



AFFINITY

Travel
Insurance Services



Study USA- HealthCare™

Medical Insurance Coverage for
international students studying in
the U.S. and registered at a Florida
school, college or university

- › Rates as low as \$48 per month
- › Coverage from 1 - 12 months and Renewable
- › Medical Expense, Evacuation, Accidental Death and Much More
- › Meets Most Requirements Set By: Dept. of State, Immigration & Naturalization Services, NAFSA, and University Study Abroad Programs

**Enroll Online Today &
Get instant Confirmation (See Back Cover)**



Every year, thousands of international students in the U.S. and abroad need emergency medical treatment and are unprepared for the high costs involved.

Study USA-HealthCare™ provides medical coverage for students studying outside their home country and is available for as little as \$48 per month.

Study USA-HealthCare™ is ideal for students who have to meet certain school or government requirements.

Study USA-HealthCare™ provides:

Illness and accident expense protection

- Quality health care in emergency situations
- 24 hour assistance services
- Doctor or hospital referrals
- Payment for treatment

Highlights of Study USA-HealthCare™:

- High Limit Emergency Medical Evacuation
- Mental or Nervous Disorders and Alcohol & Substance Abuse Benefits
- Repatriation of Remains
- Accidental Death and Dismemberment
- ID Theft Service

This brochure is a brief description of the insurance benefits and services provided under policy 9498708. The policy contains reductions, limitations, exclusions, and termination provisions. If there are any conflicts between this document and the policy, the policy shall govern.

› **Study USA-HealthCare™ is renewable**

Coverage is renewable as long as the student has continuous coverage and meets the eligibility requirements.

› **Continuously Insured**

Any Covered Person who has continuous coverage under this Program from one year to the next shall be covered for conditions first manifesting themselves while continuously insured. The total amount of benefits payable for an Injury or Illness cannot exceed the Aggregate Maximum per Injury or Illness under this Program.

During the Program year, a Covered Person must pay the appropriate premium and submit a completed Renewal Form within 30 days following the end of their current coverage period to avoid a lapse in coverage.

This continuously Insured provision will not establish a new benefit period, nor affect any lifetime or other maximum benefits shown for an incurred loss existing during any preceding coverage period.

› **Included Benefits**

	PLAN A LIMIT	PLAN B LIMIT
Medical Expenses, per incident	\$250,000	\$300,000
Emergency Medical Evacuation	\$500,000	\$500,000
Mental or Nervous Disorders and Alcohol & Substance Abuse Benefits	\$250,000	\$300,000
Repatriation of Remains	\$100,000	\$100,000
Accidental Death and Dismemberment	\$5,000	\$5,000

› **Monthly Premium Rates**

AGE	PLAN A	PLAN B
0 - 24	\$48	\$51
25 - 29	\$70	\$74
30 - 34	\$89	\$94
35 - 39	\$125	\$132
40 - 44	\$158	\$166
45 - 49	\$171	\$180
50 - 54	\$316	\$332
55 - 65	\$379	\$398
Spouse	\$568	\$597
Child	\$114	\$120

› **Enroll Online**

Visit the Web address on the back of the brochure.

You can do it all online:

- **Enroll**
- **Pay with your credit card**
- **Get instant Confirmation and ID Card**

Medical Expense - A \$250,000 / B \$300,000 / Incident

If as the result of an Injury or Illness, a Covered Person incurs medical expenses, we will pay the covered percentage of the Covered Medical Expense incurred as described below and subject to the limitations, within 52 weeks from the date of the Injury or Illness or commencement of the first expense up to an Aggregate Maximum of Plan A \$250,000 or Plan B \$300,000 per Injury or Illness. A Covered Person must receive treatment for an Injury or Illness within 30 days of the date of the injury.

MEDICAL BENEFITS SCHEDULE	IN THE PPO NETWORK OR OUTSIDE U.S.	OUT OF THE PPO NETWORK
	After a \$50 Deductible* /incident	After a \$150 Deductible* /incident
Up to \$25,000	Program Pays Covered Medical Expenses: 80%	70%
Plan A \$25,000.01 - \$250,000 Plan B \$25,000.01 - \$300,000	Program Pays Covered Medical Expenses: 100%	70%
Prescription Copay**	Insured Pays: \$10 for generic \$20 for brand names	
Emergency Room Copay**	\$100 per visit	

***The deductible will be waived if medical service is first received from the Student Health Center. Otherwise, the Covered Person must pay the deductible. The deductible shall not exceed \$250 per Covered Person per Program year. If there is no Student Health Center, the deductible will be waived only if medical services are received from a Preferred Provider Network member.**

****The prescription copay is in addition to the deductible above.**

****The Emergency Room copay is in addition to the deductible above, and will be waived if admitted to the hospital.**

Benefits will be paid at Network level if the Insured is (1) treated by a provider who is a member of the Preferred Provider Network; (2) treated for a Medical Emergency; or (3) treated by a non Preferred Provider when there is no provider qualified to provide the care needed within a 50 mile radius of the Covered Person's student residence.

