcare Network as the Preferred Provider Network inside the United States. UnitedHealthcare provides travelers in the U.S. with direct access to one of the largest networks of providers in the U.S. that includes:

- ▶ Over 1.4M physicians
 - ▶ 67,000 pharmacies
 - ▶ 6,797 hospitals
 - ▶ 1,800 convenience clinics
 - ▶ Over 45,000 clinics
-

BENEFITS

Pre-Existing Medical Conditions

Except for charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains, pre-existing conditions are excluded from this insurance as indicated below:

1. During the first six (6) months of coverage, under StudentSecure Elite and Select; or
2. During the first twelve (12) months of coverage under StudentSecure Budget; or
3. Excluded throughout coverage under StudentSecure Smart.

Pre-existing Condition means any injury, illness, sickness, disease, or other physical, medical, mental, or nervous disorder, condition, or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the 12 months prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to us prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

Acute Onset of Pre-Existing Condition

Subject to all other terms, conditions and limitations of this Master Policy, in the event you experience an acute onset of a pre-existing condition during the certificate period for which immediate treatment is essential and necessary to stabilize the pre-existing condition, this Master Policy will cover eligible medical expenses incurred during the certificate period with respect to an acute onset of the pre-existing condition provided that at the time of the acute onset of a pre-existing condition. The benefit will apply only if all of the following conditions are met:

- a. The Acute onset of a Pre-Existing Condition does not directly or indirectly relate to a chronic condition or congenital condition;
- b. Treatment must be obtained within twenty-four (24) hours of the sudden and unexpected outbreak or reoccurrence;
- c. You must not be traveling against or in disregard of the recommendations, established treatment programs, or medical advice of a physician or other healthcare provider;
- d. You must not be traveling with the intent or purpose to seek or obtain treatment for the pre-existing condition;
- e. You must be traveling outside your Home Country

Such coverage shall be subject to all other policy terms, conditions and exclusions, including the General Exclusions and the limits set forth in Schedule of Benefits and Limits.

Medical & Repatriation Expenses

Subject to the limits set forth in the Schedule of Benefits and Limits, and subject to the conditions and restrictions contained in this provision, we will pay the following expenses incurred while this insurance is in effect.

Medical Expenses

YOU ARE COVERED FOR:

1. Charges made by a hospital for:
 - a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
 - b. Daily room and board and nursing services in Intensive Care Unit; and
 - c. Use of operating, treatment or recovery room; and
 - d. Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
 - e. Emergency treatment of an injury or illness, even if hospital confinement is not required. However, charges for use of the emergency room itself within the U.S. will be subject to deductible as provided under the Schedule of Benefits and Limits.
2. Surgery at an outpatient surgical facility, including services and supplies.
3. Charges made by a physician for professional services, including virtual physician visits and surgery. Charges for an assistant surgeon are covered up to 20% of the usual, reasonable and customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.

4. Dressings, sutures, casts or other supplies which are medically necessary and administered by or under the supervision of a physician, but excluding nebulizers, oxygen tanks, diabetic supplies, supplies that are available over the counter or without prescriptions, and support or brace appliances.
5. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. Reconstructive surgery when the reconstructive surgery is directly related to a surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.
9. Hemodialysis and the charges by the hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. Oxygen and other gasses and their administration by or under the supervision of a physician.
11. Anesthetics and their administration by a physician.
12. Drugs which require prescription by a physician for treatment of a covered injury or illness, but excluding drugs: prescribed for the treatment of diabetes, replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
13. Care in a licensed extended care facility upon direct transfer from an acute care hospital.
14. Home nursing care in bed by a qualified licensed professional, provided by a home health care agency upon direct transfer from an acute care hospital and only in lieu of medically necessary inpatient hospitalization.
15. Emergency local ambulance transport necessarily incurred in connection with injury or illness resulting in inpatient hospitalization.
16. Emergency dental treatment necessary to a) resolve pain, or b) restore or replace natural teeth lost or damaged in a covered accident
17. Medically necessary rental of durable medical equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
18. Outpatient physical therapy or chiropractic care if prescribed by a physician for treatment of a covered injury or illness.
19. For treatment of mental health disorders.

