



InternationalStudent  
HEALTH INSURANCE



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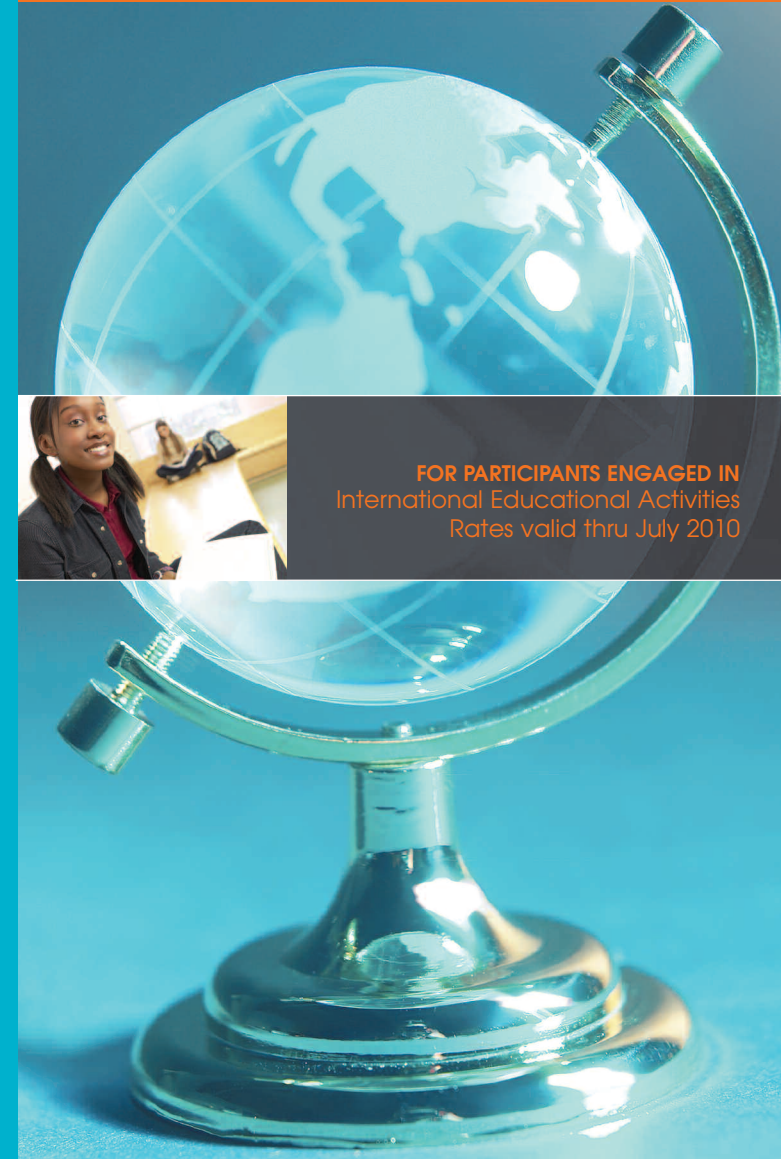
GLOBAL STUDENT HEALTH

**OFFERED AND ADMINISTERED BY:**  
Collegiate Risk Management and  
HTH Worldwide Insurance Services

**UNDERWRITTEN BY:**  
HM LIFE INSURANCE COMPANY,  
PITTSBURGH, PA  
NAIC #0812-93440,

UNDER POLICY FORM SERIES HM207-SI GC (FL)

Apply for  
International Student Health Insurance  
2009



**FOR PARTICIPANTS ENGAGED IN**  
International Educational Activities  
Rates valid thru July 2010

Enroll online at  
[www.international-student-health-insurance.com](http://www.international-student-health-insurance.com)

Enroll online at  
[www.international-student-health-insurance.com](http://www.international-student-health-insurance.com)

## POLICY DESCRIPTION

During your international educational experience or exchange program, you may need to see a doctor, have a prescription filled, receive care at a hospital or deal with an unexpected medical emergency.



The medical benefits provided under our Global Student Health plan can help protect you against these unforeseeable circumstances. In addition, the global assistance service included with our plans provide around-the-clock support that may help you handle an unanticipated emergency.