Covered Expenses

- Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge if confinement to an intensive care unit is required, or the actual charge for an intensive care unit made by the servicing hospital, whichever is less.
- Charges made for diagnosis, treatment and surgery by a physician.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment.
- Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
- Dressings, drugs and medicines that can only be obtained upon a

written prescription of a physician or surgeon.

- Dental Treatment: The Policy will pay for treatment of Injury to sound natural teeth as any other injury up to \$250.00 per tooth to a maximum of \$1,000 per Injury.
- Therapeutic Termination of Pregnancy: The Policy will pay on the same basis as any other Sickness up to a \$500.00 maximum.
- Chiropractic expenses: When it is medically necessary, the Policy will pay up to a maximum of \$35.00 per visit up to a maximum of 3 visits per week, for a maximum benefit of \$1,000 per year.
- Charges for the Newborn baby hospital nursery expenses.

Emergency Medical Evacuation Expense – A/B \$500,000

If Injury or Illness commencing during the Period of Coverage requires Emergency Evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or to the Country of Residence, all expenses incurred are covered up to a limit of \$500,000. An Emergency Evacuation must be recommended by a legally licensed physician who certifies that the severity of Injury or Illness necessitates such Emergency Evacuation and agreed to by you or your representative. Arrangements must be made by the assistance company.

Bedside Visit

The Company will pay the cost of a round trip economy airline ticket, up to a maximum of \$2,500, to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined when, in the opinion of a medical practitioner acceptable to the Company, such a visit is necessary due to a bodily injury or illness which constitutes an immediate danger to life.

Mental or Nervous Disorders and Alcohol and Substance Abuse Benefits – A/B \$10,000 (studying inside U.S.) A/B \$5,000 (studying outside of U.S.)

This Program includes treatment for Mental or Nervous Disorders and Alcohol and Substance Abuse, which falls under Accidental Sickness Medical Benefit, as follows:

When confined as an inpatient or when treated on an outpatient basis, the Program will pay the lesser of (1) the Usual, Reasonable and Customary Charge incurred for the first 30 days of hospital confinement per Program year or (2) 90% of the Usual, Reasonable and Customary Charge incurred up to a limit of \$10,000 in the U.S., \$5,000 outside U.S.

Repatriation of Remains Expense – A/B \$100,000

If Injury or Illness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence will be paid up to a limit of \$100,000. Arrangements must be made by the assistance company.

Accidental Death and Dismemberment – A/B \$5,000

Emergency Travelers Assistance

You are eligible to use any of these assistance services during the Period of Coverage: 24-hour verification of medical coverage for hospitals and physicians; 24-hour medical care location service; medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy; emergency medical transportation arrangements; emergency message service for medical situations; multilingual services; 24-hour contact for legal emergencies; legal referral to help you locate a consular official or attorney.

› ID Theft Service

The Company will provide the Services within the United States, except for New York. The following Services will be provided to Eligible Person(s): Use of the Identity Theft Customer Service Center; A copy of the Identity Theft Recovery Kit if requested, and Restoration Services.

› Concierge Services

Restaurant referrals and reservations; event ticketing; ground transportation coordination; golf tee time reservations and referrals; wireless device assistance; latest worldwide weather and ski reports; floral services; private air charter assistance; cruise charter assistance; latest sports scores; find, wrap, and deliver one-of-a-kind gifts; movie and theater information; latest stock quotes; special occasion reminders and gift ideas; lottery results; local activity recommendations.

› Exclusions

The Policy does not cover nor provide benefits for Loss or Expenses incurred:

1. Pre-Existing Conditions. A Pre-Existing Condition is defined as any injury or illness or condition which was contracted or which first manifested itself, or for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 6 months prior to the effective date of the Covered Person's coverage under this Program. Pre-Existing Conditions shall be excluded from coverage for a period of 6 months following the effective date of coverage under this program, unless stipulated by State or Federal Regulation. A Covered Person must be continuously insured. Conception of pregnancy must occur after the effective date of the Covered Person's coverage
2. As a result of dental treatment, or dental x-rays except for treatment resulting from Injury to sound, natural teeth.
3. For services normally provided without charge by the Policyholder's Health Service, Infirmary or Hospital, or by health care providers employed by the Policyholder or services covered by the Student Health Center.
4. For eye examinations, eyeglasses, contact lenses, replacement of eyeglasses or prescription for such; radial keratotomy or laser surgery; hearing aids, orthodontic braces and orthodontic appliances or prescriptions or examinations for such.
5. As a result of an Accident occurring in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route.
6. For Injury or Sickness resulting from war or act of war, declared or undeclared.
7. As a result of an Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law.
8. As a result of an Injury sustained or Sickness contracted while in the service of the Armed Forces of any country. Upon the Covered Person entering the Armed Forces of any country, the Company will refund any unearned pro-rata premium. This does not include Reserve or National Guard Duty for training unless it exceeds 31 days.
9. For treatment provided in a government Hospital unless there is a legal obligation to pay such charges in the absence of insurance.