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

Emergency Medical Evacuation

YOU ARE COVERED FOR:

1. Emergency air transportation to a suitable airport nearest to the hospital where you will receive treatment; and
2. Emergency ground transportation necessarily preceding emergency air transportation; and from the destination airport to the hospital where you will receive treatment.

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. The evacuation is recommended by the attending physician who certifies that it is medically necessary and that transportation by any other method would result in the loss of your life or limb; and
2. The evacuation is agreed upon by you or your relative; and
3. Travel arrangements, excluding Emergency Local Ambulance, are approved in advance and coordinated by us

YOU ARE NOT COVERED IF:

1. The illness or injury giving rise to the expense is not covered under this insurance; or
2. You are participating in a non-covered sport or activity; or
3. Medically necessary treatment, services and supplies can be provided locally; or
4. If transportation by any other method would not result in the loss of your life or limb; or
5. The condition giving rise to the Emergency Medical Evacuation did not occur suddenly and unexpectedly and without advance warning, either in the form of physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency; or
6. Expenses arise directly or indirectly from anything in the General Exclusions

We will provide Emergency Medical Evacuation only to the nearest hospital that is qualified to provide the medically necessary treatment, services and supplies to prevent your loss of life or limb.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. We shall not be held liable for any delays that are not within our direct and immediate control.

Notwithstanding the foregoing, and if you are visiting the U.S., we will pay for expenses to return you to your home country if the attending physician and our medical consultant agree that transfer to your home country is more appropriate than transfer to the nearest qualified hospital.

Repatriation of Remains

YOU ARE COVERED FOR:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest your principal residence; and
2. Reasonable costs of preparation of the remains necessary for transportation.

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. The illness or injury giving rise to the expense are covered under this insurance; and
2. Travel arrangements are approved in advance and coordinated by us.

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

We are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the repatriation process or otherwise.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. We shall not be held liable for any delays that are not within our direct and immediate control.

Emergency Reunion

YOU ARE COVERED FOR:

1. The cost of an economy round-trip air or ground transportation ticket for one relative for transportation to the terminal serving the area where you are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the relative, which are incurred in the area where you are hospitalized for a period not to exceed 15 days.

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. You have a covered Emergency Medical Evacuation, or
2. You are hospitalized as an inpatient for at least five days due to a life-threatening covered condition. Emergency Reunion benefits not related to an Emergency Medical Evacuation will be paid only following the end of the minimum five day inpatient stay.

YOU ARE NOT COVERED IF:

1. Expenses arise directly or indirectly from anything mentioned in the General Exclusions.

Accidental Death and Dismemberment

YOU ARE COVERED FOR: (StudentSecure Elite and Select ONLY)

1. Death – we will pay the amount indicated in the Schedule of Benefits to the beneficiary; or
2. Loss of 2 or more Limbs or eyes - we will pay you the amount indicated in the Schedule of Benefits; or
3. Loss of 1 Limb or eye – we will pay you one-half of the amount indicated in the Schedule of Benefits.

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. The accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and

2. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease.

YOU ARE NOT COVERED IF:

1. Accident or loss is caused by or contributed to by any of the following:
 - a. Terrorism, war or act of war, whether declared or undeclared;
 - b. Your participation in a riot, insurrection or violent disorder;
 - c. Your service in the armed forces of any country;
 - d. Suicide or attempted suicide or intentional self-inflicted injury, while sane or insane;
 - e. The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a physician;
 - f. Committing or attempting to commit a felony;
 - g. Illness, mental health disorder, or pregnancy;
 - h. As the result, directly or indirectly, of: i) intoxication as defined by the laws of the jurisdiction in which the accident or injury occurred, or ii) intoxication consistent with a .08 BAC Blood Alcohol Content; whichever is lower.
 - i. Myocardial infarction or cerebrovascular accident (CVA / Stroke);
 - j. Infection, except infection through a wound that was caused solely by an accident;
 - k. Injury while riding, boarding, or alighting from an aircraft if you were operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation;
 - l. Medical or surgical treatment for any of the above;
 - m. Any non-covered sports activities; or
2. Anything mentioned in the General Exclusions.

