



TOKIO MARINE  
HCC



# StudentSecure<sup>®</sup>

**Pursuing your education outside your home country?**

Get StudentSecure insurance from Tokio Marine HCC – Medical Insurance Services Group.



## Why Choose StudentSecure®?

Tokio Marine HCC – MIS Group takes the guesswork out of insurance for individuals in study abroad programs with StudentSecure, a plan designed specifically to meet the needs of international students and scholars.

StudentSecure meets or exceeds most government and visa requirements. It also meets the requirements of many schools. With four levels of coverage to choose from—Elite, Select, Budget, or Smart—students can find the plan that best fits their needs and budget. Each plan includes coverage for eligible medical expenses, emergency medical evacuation, and repatriation of remains.

### **Do I need study abroad insurance?**

If you are a student or scholar planning to pursue your education outside your home country, you will need a plan to pay for your medical expenses. Most student visas and learning institutions have a specific list of health insurance requirements for foreign students. You may also find the coverage from your home country will not follow you while you are studying abroad. StudentSecure is a budget-friendly solution.

### **After purchasing coverage, how can I trust the company to be there if I need them?**

Tokio Marine HCC – MIS Group, headquartered in the USA in Indianapolis, Indiana, is a full-service company offering international travel medical insurance products designed to meet needs of consumers worldwide.

Tokio Marine HCC is a leading specialty insurance group conducting business in approximately 180 countries and underwriting more than 100 classes of specialty insurance. Headquartered in Houston, Texas, the company is made up of highly entrepreneurial teams equipped to underwrite special situations, companies and individuals, acting independently to deliver effective solutions. Our products and capabilities set the standard for the industry, as many of our nearly 2,500 employees are industry-leading experts.

Tokio Marine HCC is part of Tokio Marine, a premier global company with a market cap of approximately \$30 billion. \* Tokio Marine HCC holds a financial strength rating of AA- for Standard & Poor's and Fitch Ratings and A++ (Superior) by A.M. Best Company. \*\*

