INTERNATIONAL STUDENT PROTECTION

TRAIL BLAZER BASIC & TRAIL BLAZER ELITE PLANS

MEETS F-1 AND J-1 REQUIREMENTS

Financial protection for students in case of unexpected medical emergencies while studying in the U.S.

ISP International Student Protection

The More Rewarding Way to Manage Risk

PREMIER INTERNATIONAL STUDENT HEALTH INSURANCE

WHAT THESE INTERNATIONAL STUDENT HEALTH INSURANCE PLANS COVER

Alliant is an introducer to the top international student health insurance plans for non U.S. citizens on F-1 and J-1 visas studying and residing in the U.S.

These plans provide financial protection for students in case of unexpected medical emergencies while studying in the United States.

Students receive access to healthcare services within the UnitedHealthcare network including hospital stays, doctor visits and medication costs.

WHY IT'S BENEFICIAL

These international student health insurance plans offer peace of mind by ensuring students are financially protected against the uncertainties of needing medical attention while studying in the United States.

ELIGIBILITY

The following individuals are eligible for the international student health insurance plans:

All international students and scholars age 65 and under with a current passport and an F-1 or J-1 visa, who are temporarily residing outside their home country while actively engaged in education or educational activities or research related activities.

International students enrolled in and attending classes on a full-time basis in a high school, undergraduate school, graduate school and English as a second language program.

OPT participants, dual citizens or permanent residents of the United States are not eligible. The company maintains its right to investigate student status.

COVERAGE

The international student health insurance plans provide medical coverage for:

Non-U.S. citizens on F-1 and J-1 visas studying and residing in the United States

Accident and sickness medical expenses

Mental & nervous disorders including coverage for substance abuse

Prescription drugs with copays as low as 20 dollars

Emergency room, hospital, urgent care and physician visits

Emergency medical evacuation and repatriation

Two coinsurance options available

POLICY RATES

	TRAIL BLAZER BASIC	TRAIL BLAZER ELITE
AGE GROUP	80/60 COINSURANCE $400 DEDUCTIBLE	90/70 COINSURANCE $150 DEDUCTIBLE
TO 25	$141.69	$149.89
25–29	$179.87	$190.29
30–34	$207.25	$219.28
35–39	$218.68	$231.38
40–44	$243.55	$257.69
45–49	$289.70	$306.53
50–54	$366.39	$387.71
55–59	$440.20	$465.82

(EFFECTIVE 7/1/26–6/30/27)

For more information on our experienced administrative services or if you have questions, contact Administrative Concepts at (800) 476-4802 or visit us at acitpa.com.

PLAN INFORMATION

FILING A CLAIM

If your provider files the claim on your behalf:

1. The claims administrator still requires certain information from you. You will need to fill out a form indicating whether or not you have other insurance coverage or provide additional details regarding the nature of your claim. You will need to do this per accident or sickness.
2. You will receive an explanation of benefits (EOB) that outlines what the insurance company paid and what is your responsibility to pay, if applicable.
3. The claims administrator will contact you if they need other information; otherwise, they will pay the claim as indicated on the EOB. Do not ignore calls or letters from the claims administrator, as this may delay payment of your claim.

If the provider does not file a claim directly with the insurance company on your behalf, you will need to submit a claim for reimbursement for the portion of the charges the company is responsible for paying. To do so, follow these steps:

1. Download a claim form: ISP Online Enrollment
2. Include your policy number (as shown on your ID card) on the claim form.
3. Attach bills for X-rays, lab charges, etc.
4. Send your claim form and all bills pertaining to this claim to Administrative Concepts, Inc. at the address below. Try to have all itemized bills attached to the same claim form.

ADMINISTRATIVE CONCEPTS, INC.
PO BOX 4000 | COLLEGEVILLE, PA 19426 | FAX: (610) 293-9299

Keep copies of all the documents you submit. If you have questions about claims, contact Administrative Concepts at (800) 476-4802 or mailto:claims@acitpa.com.