The following definitions apply to Personal Accident coverage:

Accidental Death means a sudden, unintentional and unexpected occurrence caused solely by external, visible means resulting in injury to you and your subsequent death. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease.

Accidental Dismemberment means a sudden, unintentional and unexpected occurrence caused solely by external, visible means and resulting in complete severance from the body of one or more limbs or eyes and not contributed to by illness or disease. For purposes of the Accidental Death and Dismemberment benefit, the term "limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.

Beneficiary means the individual named in your application to be the recipient of any Accidental Death or Common Carrier Accidental Death benefit. If you do not designate a beneficiary on the application, the beneficiary is automatically in the order as follows:

Members age 18 or older: 1. Spouse (if any), 2. Children (if any) equally, 3. Your estate.

Members under age 18: 1. Custodial Parent(s) (if any), 2. Siblings (if any) equally, 3. Your estate

Sports and Activities

Leisure, Recreational, Entertainment, or Fitness Sports & Activities

YOU ARE COVERED FOR:

1. Subject to the overall maximum limit, you are covered for injury or illness sustained while taking part in sports and activities, unless it is excluded below.

You must ensure that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.

YOU ARE NOT COVERED IF:

1. The sports or athletics involve regular or scheduled practice and/or games; or
2. The sports or athletics are intercollegiate, interscholastic, intramural, or club sports; or
3. The activity is performed in a professional capacity or for any wage, reward, or profit; or
4. The activity involves exploring remote or inaccessible areas, exploratory expeditions and new routes or activities, including within Antarctica, the Arctic Circle, and Greenland; or

5. Expenses arise directly or indirectly from anything mentioned in the General Exclusions; or
6. Any of the excluded items listed below: Aviation (except when traveling solely as a passenger in a commercial aircraft)
 - Aviation (except when traveling solely as a passenger in a commercial aircraft)
 - Base Jumping
 - BMX freestyle
 - Bungee Jumping
 - Free-Diving
 - Hang-Gliding
 - Jet Skiing
 - Mountaineering where a reasonably prudent person would use ropes or guides or at elevations of 4,500 meters or higher
 - Parachuting
 - Racing by any Animal, Motorized Vehicle, or BMX
 - Skateboarding
 - Sky Diving
 - Sky Surfing
 - Snow Skiing and Snowboarding, except recreational downhill skiing, snowboarding and/or crosscountry snow skiing (no cover provided for recreational downhill skiing or snowboarding while skiing away from prepared and marked in-bound territories and/or for any skiing or snowboarding against the advice of the local ski school or local authoritative body)
 - Spelunking
 - Sub Aqua Pursuits involving underwater breathing apparatus unless accompanied by a certified instructor at depths less than 10 meters, or PADI/NAUI/SSI certified
 - Surfing
 - Whitewater Kayaking and Rafting

Personal Liability

YOU ARE COVERED FOR: (StudentSecure Elite ONLY)

Up to the sum insured shown in the Schedule of Benefits and Limits (inclusive of legal costs and expenses) if you become legally liable to pay damages in respect of:

1. Accidental bodily injury, including death, illness and disease of a third person; and/or
2. Accidental loss of or damage to a third person's material property (property that is both material and tangible); and/or
3. Accidental loss of or damage to a related third person's material property (property that is both material and tangible);