**For more information about StudentSecure, please visit [hccmis.com](http://hccmis.com).**

# Benefits and Limits of StudentSecure®

| BENEFIT                                                                                                                                                              | ELITE                                                                                                                                                                                                                                                                | SELECT                                                                                                                                  | BUDGET                                                                                                                              | SMART                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Certificate period maximum                                                                                                                                           | \$5,000,000                                                                                                                                                                                                                                                          | \$600,000                                                                                                                               | \$500,000                                                                                                                           | \$200,000                                                                                                                           |
| Maximum benefit per injury or illness                                                                                                                                | \$500,000                                                                                                                                                                                                                                                            | \$300,000                                                                                                                               | \$250,000                                                                                                                           | \$100,000                                                                                                                           |
| Deductible (Except Emergency Room)                                                                                                                                   | \$25 per injury or illness within the PPO network, outside the U.S. or at a student health center; otherwise \$50 per injury or illness                                                                                                                              | \$35 per injury or illness within the PPO network, outside the U.S. or at a student health center; otherwise \$70 per injury or illness | \$45 per injury or illness within the PPO network, outside the U.S. or student health center; otherwise \$90 per injury or illness  | \$50 per injury or illness within the PPO network, outside the U.S. or student health center; otherwise \$100 per injury or illness |
| Emergency Room Deductible (Claims incurred in the U.S. only)                                                                                                         | \$100 for treatment received in an emergency room                                                                                                                                                                                                                    | \$200 for treatment received in an emergency room                                                                                       | \$350 for treatment received in an emergency room                                                                                   |                                                                                                                                     |
| Coinsurance- claims incurred inside U.S.                                                                                                                             | Within the PPO: We will pay 100% of eligible expenses, after the deductible, up to the overall maximum limit.                                                                                                                                                        | Within the PPO: We will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to the overall maximum limit.      | Within the PPO: We will pay 80% of the next \$25,000 of eligible expenses after deductible, then 100% to the overall maximum limit. | Within the PPO: We will pay 80% of eligible expenses after the deductible up to the overall maximum limit.                          |
|                                                                                                                                                                      | Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.                                                                                                                                              | Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.                 | Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.             | Outside the PPO: Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.             |
| Coinsurance- claims incurred outside of U.S.                                                                                                                         | After the deductible, 100% of eligible expenses to the certificate period maximum.                                                                                                                                                                                   |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.             |                                                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| BENEFIT                                                                                                                                                              | ELITE Limit                                                                                                                                                                                                                                                          | SELECT Limit                                                                                                                            | BUDGET Limit                                                                                                                        | SMART Limit                                                                                                                         |
| Hospital room & board                                                                                                                                                | Average semi-private room rate, including nursing services                                                                                                                                                                                                           |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Local ambulance (Not subject to coinsurance)                                                                                                                         | Up to \$750 per injury / illness if hospitalized as inpatient                                                                                                                                                                                                        |                                                                                                                                         | Up to \$500 per injury / illness if hospitalized as inpatient                                                                       | Up to \$300 per injury / illness if hospitalized as inpatient                                                                       |
| Intensive care unit                                                                                                                                                  | Up to the overall maximum limit                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Outpatient treatment                                                                                                                                                 | Up to the overall maximum limit                                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Outpatient prescription drugs                                                                                                                                        | Generic Drugs: 100% coinsurance<br>Brand Name Drugs: 50% coinsurance.<br>Specialty Drugs: No coverage.<br>(not subject to deductible)                                                                                                                                | 50% of actual charge (not subject to deductible or coinsurance)                                                                         |                                                                                                                                     |                                                                                                                                     |
| Vaccinations                                                                                                                                                         | Up to \$150.<br>Covered vaccinations and testing are:<br>Measles, Mumps, Rubella (MMR); Tetanus/<br>Diphtheria/Pertussis (TDAP); Chicken Pox<br>(Varicella); Hepatitis B; and Meningitis<br>(Meningococcal MCV4 and B)<br>(not subject to deductible or coinsurance) | No coverage                                                                                                                             |                                                                                                                                     |                                                                                                                                     |
| Mental health disorders (Treatment must not be provided at a student health center)                                                                                  | Outpatient: Maximum of 30 visits. Inpatient: Maximum of 30 days.                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                     | Outpatient: \$50 maximum per day, \$500 maximum. Inpatient: Up to \$5,000.                                                          |
| Dental treatment due to accident                                                                                                                                     | Up to \$250 maximum per tooth; \$500 maximum per certificate period. Not subject to coinsurance.                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Emergency dental (Acute onset of pain)                                                                                                                               | Up to \$100. Not subject to coinsurance.                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Pre-existing condition                                                                                                                                               | 6-month waiting period                                                                                                                                                                                                                                               |                                                                                                                                         | 12-month waiting period                                                                                                             | No coverage                                                                                                                         |
| Acute onset of pre-existing condition (excludes chronic and congenital conditions)                                                                                   | \$25,000 lifetime maximum for eligible expenses                                                                                                                                                                                                                      |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Maternity care for a covered pregnancy                                                                                                                               | Up to \$25,000.                                                                                                                                                                                                                                                      | Up to \$10,000.                                                                                                                         | Up to \$5,000.                                                                                                                      | No coverage                                                                                                                         |
| Nursery care of newborn (not subject to coinsurance)                                                                                                                 | Up to \$750.                                                                                                                                                                                                                                                         |                                                                                                                                         | Up to \$250.                                                                                                                        | No coverage                                                                                                                         |
| Therapeutic termination of pregnancy                                                                                                                                 | Up to \$500. Not subject to coinsurance.                                                                                                                                                                                                                             |                                                                                                                                         |                                                                                                                                     |                                                                                                                                     |
| Outpatient Physical therapy & chiropractic care (Not subject to coinsurance. Must be ordered in advance by a physician and not obtained at a student health center.) | Up to \$75 per visit per day                                                                                                                                                                                                                                         | Up to \$50 per visit per day                                                                                                            |                                                                                                                                     | Up to \$25 per visit per day                                                                                                        |
| Intercollegiate, interscholastic, intramural, or club sports                                                                                                         | Up to \$5,000 maximum per injury or illness; medical expenses only                                                                                                                                                                                                   |                                                                                                                                         | Up to \$3,000 maximum per injury or illness; medical expenses only                                                                  | No coverage                                                                                                                         |
| Terrorism                                                                                                                                                            | Up to \$50,000 lifetime maximum. Eligible medical expenses only.                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                                                     | No coverage                                                                                                                         |
| EMERGENCY TRAVEL BENEFIT                                                                                                                                             | ELITE Limit                                                                                                                                                                                                                                                          | SELECT Limit                                                                                                                            | BUDGET Limit                                                                                                                        | SMART Limit                                                                                                                         |
| Emergency medical evacuation (Not subject to deductible or coinsurance.)                                                                                             | Up to \$500,000 lifetime maximum                                                                                                                                                                                                                                     | Up to \$300,000 lifetime maximum                                                                                                        | Up to \$250,000 lifetime maximum                                                                                                    | Up to \$50,000 lifetime maximum                                                                                                     |
| Emergency reunion (Not subject to deductible or coinsurance.)                                                                                                        | Up to \$5,000, subject to a maximum of 15 days                                                                                                                                                                                                                       |                                                                                                                                         | Up to \$1,000, subject to a maximum of 15 days                                                                                      |                                                                                                                                     |
| Accidental death & dismemberment (Not subject to deductible or coinsurance.)                                                                                         | Lifetime Maximum- \$25,000<br>Death- \$25,000<br>Loss of 2 Limbs- \$25,000<br>Loss of 1 Limb- \$12,500                                                                                                                                                               | No coverage                                                                                                                             |                                                                                                                                     |                                                                                                                                     |
| Repatriation of remains (not subject to deductible, coinsurance, or overall maximum limit)                                                                           | Up to \$50,000 lifetime maximum                                                                                                                                                                                                                                      |                                                                                                                                         | Up to \$25,000 lifetime maximum                                                                                                     |                                                                                                                                     |
| Personal Liability (Not subject to deductible or coinsurance.)                                                                                                       | Up to \$250,000 lifetime maximum.<br>Up to \$250,000 third person injury or property.<br>Up to \$2,500 related third person property.                                                                                                                                | No coverage                                                                                                                             |                                                                                                                                     |                                                                                                                                     |

