

# Student Health Advantage



La Sierra University  
SHAAH00264517



## INTERNATIONAL STUDENT INSURANCE

### La Sierra University

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| Lifetime Maximum                                     | \$500,000 (Student) - \$100,000 (Dependent)  |
| Per Injury/Illness Maximum                           | \$300,000 (Student) - \$100,000 (Dependent)  |
| Deductible (per injury/illness)                      | \$25   |
| Emergency Room                                       | An additional Deductible of \$250 will be applied for each Emergency Room visit for treatment of an illness which does not result in direct hospital admission.  |
| Student Health Center                                | \$5 co-pay per visit if Treatment received in Student Health Center (not subject to deductible)  |
| Coinsurance  | <i>For Treatment received outside the US &amp; Canada, within the PPO Network in the US &amp; Canada, and in the Student Health Center: The plan pays 100% of eligible expenses up to Maximum Limit<br/>Outside of the PPO Network in the US &amp; Canada: The plan pays 80% of eligible expenses up to \$5,000, then 100% up to Maximum Limit</i> |
| Preventative Care Services                           | \$250 Maximum Limit for routine examinations and immunizations   |
| Hospital Room & Board                                | Average Semi-Private Room Rate   |
| Intensive Care Unit                                  | URC  |
| Maternity and Newborn Care                           | 80% inside the US within the PPO Network<br>60% inside the US outside the PPO Network<br>\$5,000 Maximum   |
| Routine Newborn Care                                 | No Coverage  |
| Physical Therapy                                     | URC - Limit once per day. Student Health Center not eligible for coverage.   |
| Mental & Nervous Treatment                           | Outpatient Treatment: \$50 per day; \$500 Lifetime Maximum<br>Inpatient Treatment: \$20,000 Lifetime Maximum   |
| Local Ambulance                                      | \$350 per injury/illness (only if admitted inpatient for illness)  |
| Prescription Drugs                                   | \$20 Generics/ \$40 Brand Name (90 day dispensing max)   |
| Dental   | Injury due to covered Accident: \$500 - Sudden & Unexpected Pain: \$350  |
| Pre-existing Conditions                              | After 6 months of continuous coverage  |
| Treatment Period                                     | 60 days  |
| Intercollegiate, Interscholastic, Intramural or Club | \$5,000 per Injury/Illness   |
| Incidental Home Country Coverage                     | Up to 14 days  |
| Terrorism Coverage                                   | \$50,000 Lifetime Maximum  |
| Accidental Death & Dismemberment (AD&D)              | \$25,000 Eligible Participant<br>\$10,000 Spouse \$5,000 Dependent Child   |
| Medical Evacuation                                   | \$500,000 Lifetime Maximum   |
| Emergency Reunion                                    | \$50,000 Lifetime Maximum  |
| Return of Mortal Remains                             | \$50,000 Lifetime Maximum  |
| Political Evacuation and Repatriation                | \$10,000 Lifetime Maximum  |

This plan is underwritten by Sirius International (rated A Excellent by AM Best) and administered by International Medical Group, Inc.

## Using Your Insurance Plan

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.

### Non-Emergency Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in many parts of the world. To locate a provider, use the online search tool described below or call International Medical Group (IMG) for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

### Emergency Care

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Provide them with your insurance information at the time of treatment. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

### Claim Form

When seeking any medical care, it is important to remember to complete a claim form and submit that to the claims team. You can do this by [downloading the form](#), and submitting that to IMG directly.

### Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Providers can be located online by visiting:  
<http://www.internationalstudentinsurance.com/network/img/>

### Pre-Notification

Any (a) Inpatient Treatment and/or supplies of any kind, (b) any Surgery or Surgical procedure, (c) any Treatment in an Extended Care Facility, (d) any Home Nursing Care, (e) Durable Medical Equipment and artificial limbs, (f) Computerized Axial Tomography (CAT Scan), (h) Magnetic Resonance Imaging (MRI), and (i) Maternity must be pre-notified. Simply call, or have your physician call, IMG with all information relative to your claim. If you do not pre-notify, medical expenses will be reduced by 50%.

### Student Zone

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit:

<https://administrators.internationalstudentinsurance.com/zones/La-Sierra.php>



## Exclusions

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under Student Health Advantage.

1. Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance until the Insured Person has maintained coverage under this insurance plan continuously for at least six months on the Platinum level and 12 months on the Standard level.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pre-natal, post-natal, and newborn care, unless related to a Covered Pregnancy, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Medical Expenses in excess of \$5,000 for Injury or Illness sustained while participating in Amateur Athletics or extreme/hazardous sports. (Please see the full plan certificate on our website for a full list of excluded sports).
9. Vision or ear tests and the provision of visual or hearing aids.
10. Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, Injuries and/or Illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and Injuries and/or Illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or Illness resulting or arising from being under the influence of alcohol or drugs; and Injury or Illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
15. Willful self-inflicted Injury or Illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Organ or tissue transplants or related services.
19. Illness or Injury where the trip to the host country is undertaken for treatment or advice for such Illness or Injury, except as expressly provided for in the certificate of insurance.
20. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/ or radioactive material(s).

**Please note:** this brochure is a consolidated summary of the plan benefits and exclusions. Please view the plan certificate for complete details regarding all aspects of the insurance plan.