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. You or your legal representatives gives us written notice immediately if you have received notice of any prosecution or inquest in connection with any circumstances which may give rise to liability under this section.
2. No admission, offer, promise, payment or indemnity shall be made by or on behalf of you without our prior written consent.
3. Every claim notice, letter, writ or process or other document served on you shall be forwarded to us and immediately upon receipt.
4. We shall be entitled to take over and conduct in your name the defense or settlement of any claim or to prosecute in your name for our own benefit any claim for indemnity or damages against all other parties or persons.
5. We may at any time pay you in connection with any claim or series of claims the sum insured (after deduction of any sums already paid as compensation) or any lesser amount for which such claim(s) can be settled. Once this payment is made we shall relinquish the conduct and control and be under no further liability in connection with such claim(s) except for the payment of costs and expenses recoverable or incurred prior to the date of such payment.
6. We will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to you or for your benefit to settle and compromise an asserted claim against you so long as:
 - a. The asserted claim is one that may be eligible for coverage under this insurance;
 - b. A lawsuit has not yet been filed, or, if already filed, no response has been filed;
 - c. You obtain a full written release and/or covenant-not-to-sue satisfactory to us; and
 - d. A proof of claim and other necessary documentation is satisfactorily provided to us

YOU ARE NOT COVERED FOR:

1. Intentionally committed acts, or arising from the influence of alcohol or drugs not medically prescribed by a licensed physician;

2. Bodily injury, illness or disease of any person under a contract of employment, service or apprenticeship with you when the bodily injury, illness or disease arises out of and in the course of their employment to you, or in connection with any trade, business or profession;
3. Loss or damage to property belonging to or held in trust by or in the custody or control of you other than temporary accommodation occupied by you in the course of the trip;
4. Bodily injury or damage caused directly or indirectly in connection with the ownership, possession or use by you or on behalf of you of: aircraft, hovercraft, watercraft, motorized vehicles, parachute, parasail, glider, firearms, fireworks, explosives, deadly weapons, or any racing activity;
5. Any damages, losses or claims caused in whole or in part by you during any hunt or as a result of hunting;
6. Bodily injury caused directly or indirectly in connection with the ownership, possession or occupation of land or buildings, immobile property or caravans or trailers;
7. Damages resulting from any fire, flood, wind, hail, waterleak, gas leak, explosion or other natural or man-made catastrophe;
8. Fraudulent, dishonest or criminal acts of you or any person authorised by you to commit such acts;
9. The consequences of any breach, violation or failure to perform any contractual undertakings or obligations, whether verbal or in writing;
10. Punitive or exemplary damages, or fines, penalties, assessments or claims by any governmental authorities or regulatory bodies;
11. Gambling, gaming, or betting of any kind;
12. Animals or pets belonging to you, or in your care, custody or control;
13. Expenses arising directly or indirectly from anything in the General Exclusions

The following definitions apply to Personal Liability coverage:

Third Person means any individual, natural person, or other legal entity or person, other than you or a related third person.

Related Third Person means your relative, your traveling companion, your traveling companion's relative, and any other person, individual or family member with whom you are residing or being hosted.

Terrorism

YOU ARE COVERED: (StudentSecure Elite, Select, and Budget ONLY) SPECIMEN

1. Eligible Medical Expenses for treatment of injuries and illnesses resulting from an Act of Terrorism, up to the limit set forth in the Schedule of Benefits and Limits, provided all of the following conditions are met.

YOU ARE NOT COVERED unless you fulfill the following conditions:

1. The injury or illness does not result from the use of any biological, chemical, cyber, radioactive or nuclear agent, material, device or weapon;
2. You have no direct or indirect involvement in the Act of Terrorism;
3. The Act of Terrorism is not in a country or location where the U.S. Department of State has issued a level 3 or higher travel advisory that has been in effect within the 60 days immediately prior to your date of arrival; and
4. You have not failed to depart a country or location within 10 days following the date a level 3 or higher travel advisory for that country or location is issued by the United States government.