# What's Covered by StudentSecure®?

## Pre-Existing Conditions

After six months of continuous coverage, StudentSecure Elite and StudentSecure Select will provide benefits for pre-existing conditions (12 months for StudentSecure Budget).

A pre-existing condition is any condition:

- for which medical advice, diagnosis, care, or treatment was recommended or received within 2 years prior to your effective date of coverage
- which would cause a reasonably prudent person to seek medical advice, diagnosis, care, or treatment within 2 years prior to your effective date of coverage
- that existed (with reasonable medical certainty) with 2 years prior to your effective date of coverage, whether or not it was known to you

Note: StudentSecure Smart does not provide coverage for expenses related to pre-existing conditions except as provided for under the Acute Onset of a Pre-Existing Condition benefit described below.

## Acute Onset of a Pre-Existing Condition

Individuals who purchase a StudentSecure plan are entitled up to a \$25,000 lifetime maximum for the acute onset of a pre-existing condition. The acute onset of a pre-existing condition means a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning in the form of physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. The acute onset of a pre-existing condition must occur after the effective date of the policy. Treatment must be obtained within 24 hours of the sudden and unexpected

outbreak or recurrence. A pre-existing condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered acute onset.

## Organized Sports Activities

Medical expenses for injuries or illnesses sustained while participating in intercollegiate, interscholastic, intramural, or club sports are covered by the StudentSecure plan up to a maximum of \$5,000 per injury or illness on StudentSecure Elite and Select and up to \$3,000 per injury or illness on StudentSecure Budget. StudentSecure Smart does not provide coverage for organized sports activities.

## Mental Health Disorders

StudentSecure provides benefits for mental health disorders. Drug and alcohol abuse are covered under this benefit on the Elite, Select and Budget plan levels. Treatment for mental health disorders is covered only if not obtained from a student health center.

## Emergency Dental

The following emergency dental expenses are covered: emergency dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an accident which is covered under this insurance subject to a maximum of \$250 per tooth and \$500 certificate period maximum; and emergency dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100 per certificate period.

## Emergency Medical Evacuation

Would you know what to do if you found yourself in a life-threatening situation far from home? Tokio Marine HCC – MIS Group is experienced in arranging emergency medical evacuations. StudentSecure will cover eligible expenses necessary to transport you from an initial treating facility to the nearest medical facility qualified to treat your life-threatening condition. We also understand the importance of family support in these difficult situations. StudentSecure will also cover the transportation, lodging, and meal costs for a relative to join you after a covered emergency medical evacuation, up to the lifetime limit.

## Terrorism

In these turbulent times, the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, StudentSecure Elite, Select, and Budget offer coverage for eligible medical expenses resulting from these acts. Coverage excludes countries or regions for which the U.S. Department of State has issued a level 3 "reconsider travel" or level 4 "do not travel" advisory.

