



The ISIS Incoming insurance, for YOUNG people with INTERNATIONAL plans !

Going abroad is the chance to do something completely different and worth while. You are placed in an exciting new environment where you will experience a new culture, make new friends and maybe even learn a new language. A lot of people choose to come to the USA to spend one of the most exciting periods of their lives. And rightly so, as the USA has a lot to offer to visitors.

But what if something happens? What if you fall seriously sick, or are involved in an accident and have to be evacuated home?

Apart from the emotional distress, the financial consequences could quickly reach enormous heights.

The risks that you face cannot be prevented, but the ISIS Incoming Insurance provides coverage to protect you against financial disappointment. This is reason enough to take out this insurance, which will help you enjoy your stay in the USA even more, secure in the knowledge that you are covered against the unexpected.

Why CHOOSE ISIS Health insurance ?

ISIS, the world leader in insurance for the young independent traveler with over one million people every year choosing their protection, offers you extensive coverage, adjusted to fit your needs, at a competitive price.



Every ISIS insurance package includes the following benefits:

- ✦ Extensive coverage during the entire stay in the USA
- ✦ Special attractive premiums for students
- ✦ A 24 hour assistance telephone number for medical emergencies ready to give you help and advice
- ✦ Temporary work abroad is covered with the exception of participation in sports as a professional and work of a hazardous nature
- ✦ Generous insurance coverage period (up to 24 months)
- ✦ Support and claims handling in the USA

What is Covered?

Standard and Super coverage

If you (or a covered Family Member) become sick or have an accident while traveling in the USA, we will pay for:

- ✦ All necessary emergency Physician treatment/surgery and the necessary supplies, medicines and tests associated with such treatment/surgery within the USA;
- ✦ Reasonable and necessary Hospital and ambulance service charges.
- ✦ Air ambulance (or similar service) transportation to return to Your Country of Origin (including nurse and/or Physician), if medically necessary;
- ✦ Maternity expenses after the first month of enrollment in the insurance plan and provided that the conception did not take place before completion of one month of coverage;
- ✦ Emergency dental treatment for immediate relief of pain and accidental dental treatment, only while covered under the plan;
- ✦ Physiotherapy if recommended by a physician and administered by a licensed professional;
- ✦ Mental or nervous disorders both inpatient and outpatient;

- ✦ In the event of death, the costs to return the remains to the former domicile or the funeral expenses in the USA;
- ✦ In the event of an accident, a compensation either to your beneficiary (in the event of death) or to yourself (in the event of permanent disablement).
- ✦ Your costs to return to your Country of Origin as a consequence of the Sickness of (or Accident to) your Family Member which results in their life being in danger;

Additional Hazardous Sports Options

Adventure activities are a memorable and increasingly important feature of independent travel. ISIS covers most Hazardous Sports such as bungee jumping, rafting, skiing and diving for an additional charge of only 10%. Once the extra premium has been paid, ISIS will indemnify you for all necessary medical expenses and medical evacuation costs, if necessary even by air ambulance, which occur following the participation in a Hazardous Sport activity.

Additional Cancellation option

When you book your holiday, the last thing on your mind is that you might need to cancel unexpectedly, but you should check what the penalty would be if you were unable to travel. Your ticket may be non-refundable or costly to cancel. For an additional charge of 5% of the travel sum ISIS will reimburse all cancellation costs, for example if you are unable to travel due to sickness of or injury to yourself or a Family Member.

Definitions

Who is eligible for the insurance? Any person traveling abroad and their family members traveling with them, all 59 years of age and younger. Additional coverage is available for persons 60-70 years of age. Please call (800) 247-5575 for premium rates.

Family Member means the Certificate Holder's spouse, and the Certificate Holder's or Spouse's child, brother, sister, mother, or father.

Hospital means a place that: (a) holds a valid license; (b) is run mainly for the care and treatment of sick or injured persons as inpatients; (c) has a staff of one or more Physicians available at all times; (d) provides 24-hour nursing services and has at least one registered nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on the premises or on a contract basis with another Hospital; and (f) is not mainly a clinic or facility for nursing, rest or convalescence, or a place for the aged, drug addicts, or alcoholics.

Hazardous Sports means American Football, bungee jumping, caving, horse riding, trekking above 2,500 meters, mountaineering with the use of ropes, rock-climbing with the use of ropes, scuba diving (up to 25 meters), white water canoeing, white water rafting, water skiing, winter sport activities including downhill skiing, cross-country skiing, snowboarding, big foot skiing, mono-skiing on the normally marked public open ski trails, skating, off-trail skiing (provided accompanied by a guide or instructor), rappelling, off road mountain biking, ice hockey, canyoning, parachuting, bobsleighting, aviation other than as a fare-paying passenger on a scheduled flight, gliding, hang gliding, micro-light flying, jet skiing, skeleton, lugeing and all other winter sport activities not mentioned under Dangerous Sports, and any other sport involving an extra risk of accident (Hazardous sports can be covered by paying an additional fee).