YOU ARE NOT COVERED IF:

1. Loss, damage, cost or expense directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:
 - a. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
 - b. The use of any biological, chemical, cyber, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where you are exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment;
 - c. Any Act of Terrorism, not specifically covered above;
 - d. Coverage for loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (a), (b) or (c) above; or

e. Anything mentioned in the General Exclusions

For the purpose of this insurance, an "Act of Terrorism" means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon you.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

The following definitions apply to Terrorism:

Cyber means the use or operations, as a means for inflicting harm, of any computer, computer software program, malicious code, computer virus or process or any other electronic system.

EXCLUSIONS

Excluded Conditions, Treatments (includes Diagnoses, Tests, and Examinations), Services, Supplies, Acts, Omissions, and/or Events:

1. Pre-existing Conditions during the first six (6) months of coverage under StudentSecure Elite and Select, during the first twelve (12) months under StudentSecure Budget, and are excluded throughout coverage under StudentSecure Smart, except charges resulting directly from an acute onset of pre-existing condition, an Emergency Medical Evacuation, or Repatriation of Remains.
2. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
3. Vaccinations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes, except for the preventative care benefit under Student Secure Elite.
4. Treatment of the temporomandibular joint.
5. Mental health disorders if treatment is obtained at a student health center.
6. Physical therapy and chiropractic care, unless ordered in advance by a physician for medically necessary treatment related to a covered injury or illness, and not obtained at a student health center.
7. Routine pre-natal care, pregnancy, childbirth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy for the Budget, Select and Elite level
8. Elective termination of pregnancy.
9. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
10. All sexually transmitted diseases and conditions.
11. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
12. Organ or tissue transplants or related services.
13. Injury or illness that is due wholly or partially to the effects of alcohol, illegal drugs, or drugs not taken in accordance with treatment prescribed by a physician, or injury sustained while under the influence of drugs or alcohol as defined under the law of the jurisdiction, or with a .08 Blood Alcohol Content (BAC), whichever is lower, or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party; (v) your own admission; or (vi) the description of events you described to us or you had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in their records.
14. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
15. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
16. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations.
17. Orthoptics and visual eye training.
18. Orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
19. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed, unless prescribed due to loss resulting from treatment of or caused by a covered injury or illness.
20. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
21. Sleep apnea or other sleep disorders.
22. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
23. Psychometric, intelligence, competency, behavioral and educational testing.
24. While confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care hospital.
25. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
26. Modifications of the physical body intended to improve the psychological, mental or emotional wellbeing, including but not limited to sex-change surgery.
27. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
28. Exercise programs, whether or not prescribed or recommended by a physician.
29. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
30. Any illness or injury incurred as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health when, prior to your effective date, any of the following were issued:
 - a. The United States Centers for Disease Control & Prevention had issued a Warning/Alert Level 3 or higher for a location or destination, including common carriers; or

b. The United States Centers for Disease Control & Prevention had issued a Global or Worldwide Warning/Alert Level 3 or higher.

This exclusion is applicable when 1) any of the above were in effect within 60 days immediately prior to your effective date or 2) within 10 days following the date the alert/warning is issued you have failed to depart the country or location. This exclusion does not apply to charges resulting from COVID-19/SARSCoV-2.

31. Investigational, experimental or for research purposes.
32. Complications or consequences of a treatment or condition not covered hereunder.
33. Incurred outside your certificate period.
34. Submitted to us for payment more than 60 days after the last day of the certificate period.
35. Exceeding usual, reasonable and customary.
36. Not medically necessary.
37. Not administered by or ordered by a physician.
38. Provided by a relative, family member or any person who ordinarily resides with you.
39. Provided at no cost to you.
40. Failure to keep a scheduled appointment.
41. When departure from the home country is to obtain treatment in the destination country/countries.
42. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
43. Payable under any government system, including the Australian Medicare system.
44. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
45. War, military action or while on duty as a member of a police or military force unit.
46. Not included as Eligible Expenses as described herein.