## Repatriation of Remains

What would your family do if disaster strikes while you are away from home? The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of your death while traveling abroad, StudentSecure will arrange for and cover eligible costs associated with the repatriation of your remains.

The description of coverage in these pages is for informational purposes only. Actual coverage will vary based the terms and conditions of the policy issued. The information described herein does not amend or otherwise affect the terms and conditions of any insurance policy issued by Tokio Marine HCC- MIS Group or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence.

StudentSecure is underwritten by Lloyd's, London. Tokio Marine HCC- Medical Insurance Services Group (MIS Group) is a service company and a member of the Tokio Marine HCC group of companies. Tokio Marine HCC- MIS Group has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd.

Patient Protection and Affordable Care Act ("PPACA"): This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

# Enrollment

To be eligible for StudentSecure, participants must meet all of the following requirements

- Must be a Full-time Student at a college or university, excluding online colleges and universities, or within 31 days of being a Full-time Student at a college or university; or must be a Full-time Scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; or must be a Full-time High School Student.
- The Full-time Student / Scholar status requirement is waived for participants within the U.S. holding a valid F1 (including those students on OPT) or J1 visa. Full-time status requirements remain in force for individuals holding M-1 or other category visas.
- Must be residing outside home country for the purpose of pursuing international educational activities.
- Must not have obtained residency status in the host country.

Participants visiting the U.S. must hold a valid education-related visa. A copy of the I-20 or DS-2019 may be requested.



## Home Country Coverage

For every three month period during which the Member is covered hereunder, medical expenses incurred in the Member's home country are covered up to a maximum of 15 days.

Incidental visit time must be used within the three-month period earned, and you must continue your international trip in order to be eligible for this benefit, which covers medical expenses only. Return to your home country must not be taken for the purpose of obtaining treatment of an illness or injury that began while traveling.

## Benefit Period Medical Coverage

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, underwriters will pay eligible medical expenses, as defined herein, for up to 60 days beginning on the first day of diagnosis or treatment of a covered injury or illness while the Member is outside his or her home country and while the certificate was in effect. The benefit period applies only to eligible medical expenses related to a condition for which the Member was hospitalized as an inpatient on the termination date of the certificate.

## Extending or Renewing Coverage

You may renew your coverage as long as you continue to meet the eligibility requirements. Renewal may be completed within the last six months of a certificate period. Deductible and coinsurance must be re-satisfied as of each renewal date. After four years of continuous coverage or any break in coverage, a new plan must be purchased. A new application is required and you must re-satisfy your deductible, coinsurance, pre-existing condition provisions, and all other benefit limits. Extensions and renewals must be made online with payment by credit card.

## Cancellations and Refunds

To be eligible for a full refund, the request for cancellation must be received prior to the effective date. Cancellation requests received after the effective date will be subject to the following conditions:

- A \$25 cancellation fee will apply
- Only premium for unused whole-months of the plan will be refunded
- Only members who have no claims are eligible for premium refund
- When payment is made in full at the time of purchase, no refunds are granted after 60 days



## Outstanding Customer Service

### Student Zone and World Service Center

Student Zone is an online account management and resource tool available to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Locate providers within the PPO Network

#### Log In to Student Zone at:

<https://zone.hccmis.com/studentzone>

If you prefer to speak to a professional service representative, contact Tokio Marine HCC – MIS Group World Service Center by calling toll-free from various countries or by calling collect. The World Service Center can provide service in many different languages.

## Worldwide Travel and Medical Assistance

StudentSecure® includes valuable travel and medical assistance services, which are available 7 days a week, 365 days a year. Contact us to access any of these services.

### Medical Monitoring

Consultations with attending medical professionals during hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding medical status.

### Provider Referrals

Contact information for Western-style medical facilities, medical and dental practices, and pharmacies in the destination country.

## Travel Document Replacement

Assistance obtaining replacement passports, birth certificates, visas, airline tickets, and other travel-related documents.

### Lost Luggage Assistance

Tracking service to assist in locating luggage or other items lost in transit.

### Other Travel Assistance Services\*

- Prescription drug replacement
- Emergency travel arrangements
- Dispatch of physician
- Translation assistance
- Credit card / Traveler's check replacement

\*For a complete list of available assistance services or for more information, please contact Tokio Marine HCC – MIS Group. Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.

## Contact Us

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A member of the Tokio Marine HCC group of companies

To Be a **Good Company**