Collegiate Risk Management excels at providing convenient access to quality healthcare online at our website located at [www.international-student-health-insurance.com](http://www.international-student-health-insurance.com)

## SCHEDULE OF BENEFITS

	Limits for Eligible Participant	Limits for Eligible Participant
	Gold Plan	Silver Plan
<b>Coverage A –</b>		
Medical Expenses Lifetime Maximum Benefits	\$1,000,000	\$1,000,000
Medical Expenses Policy Year Maximum Benefits	\$ 250,000	\$ 250,000
Medical Expenses per Injury or Sickness Maximum Benefits	\$ 250,000	\$ 250,000
Basic Medical Expenses Benefit per Injury or Sickness	Up to \$5,000 Maximum 100% of Reasonable Expenses after Deductible	Up to \$10,000 Maximum 80% of Reasonable Expenses after Deductible
Supplemental Major Medical Expense Benefit (SMM) per Injury or Sickness After Basic Medical Expense Benefit Maximum has Been Paid:	80% of Reasonable Expenses Paid up to an Additional \$245,000 Maximum	100% of Reasonable Expenses Paid up to an Additional \$240,000 Maximum
Deductible (Deductible is reduced to \$50 if treatments received at Recognized Student Health Center or if initial treatment is received at Recognized Student Health Center)	\$100 per Injury or Sickness	\$100 per Injury or Sickness
Benefit Period	After the Covered Person's Effective Date, Until Coverage Terminates Under the Policy, Whichever is Less	After the Covered Person's Effective Date, Until Coverage Terminates Under the Policy, Whichever is Less
<b>Coverage B –</b> Accidental, Death and Dismemberment	Maximum Benefit Principal Sum Up to \$10,000	No Coverage
<b>Coverage C –</b> Repatriation of Remains	Maximum Benefit up to \$25,000	Maximum Benefit up to \$25,000
<b>Coverage D –</b> Medical Evacuation	Maximum Lifetime Benefit for all Evacuations up to \$100,000	Maximum Lifetime Benefit for all Evacuations up to \$100,000
<b>Coverage E –</b> Bedside Visit	Up to a maximum benefit of \$1,500 for the cost of one economy round trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person	Up to a maximum benefit of \$750 for the cost of one economy round trip airfare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person

## Medical Expenses

### Physician Office Visits –

**Basic/Gold:** 100% of Reasonable Expenses after deductible.

**Basic/Silver:** 80% of Reasonable Expenses after deductible.

**SMM Benefit/Gold:**

80% of Reasonable Expenses after deductible.

**SMM Benefit/Silver:**

100% of Reasonable Expenses after deductible.

### Inpatient Hospital Services<sup>1</sup> –

**Basic/Gold:** 100% of Reasonable Expenses after deductible.

**Basic/Silver:** 80% of Reasonable Expenses after deductible.

**SMM Benefit/Gold:**

80% of Reasonable Expenses after deductible.

**SMM Benefit/Silver:**

100% of Reasonable Expenses after deductible.

Maximum payment for Intensive Care Facility

up to \$1,000 per day (*Gold and Silver*).

Maximum payment for Semi-Private Rooms

up to \$500 per day (*Silver Only*).

### Hospital and Physician Outpatient Services<sup>1</sup> –

**Basic/Gold:** 100% of Reasonable Expenses after deductible.

**Basic/Silver:** 80% of Reasonable Expenses after deductible.

**SMM Benefit/Gold:**

80% of Reasonable Expenses after deductible.

**SMM Benefit/Silver:**

100% of Reasonable Expenses after deductible.

**Benefits Listed Below are Subject to Lifetime Maximums, Annual Maximums, Maximums per Injury and Sickness, Deductibles, Coinsurance, Out-of-Pocket Maximums and plan type limits:**

### Medical Expenses & Limits – Covered Person

**Maternity care for a covered pregnancy:** Reasonable Expenses.

**Inpatient treatment of mental and nervous disorders including drug or alcohol abuse:** Reasonable Expenses up to \$5,000 maximum per lifetime.

**Outpatient treatment of mental and nervous disorders including drug or alcohol abuse:** Reasonable Expenses up to \$500 maximum per lifetime.

**Treatment of specified therapies, including Acupuncture and Physiotherapy:** Reasonable Expenses for up to \$10,000 maximum per Injury or Sickness on an Inpatient basis. Outpatient treatment excluded.

### Pregnancy Coverage:

Reasonable Expenses up to maximum per policy year.<sup>2</sup>

### Therapeutic termination of pregnancy:

Reasonable Expenses up to \$500 maximum per policy year.

### Medical Expenses & Limits – Covered Person

**Medical treatment arising from participation in intercollegiate, interscholastic, intramural, or club sports:**

Reasonable Expenses up to \$5,000 maximum per Injury or Sickness.

**Medical treatment of injuries sustained as a result of a covered motor vehicle accident:**

Reasonable Expenses up to \$10,000 maximum per Injury or Sickness.