Dangerous Sports means fighting or self-defense sports, (semi) professional sports, racing of any kind other than on foot, mountaineering expeditions, deep sea diving (deeper than 25 meters), solo sea sailing, ski jumping, free climbing without ropes, motor sports, use of fire-or-other arms, and any other sport involving an exceptional risk (Dangerous sports cannot be covered).

What Is Not Covered?

The Policy does not cover any event which either in origin or extent, directly or indirectly, proximately or remotely, is to be attributed to or is a consequence of:

1. War, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power; (This exclusion does not apply to acts of terrorism in Oklahoma.)
2. Atomic nuclear reaction;
3. The Covered Person's intoxication (alcohol or drugs);
4. Suicide or attempted suicide and self inflicted injuries (while sane or insane) (in Colorado and Missouri while sane);
5. Venereal diseases and sexually transmissible conditions;
6. Maternity expenses in the first month after enrollment in the insurance plan or if the conception occurs prior to completion of one month of coverage;
7. Willful abortion;
8. Commission or attempting to commit a felony or engagement in an illegal occupation;
9. Aviation other than travel as a fare-paying passenger on a scheduled, commercial or scheduled charter flight; or
10. Taking part in any of the following activities:
 - a. Hazardous Sports unless the additional Hazardous Sports Option has been chosen and the additional premium has been paid;
 - b. Dangerous Sports;
 - c. Engaging in professional, club, interscholastic, intercollegiate or competitive sporting events; or
 - d. The driving of any two-or-three-wheeled motorized vehicle, or any motorized vehicle used primarily for recreational use and not for general transportation.
11. Any pre-existing physical defect, infirmity, Sickness, pregnancy or disease in the case that this was known to the Covered Person at the time of effecting the Coverage;

12. A medical condition in relation to which the Covered Person has received treatment in the 12 months prior to effecting the Certificate;
13. Prescription drugs authorized by a non-licensed Physician.

Also, no benefits are payable:

14. If a claim results from circumstances which reasonably could have been anticipated by the Covered Person or any other person at the date of issue of the Certificate.
15. If there is any insurance or other financial vehicle designed for reimbursement covering the same loss, damage or any part thereof. In such case this insurance will not be liable for the risks paid or covered by such other insurance or other financial vehicle designed for reimbursement.
16. Organ or tissue transplants.

Pre-existing Conditions

Medical expenses and/or air ambulance, transportation costs, extra traveling expenses, and loss of deposits and cancellation charges, as a result of any pre-existing physical defect, infirmity, Sickness, disease, pregnancy or affliction, are not covered when:

1. It was to be expected at the time of effecting the insurance that the medical expenses must be incurred during the Period of Insurance;
2. The Covered Person was already under medical treatment at the time of effecting the insurance and that it is necessary to continue with the treatment during the Period of Insurance;
3. The covered Person travels against the advice of a Physician;
4. The Covered Person travels to obtain medical treatment;
5. The Covered Person is undergoing or is on a waiting list for a course of medical treatment;
6. The Covered Person has received a terminal prognosis;
7. Medical expenses incurred outside the United States.

SCHEDULE OF COVERAGE (in US dollars)

		Standard	Super
Benefit A	Medical Expenses within the USA	\$100,000.00	\$250,000.00
	Medical Evacuation, including Air Ambulance	included	included
	Maternity expenses	\$50,000.00	\$50,000.00
	Emergency Dental Treatment	\$150.00	\$200.00
	Accidental Dental Treatment	\$250.00	\$500.00
	Physiotherapy	\$250.00	\$500.00
	Mental or nervous disorders outpatient treatment	\$250.00	\$500.00
	Mental or nervous disorders inpatient treatment (max. 30 days)	50% of eligible expenses with a maximum of \$1,000.00	\$1,500.00
Benefit B	Accidental Death	\$15,000.00	\$25,000.00
Benefit C	Transportation costs in case of death	\$15,000.00	\$20,000.00
Benefit D	Permanent disablement as per sliding scale with a maximum of	\$15,000.00	\$15,000.00
Benefit E	Extra Traveling Expenses	\$2,500.00	\$5,000.00
Benefit F	Hazardous Sports option (additional)	covered	covered
Benefit G	Cancellation option (additional)	covered	covered

Amounts insured for Benefit A will be paid for all Sickness and Accidents.

Amounts insured for the other Benefits are the maximum amounts to be paid while coverage is in force for the Covered Person.

An excess of \$100 applies to each benefit and per enrollment up to 12 months; renewable upon re-enrollment.

All benefits subject to usual, reasonable and customary allowances.

Medical Expenses

This Benefit does not cover:

1. Vaccinations, acupuncture, routine medical treatment and any routine check-ups for pregnancy, cosmetic or plastic surgery (except as the result of an Accident), and elective surgery;
2. Treatment in a private Hospital if it is possible to receive treatment in a ward of a public Hospital;
3. Optical prescriptions, eye refraction or eye examination for the purpose of prescribing corrective lenses for eye glasses as for the fitting thereon, unless caused by Accident bodily Injury incurred during the Period of Insurance.