ACCESSING CARE

UnitedHealthcare Network

To find a UHCG PPO provider:

1. Go to www.whyuhc.com/us1 and click "Search the network for your healthcare provider."
2. Then click "Search the network: Options PPO."
3. Under "What kind of medical care can we help you find?", start by clicking the blue font and entering a street address, city and state, 5-digit zip code or county.
4. Once entered, click "Update location."
5. Enter or select your search parameters by entering a specific provider's name or service in the search box or by clicking one of the category icons.

ENROLLMENT

Visit ISP Online Enrollment to enroll online with a credit card OR follow instructions from your insurance representative, college or university.

CORE EXCLUSIONS

Please review the policy certificate for the full list of exclusions and definitions.

The policy does not cover any loss resulting from any of the following unless otherwise covered under the policy by additional benefits:

1. Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted injury while sane or insane. Applies to Accidental Death & Dismemberment only.
2. Voluntary active participation in a riot or insurrection.
3. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation.
4. Charges which are in excess of usual, reasonable and customary charges.
5. Pre-existing conditions. However, a pre-existing condition will be covered after the plan participant has been continuously insured for 6 months under the same participating organization. Refer to the policy for credible coverage that will waive the pre-existing conditions exclusion.
6. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

**These are some of the exclusions in your coverage. For a full list, refer to the policy certificate.*

CORE ACCIDENT AND SICKNESS BENEFITS

Benefits will be provided only for the coverages listed below and will be paid only up to the amounts shown.

POLICY MAXIMUM (PER POLICY TERM)	$500,000 (Trail Blazer Basic) / $600,000 (Trail Blazer Elite)	
DEDUCTIBLE	$400 In-Network (Trail Blazer Basic) / $750 Out-of-Network (Trail Blazer Basic)	$150 In-Network (Trail Blazer Elite)/ $300 Out-of-Network (Trail Blazer Elite)
OUT-OF-POCKET MAXIMUM	$5,000 In-Network (Trail Blazer Basic) / Unlimited Out-of-Network (Trail Blazer Basic)	$5,000 In-Network (Trail Blazer Elite) / Unlimited Out-of-Network (Trail Blazer Elite)
PRE-EXISTING CONDITIONS	Pre-existing conditions are not covered under this plan of insurance. However, a pre-existing condition will be covered after the plan participant has been continuously insured for six (6) months under the same international student health insurance plan.	

Any Deductibles, Coinsurance, and Benefit Maximums apply on a per Plan Participant basis, per Policy Term.

BENEFIT COVERAGE	BENEFIT AMOUNT	
	TRAIL BLAZER BASIC	TRAIL BLAZER ELITE
HOSPITAL ROOM & BOARD BENEFIT	80% of the Preferred Allowance, subject to a $300 copay (In- Network); 60% of the Semi- Private Room Rate, subject to a $750 deductible (Out-of- Network) Maximum allowable for newborn hospital is $5,000 (In-Network)/$1,500 (Out-of-Network)	90% of the Preferred Allowance, subject to a $300 copay (In- Network); 70% of the Semi- Private Room Rate, subject to a $750 deductible (Out-of- Network) Maximum allowable for newborn hospital is $5,000 (In-Network)/$1,500 (Out-of-Network)
INTENSIVECARE/CARDIAC CARE UNIT BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
HOSPITAL MISCELLANEOUS EXPENSE BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
SURGEON OR ASSISTANT SURGEON (IN OR OUTPATIENT) BENEFIT INPATIENT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
PRE-ADMISSION TESTING BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
ANESTHESIA BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
DAY SURGERY MISCELLANEOUS BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network
DIAGNOSTIC X-RAY AND LAB BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network); MRI, PET & CT Scans subject to $100 copay (In- Network) and $250 deductible (Out-of-Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network); MRI, PET & CT Scans subject to $100 copay (In- Network) and $250 deductible (Out-of-Network)
AMBULANCE BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
PHYSICIAN VISIT BENEFIT (INPATIENT)	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
PHYSICIAN VISIT BENEFIT (OUTPATIENT)	80% of the Preferred Allowance, subject to $40 copay (In-Network); 60% of URC, subject to $50 deductible (Out-of-Network); Copay waived at Student Health Center	90% of the Preferred Allowance, subject to $40 copay (In-Network); 70% of URC, subject to $50 deductible (Out-of-Network); Copay waived at Student Health Center
CONSULTANT PHYSICIAN BENEFIT	80% of the Preferred Allowance, subject to $40 copay (In-Network); 60% of URC, subject to $50 deductible (Out-of-Network)	90% of the Preferred Allowance, subject to $40 copay (In-Network); 70% of URC, subject to $50 deductible (Out-of-Network)

**Prescriptions through Express Scripts Pharmacy. Refer to Certificate of Coverage for out-of-network benefits.*
For a complete listing of benefits and exclusions, please refer to the Certificate of Coverage.