**Repairs to sound, natural teeth required due to an injury:**

100% of Reasonable Expenses up to \$250 per tooth.

**Outpatient prescription drugs:** 50% of actual charge.

**Professional ground or air ambulance service to nearest hospital:**

Reasonable Expenses up to \$350 per injury of sickness.

**Medical treatment received in the Home Country, if NOT covered by Other Plan:**

100% of Reasonable Expenses up to \$5,000 lifetime maximum.

### Other Included Services

#### Global Assistance Services:

Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed.

#### MedCare Pharmacy Discount Card:

Prescription drug discounts through a program offered by MedCare, one of the leading pharmacy benefit companies, MedCare has an extensive, nationwide, pharmacy network that offers discounts on prescriptions.

#### Eligibility

Students, faculty, and scholars engaged full-time in international education or research activities outside their home country (inbound & outbound) and who have not applied for permanent residency are eligible to enroll as participants.

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<sup>1</sup> Inpatient Hospital services and Hospital and Physician Outpatient services consist of the following: Hospital room and board, including general nursing services; medical and surgical treatment; medical services and supplies; Outpatient nursing supplies provided by an RN, LPN or LVN; local, professional ground ambulance services to and from a local Hospital for Emergency Hospitalization and Emergency Medical Care; x-rays; laboratory tests; prescription medicines; artificial limbs or prosthetic appliances, including those which are functionally necessary; the rental or purchase, at the Insurer's option, of durable medical equipment for therapeutic use, including repairs and necessary maintenance of purchased equipment not provided for under a manufacturer's warranty or purchase agreement. The Insurer will pay for Hospital room and board charges in excess of the prevailing semi-private room rate unless the requirements of medically necessary treatment dictate accommodations other than a semi-private room.

<sup>2</sup> The Insurer will pay the actual expenses incurred as a result of pregnancy, childbirth, miscarriage, or any Complications resulting from any of these, except to the extent shown in the Schedule of Benefits. Conception must have occurred while Covered Person was insured under the Policy.

### How to Enroll

Enroll online at [www.international-student-health-insurance.com](http://www.international-student-health-insurance.com) or complete the enrollment form and mail with the appropriate premium (in U.S. funds) to **Collegiate Risk Management, 110 Athens Street, Tarpon Springs, FL 34689**, phone (800) 922-3420. Eligible Participants may enroll prior to departure from their home country, within 31 days of arrival in the Country of Assignment or within 31 days of matriculation/registration. (This does not apply to J-1 Visa holders or U.S. citizens studying abroad). The coverage may be purchased to cover any period of time, in full months, up to July 31, 2009.

Foreign nationals residing in the United States must include a copy of their I-20 or IAP-66 with the enrollment form.

### Effective Dates

Coverage will begin on the date requested in the enrollment form or the date the completed enrollment form and fees have been received by us, whichever is later. Coverage is effective 24 hours a day, worldwide. Coverage will commence at 12:01 a.m. on the effective date of the insurance and terminate at 11:59 p.m. on the last date of coverage. Coverage will terminate on the earliest of the following dates: (1) upon termination of the Policy; (2) the date the participant ceases to meet eligibility requirements; (3) upon expiration of period of coverage requested in the enrollment form; (4) on the first date for which premium and fees have not been paid.

Facsimile: The coverage will be effective at 12:01 a.m. on the day after receipt which is at least 24 hours after the time and date of the receipt of the enrollment form.

### Other Information

Collegiate Risk Management reserves the right to provide the name and other non-health related information to the enrollees sponsoring institution.



### Renewing Coverage

Coverage shall be continuous if acceptable renewal form and premium are received prior to the expiration of coverage. There is a 31 day grace period in which to pay the premium due. Premiums will be based upon the attained age of the covered participant at the time of renewal. Any Covered Person whose coverage under the Policy lapses after the grace period shall be subject to all Policy exclusions as of any subsequent effective date. Renewals may be subject to a minimum premium payment.



### Pre Existing Conditions<sup>3</sup>

The Insurer does not pay benefits for loss due to a Pre Existing Condition one (1) year of coverage. Pre Existing Conditions will be covered after the Covered Person's coverage has been in force one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit.

Exception: The Insurer will credit time an Insured Person was covered by Creditable Coverage that was in effect up to a date not more than 63 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period.

This brochure contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-1165-09 or HM-1164-09. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Collegiate Risk Management underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI (FL). Complete information on the insurance is contained in the Certificate of Insurance, which will be provided to you. If there is a difference between this brochure the certificate wording, the certificate controls.