Accidental Death and Permanent Disablement

1. Accidents as a consequence of a risky undertaking in which the Covered Person has recklessly endangered his life or body, unless this risky undertaking was reasonably necessary for legitimate self defense or attempts to save ones self, others, animals or goods.
2. Accidents which arise as a consequence of a sickly condition or as a consequence of bodily or psychic abnormalities of a Covered Person, unless these circumstances are a result of an Accident for which the Company was obliged to pay indemnification under this insurance.

3. Psychic affections, as a result of any cause, unless medically determinable as a direct result of brain damage caused by the Accident.
4. Hernia inguinalis (rupture), lumbago, ruptured intervertebral disk (hernia nuclei pulposi), tendovaginitis crepitans, muscle spraining, periarthritis humeroscapularis, tennis-elbow (epicondylitis lateralis), or golfer's arm (epicondylitis medialis).
5. The consequences of medical treatment, which the Covered Person has undergone, without there being any link with an Accident covered under the Certificate making this treatment necessary.
6. Accidents as a result of partaking in a Hazardous Sport which excludes the Death and Permanent Disablement Cover.

This is a brief description of the coverage. For actual benefits, limitations, exclusions and other provisions, please refer to the policy or certificate.

Premium Schedule (in US dollars)

	A Student Standard Plan	B Student Super Plan	C Non-Student Standard Plan	D Non-Student Super Plan
5-12 days	\$40	\$52	\$50	\$65
13-23 days	\$50	\$65	\$63	\$81
24-31 days	\$54	\$70	\$68	\$88
6 weeks	\$81	\$105	\$101	\$132
8 weeks	\$106	\$138	\$133	\$172
10 weeks	\$135	\$176	\$169	\$219
3 months	\$156	\$203	\$195	\$254
4 months	\$204	\$265	\$255	\$332
5 months	\$250	\$325	\$313	\$406
6 months	\$294	\$382	\$368	\$478
7 months	\$336	\$437	\$420	\$546
8 months	\$376	\$489	\$470	\$611
9 months	\$414	\$538	\$518	\$673
10 months	\$450	\$585	\$563	\$731
11 months	\$484	\$629	\$605	\$787
12 months	\$516	\$671	\$645	\$839

These rates are for persons 59 years of age and younger. The Student coverage can be bought by holders of Youth or Student identity cards. *Persons 60 to 70 years of age with F or J visa status are eligible for coverage in ISIS Plan A or B with full benefits as outlined upon this website and in the Certificate of Insurance. Premiums are twice the listed premium rate. All other persons 60 to 70 years of age should contact our office at (800) 247-5575 for coverage and premium information.

Additional options

Hazardous sports are covered by paying 10% extra premium. There is no coverage for Dangerous sports. Cancellation charges are covered by paying 5% of the travel sum.

Premiums are per person and should be remitted to: **VISIT/ ISIS Health Insurance Programs** www.isis-travelinsurance.com

The ISIS Incoming Insurance is offered by de Goudse Insurance Company, an A+ Internationally rated carrier, and American Fidelity International (Bermuda) Ltd.

How Do I Apply?

Fill out the attached application and mail it to us;

ISIS Incoming Application

INSTRUCTIONS: If you are leaving within 2 weeks, please order by telephone, using a major credit card. Our toll-free telephone number is **1-800-247-5575**, fax number **(202) 296-0007** or email: info@isis-travelinsurance.com. Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Country: _____

Date of Birth: _____ Gender: _____

Home Tel (____) _____ Work Tel (____) _____

E-Mail Address: _____

Passport Number: _____

Trip Departure Date: _____ Trip Completion Date: _____

No. of Travel Days: _____ (Count departure and return days.)

Type of Insurance Plan: **A B C D**

Youth or Student Card Number (if applicable): _____

Family Members to be covered (name, date of birth, relationship): _____

Emergency Contact Name & Telephone No.: _____

Beneficiary: _____

Relationship to Applicant: _____

Beneficiary's Address: _____

Traveling Companion (s): _____

Hazardous Sports Option: 10% extra premium Yes No

Cancellation Option: 5% of travel Sum Yes No

*Persons 60 to 70 years of age with F or J visa status are eligible for coverage in ISIS Plan A or B with full benefits as outlined upon this website and in the Certificate of Insurance. Premiums are twice the listed premium rate. All other persons 60 to 70 years of age should contact our office at (800) 247-5575 for coverage and premium information.

Payment for all Travelers: \$ _____

SELECT PAYMENT METHOD:

CHECK or MONEY ORDER (Payable to **VISIT**)

MasterCard VISA American Express

Card Number: _____

Expiration Date (month/year): _____

Print Name as it appears on card:

NOTE: 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 may be guilty of insurance fraud.

Signature of Applicant _____ Date _____

Mail the completed application and the appropriate premium amount to:

VISIT-ISIS HEALTH PROGRAMS

PO Box 20069
Alexandria, VA 22320-9804

202-347-7324
800-247-5575

Enroll by fax at 202-296-0007

Enroll online at:
www.isis-travelinsurance.com