BENEFIT COVERAGE	BENEFIT AMOUNT	
	TRAIL BLAZER BASIC	TRAIL BLAZER ELITE
URGENT CARE BENEFIT	80% of the Preferred Allowance, subject to $50 copay (In-Network); 60% of URC, subject to $150 deductible (Out-of-Network)	90% of the Preferred Allowance, subject to $50 copay (In-Network); 70% of URC, subject to $150 deductible (Out-of-Network)
RADIATION/CHEMOTHERAPY BENEFIT	80% of the Preferred Allowance, subject to $25 copay (In-Network); 60% of URC, subject to $50 deductible (Out-of-Network)	90% of the Preferred Allowance, subject to $25 copay (In-Network); 70% of URC, subject to $50 deductible (Out-of-Network)
EMERGENCY ROOM BENEFIT	80% of the Preferred Allowance (In-Network) subject to a $300 copay. (Copay waived if admitted); 60% of URC (Out-of- Network) subject to a $350 deductible (Deductible waived if admitted)	90% of the Preferred Allowance (In-Network) subject to a $300 copay. (Copay waived if admitted); 70% of URC (Out-of- Network) subject to a $350 deductible (Deductible waived if admitted)
MATERNITY AND PRE-NATAL CARE EXPENSE BENEFIT (CONCEPTION MUST OCCUR WHILE COVERED UNDER THE POLICY)	80% of the Preferred Allowance, subject to $150 copay (In- Network); 60% of URC, subject to $250 deductible (Out-of-Network); Copay/deductible waived if admitted	90% of the Preferred Allowance, subject to $100 copay (In- Network); 70% of URC, subject to $200 deductible (Out-of-Network); Copay/deductible waived if admitted
THERAPEUTIC TERMINATION OF PREGNANCY BENEFIT INPATIENT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In- Network); 70% of URC (Out-of- Network)
EMERGENCY DENTAL EXPENSE BENEFIT (UP TO $2,500 PER POLICY TERM)	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
INPATIENT PHYSIOTHERAPY EXPENSE BENEFIT	80% of the Preferred Allowance (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
OUTPATIENT PHYSIOTHERAPY EXPENSE BENEFIT (UP TO $5,000 PER POLICY TERM, or UP TO 30 VISIT MAXIMUM)	80% of the Preferred Allowance, subject to a $25 copay (In- Network); 60% of URC, subject to a $50 deductible (Out-of- Network)	90% of the Preferred Allowance, subject to a $25 copay (In- Network); 70% of URC, subject to a $50 deductible (Out-of- Network)
MENTAL & NERVOUS/ALCOHOL & DRUG ABUSE INPATIENT EXPENSE BENEFIT (30 DAY MAXIMUM PER POLICY TERM)	80% of the Preferred Allowance, (In-Network); 60% of URC (Out-of- Network)	90% of the Preferred Allowance (In-Network); 70% of URC (Out-of- Network)
MENTAL & NERVOUS/ALCOHOL & DRUG ABUSE INPATIENT EXPENSE BENEFIT (30 DAY MAXIMUM PER POLICY TERM)	80% of the Preferred Allowance, subject to a $40 copay (In- Network); 60% of URC, subject to a $50 deductible (Out-of- Network)	90% of the Preferred Allowance, subject to a $40 copay (In- Network); 70% of URC, subject to a $50 deductible (Out-of- Network)
PRESCRIPTION DRUG EXPENSE BENEFIT (BASED ON 30-DAY SUPPLY PER PRESCRIPTION)	Generic: $35 copay Contraceptive: $25 copay All Other: $75 copay	Generic: $35 copay Contraceptive: $25 copay All Other: $75 copay
EMERGENCY TRANSPORTATION SERVICES	Emergency Medical Evacuation & Repatriation of Mortal Remains Covered at 100% of Actual Expenses	Emergency Medical Evacuation & Repatriation of Mortal Remains Covered at 100% of Actual Expenses

**Prescriptions through Express Scripts Pharmacy. Refer to Certificate of Coverage for out-of-network benefits.*
For a complete listing of benefits and exclusions, please refer to the Certificate of Coverage.