<sup>3</sup> Pre Existing Condition means any Injury or Sickness which had its origin or symptoms, or for which a Physician was consulted or for which treatment or a medication was recommended or received up to 6 months prior to the Covered enrollment date

## 2008-2009 GLOBAL STUDENT HEALTH CONTRACTS

Participant	Gold Plan (per month)	Silver Plan (per month)
Under Age 19	\$ 76	\$ 50
19-23	\$103	\$ 54
24-30	\$147	\$109
31-40	\$218	\$163
41-50	\$369	\$264
51-64	\$476	\$361

Rates valid through July 2010

## Policy Exclusions

The Insurer does not pay benefits for loss due to a Pre Existing Condition one (1) year of coverage. Pre Existing Conditions will be covered after the Covered Person's coverage has been in force one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Exception: The Insurer will credit time an Insured Person was covered by Creditable Coverage that was in effect up to a date not more than 63 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period.

**Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:**

1. Expenses incurred in excess of Reasonable Expenses.
2. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
3. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
4. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
5. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
6. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Policy and performed while the Policy is in effect.
7. Elective termination of pregnancy.
8. Expenses incurred as a result of pregnancy that is not covered.
9. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
10. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
11. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
12. Participating in an illegal occupation or committing or attempting to commit a felony.
13. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. *(This does not apply to charges the law requires the Covered Person to pay.)*
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Policy.
16. Treatment to the teeth, or gums, including surgical extraction's of teeth, unless otherwise noted.
17. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
18. Diagnosis and treatment of acne and sebaceous cyst.
19. Outpatient treatment for specified therapies including, but not limited to, Physiotherapy and acupuncture.
20. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
21. Self inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
22. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion.
23. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
24. Loss arising from: a) participating in any professional sport, contest or competition; b) skin/scuba diving, sky diving, hang gliding, and bungee jumping.
25. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
26. **GOLD PLAN ONLY:** Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.

International Student Health Insurance Enrollment Form 2009-2010  
PLEASE PRINT-Answer all Questions

College or University \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  M  F

Permanent US Address Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student ID Number \_\_\_\_\_ Date of Birth (mo/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_ Expected Graduation Date (mo/year) \_\_\_\_\_ / \_\_\_\_\_

Type of Visa held (I-94) (Non-U.S. Citizens only)  F-1  J-1  M-1  R-1

I wish to enroll for insurance under the terms of the master policy as follows (select one):  Gold Plan HM-1165-09  Silver Plan HM-1164-09

Accidental Death & Dismemberment (for Gold Plan Only) Participants Beneficiary \_\_\_\_\_  
Name and Relationship \_\_\_\_\_

I want my insurance to begin on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and continue for a period of \_\_\_\_\_ Months  
(mo/day/year) 12 max

Months of Coverage \_\_\_\_\_ x Rate \$ \_\_\_\_\_ = Total Premium enclosed \$ \_\_\_\_\_

Method of Payment  Check  Mastercard  VISA

\*Please note: enrollment form and credit card payment are also available online at [www.international-student-health-insurance.com](http://www.international-student-health-insurance.com).

If credit card, I authorize Collegiate Risk Management to bill my account for the total premium.

Card# \_\_\_\_\_ Exp. Date (mo/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_ Signature of Cardholder if different from Participant \_\_\_\_\_

**Fraud Statement**

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law. For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an insurance application containing any false, incomplete or misleading information is guilty of a felony of the third degree. In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant. In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties. In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. In Oklahoma, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Participant \_\_\_\_\_ Date (mo/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Make check payable to Collegiate Risk Management and mail with enrollment form to Collegiate Risk Management, 110 Athens Street, Tarpon Springs, FL 34689. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received. Until your permanent insurance card is received, please use the temporary card. Keep your insurance card with you at all times.

Notice to Student: Coverage will be effective the date the correct payment is received by the Company or a representative of the Company or the Effective date of the coverage period, whichever is later, unless otherwise stated by the Master Policy. It is the student's responsibility for timely renewal payments. By signing, the student acknowledges the following:

1) He/She has read the brochure and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; 4) If it is later determined that the student is not eligible, the payment will be refunded; and 5) Other than eligibility, the payment is not refundable.

Claims must be submitted to HTH Worldwide within 90 days after day of treatment. Mail all medical and hospital bills along with patient's name and insured student's name, address, student ID number and name of the university under which the student is insured to HTH Worldwide, P.O. Box 30259, Tampa, FL 33630, Payor ID: 60054, Phone (888) 350-2002.