10. For cosmetic surgery except that "cosmetic surgery" shall not include reconstructive surgery when such surgery is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part and reconstructive surgery because of a congenital disease or anomaly of a covered Dependent newborn child which has resulted in a functional defect. It also shall not include breast reconstructive surgery after a mastectomy.
11. For preventative treatment, testing, medicines, serums, vaccines, vitamins or oral contraceptives except as specifically provided in the Policy.
12. As a result of committing or attempting to commit an assault or felony or participation in a felony or riot.
13. For Elective Treatment or elective surgery voluntary or elective abortions unless otherwise provided in the Policy.
14. After the date insurance terminates for a Covered Person except as may be specifically provided in the Extension of Benefits Provision.
15. For services normally provided without charge by the school and covered by the school fee for services.
16. For any services rendered by a Covered Person's Immediate Family Member.
17. For a treatment, service or supply which is not Medically Necessary.
18. As a result of suicide or any attempt at suicide, including drug overdose or intentionally self-inflicted Injury or attempt at intentionally self-inflicted Injury.
19. For contraceptive methods, devices, or aids, elective sterilization or its reversal, artificial insemination or in vitro fertilization.
20. For treatment of Mental or Nervous Disorders except as specifically provided in the Policy.
21. For loss due to voluntary use of any drug, narcotic or controlled substance, unless prescribed by a Doctor.
22. For Injury due to being legally intoxicated, as defined by the jurisdiction in which an Accident occurs, while operating a motor vehicle.
23. For Injury caused by, contributed to or resulting from the Covered person's use of alcohol, illegal drugs or use of legal medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Doctor.
24. For surgery and/or treatment of breast implants or breast reduction; circumcision; corns; calluses and bunions; hair growth or removal; learning disabilities; sexual reassignment surgery and related therapy; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; smoking cessation; tubal ligation; or vasectomy
25. For routine physical examinations, health examinations or preschool physical examinations, including routine care of a newborn infant, other than Hospital nursery expense of a Dependent newborn baby, except specifically provided in the Policy.
26. In connection with birth control, sterilization reversal or sterilization, including surgical procedures and devices.
27. As a result of a motor vehicle accident if the Covered Person is not properly licensed to operate the motor vehicle within the jurisdiction in which the Accident takes place. This exclusion will not apply to passengers if they are Covered Persons under the Policy.
28. For treatment of infertility, including diagnosis, diagnostic tests, medication, surgery, intrafallopian transfer and in vitro fertilization, or any other form of assisted conception, elective

sterilization or its reversal, artificial insemination or in vitro fertilization.

29. For Injury resulting from: the practicing for, participating in, or traveling as a team member to and from interscholastic, intercollegiate, club, professional and semi-professional sports; activity, including travel to and from the activity and practice, sporting events, racing or speed contests; skin diving; scuba diving; hang gliding; parasailing; sky diving; boating; flight in an ultra light aircraft; glider flying; sail planing; parachuting; ballooning; or mountaineering (where ropes or guides are customarily used).
30. For organ transplants.
31. For Injury resulting from riding or driving as a professional in any kind of race for prize money or profit.
32. For maternity care or treatment of a Dependent child. This exclusion does not apply to Complications of Pregnancy.
33. For treatment, services, drugs, devices, procedures or supplies that are Experimental or Investigational.
34. Within the Covered Person's home country of domicile with respect to a Covered Person who is not a United States Citizen.

Eligibility

Foreign Students Studying in the U.S.

Individuals under age 66 who have valid status in the U.S. and are registered and engaged in academic activities at a Florida school, college or university.

U.S. Registered Students Studying Outside the U.S.

U.S. Permanent Residents Studying Outside the U.S. - Individuals under age 66 who are registered with a Florida school, college or university and engaged in academic activities abroad (excluding home country).

Dependents

Spouse and/or children (under age 18) of enrolled students may apply for insurance with the student, or within 31 days of birth, legal adoption, marriage, or arrival in the country of study.



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UNDERWRITTEN BY:

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