TRAVEL ASSISTANCE PROGRAM

TRAVEL ASSISTANCE SERVICES DETAILS

Travel Support Services

Interpretation/Translation: Upon request, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

Locating Lost or Stolen Items: On Call will assist in locating lost luggage and help you coordinate the replacement of transportation tickets, travel documents or credit cards.

Medical Monitoring: During the course of a medical emergency resulting from an accident or sickness, On Call will monitor your case to determine whether the care is adequate from a Western Medical perspective.

Medical and Dental Search and Referral: On Call will assist you in finding physicians, dentists and medical facilities in the area where you are traveling.

Advance of Emergency Medical Expenses: On Call will advance on-site emergency inpatient medical payments to secure, admit or discharge upon receipt of satisfactory assignment of benefits from you, a family member or a friend. Assignment of benefits allows the insurer to claim with the insured's primary insurance when the hospital refuses admission or discharge.

Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses: On Call will arrange to fill a prescription that has been lost, forgotten or requires a refill, subject to local law, whenever possible.

On Call will also arrange for shipment of replacement eyeglasses/ corrective lenses or medical devices. You are responsible for payments of all costs related to these services.

Transfer of Insurance Information and Medical Records: Upon your request, On Call will help relay insurance information during your hospital admission and assist with transferring your medical information and records to your treating physician.

Assistance with Vaccine and Blood Transfers: If based upon your physician's prescription, needed vaccines or blood products are not available locally, On Call will coordinate the transfer where possible and permissible by law. You are responsible for all expenses related to this service.

EMERGENCY TRANSPORTATION SERVICES:

- Emergency Medical Evacuation/ Medically Necessary Repatriation Covered at 100% of Actual Expenses
- Repatriation of Mortal Remains Covered at 100% of Actual Expense
- Transportation after Stabilization
- Visit by Family Member/Friend (Eligible Expenses Covered up to $2,500)
- Return of Dependent Children

EMERGENCY SUPPORT SERVICES:

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Medical and Dental Search and Referral
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Assistance with Emergency Travel Arrangements
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance

FOR 24/7 TRAVEL ASSISTANCE SERVICES ONLY

Local: (603) 691-5690

Toll Free: (833) 371-2554

Email: mail@oncallinternational.com

NON-INSURANCE PERSONAL ASSISTANCE SERVICES

These are Non-Insurance Services provided by On Call International:

Pre-Trip Information: Upon request, On Call will provide information services such as visa and passport requirements, health hazard advisories, currency exchange, inoculation and immunization requirements, temperature and weather conditions and embassy and consulate referrals.

Interpretation/Translation: If during your trip you need an interpretation, On Call will assist with telephone interpretation in all major languages. If you require ongoing or more complex translation services, On Call will refer you to local translators.

Legal Referral/Bail: Upon request, On Call will provide you with referrals to a local lawyer. All costs associated with this service are your responsibility. In case of your incarceration, On Call will notify the proper embassy or consulate, arrange the receipt of funds from third party sources and locate an attorney and bail bonds, where permitted by law, with satisfactory guarantee of reimbursement from you, a family member or friend. You are responsible for associated fees.

Emergency Cash Advance: On Call will advance up to $500 after satisfactory guarantee of reimbursement from you. Any fees associated with the transfer or delivery of funds are your responsibility.

FOR MORE INFORMATION, CONTACT:
Alliant Student Health
studenthealth@alliant.com

ABOUT ALLIANT: In the face of increasing complexity, our approach is simple: hire the best people and invest extensively in the industries and clients we serve. We operate through one national platform, giving clients complete access to our resources and expertise – regardless of where the resource is located – to capitalize on new opportunities to grow and protect their organizations and their people.

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