

**COMPARATIVE FEATURES AND BENEFITS OF MEDICAL INSURANCE AND TRAVEL SAFETY PRODUCTS BY TOKIO MARINE HCC
FOR
INTERNATIONAL STUDENTS AND ACCOMPANYING FAMILY COMING TO U.S. UNIVERSITIES AND COLLEGES**

	Conditions of Enrollment in U.S. Schools	Conditions of enrollment for students for medical insurance with Tokio Marine HCC	Conditions of enrollment for accompanying spouse and child (family) for medical insurance with Tokio Marine HCC as International Travelers
	Minimum Mandatory State and Federal Requirements: Items 1 to 13	Coverage for International Students coming to U.S. Recommended Plan: ELITE	Coverage for International Travelers accompanying family with student on F-1 or J-1 visa coming to U.S. Recommended Plan: Atlas America
	<p>Minimum Requirements for Mandatory Insurance:</p> <p>References:</p> <ul style="list-style-type: none"> ▪ Florida State Min Health ▪ Amended FL State Regulation ▪ Insurance Benefits Requirement <p>(Code of Federal Regulation Title 22 Part 62.14)</p>	<p>Product: International Student Medical Insurance Carrier: Tokio Marine HCC Medical Insurance Services Group Product Name: StudentSecure Where available: Any school, worldwide Policy Standards: Evolved by the carrier. Policies offered: (from Low to High) SMART BUDGET SELECT ELITE</p> <p>Broker: https://www.healthprotectionplans.com Information taken from brochures. Underwriter Insurer: Lloyds of London.</p>	<p>Product: International Travelers Medical Insurance</p> <p>For: Travelers coming to the U.S. Product Name: Atlas Travelers Plans available:</p> <ul style="list-style-type: none"> - ATLAS AMERICA - ATLAS AMERICA PREMIUM
Sl. No.	Requirement of Minimum Coverage per State and Federal Regulations.	Coverage Available Against Minimum Requirement. Items 1 to 13	Coverage Available Against Minimum Requirement. Items 1 to 13
1	Coverage Period: Policies must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.	<p>a. Coverage under StudentSecure® may begin on or after the date of departure from your home country and up to 31 days prior to the commencement of classes.</p> <p>b. Coverage is available only in whole-month increments when choosing to pay in monthly installments.</p> <p>c. Premiums will be refunded in full if cancellation request is made prior to the certificate effective date.</p> <p>A \$25 administrative fee will apply for cancellation of policy after the 'certificate effective date', but before 60 days, and premiums may be refunded.</p>	<p>14 days to 364 days.</p> <p>a. Coverage is available only in whole-month increments when choosing to pay in monthly installments.</p> <p>b. Premiums will be refunded in full if cancellation request is made prior to the certificate effective date.</p> <p>A \$25 administrative fee will apply for cancellation of policy after the 'certificate effective date', but before 60 days, and premiums may be refunded.</p>

<p>2.A.</p>	<p>Basic Benefits: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 60% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.</p>	<p>All plans offer: Average semi-private room rate, including nursing services: <u>Local Ambulance:</u> (not subjected to coinsurance)</p> <ul style="list-style-type: none"> - SMART: Up to \$300 per injury / illness if hospitalized as inpatient - BUDGET: Up to \$500 per injury / illness if hospitalized as inpatient - SELECT and ELITE: Up to \$750 per injury / illness if hospitalized as inpatient. <p><u>Intensive Care Unit:</u> Up to overall maximum limit <u>Outpatient treatment:</u> Up to overall maximum limit</p> <p>Policies offer In-Network qualified providers world over at discounted rates, and accept U.S. based nationwide network of providers.</p>	<p>Overall Maximum Limit: Age 80 or older: \$10,000. Age 70 to 79: \$50,000, \$100,000, or \$150,000. Maximum per Injury / Illness</p> <p>Age 80 or older: \$10,000. Age 70 to 79: \$50,000, \$100,000, or \$150,000. All others: \$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000, or \$2,000,000</p> <p>Recommended: \$2,000,000</p> <p>Hospital Room and Board: Average semi-private room rate, including nursing services</p> <p>Intensive Care Unit: Up to the overall maximum limit</p>
<p>2.B.</p>	<p>Co-insurance</p> <p>In-Network Providers:</p> <ul style="list-style-type: none"> - 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, and <p>Out-of-Network Providers</p> <ul style="list-style-type: none"> - 60% or more of usual, customary, and reasonable charge per accident or illness. 	<p>Co-Insurance: Claims incurred inside the U.S. In-network Providers</p> <ul style="list-style-type: none"> - SMART: Within PPO: 80% of eligible expenses after deductible to the overall maximum. BUDGET: Within PPO: 80% of next \$25,000 of eligible expenses after deductible, then 100% to the overall maximum. - SELECT: Within PPO: 80% of next \$5,000 of eligible expenses after deductible, then 100% to the overall maximum. - ELITE: <u>Within PPO: 100% of eligible expenses after deductible to the overall maximum.</u> <p>Out-of-network Providers in the U.S.</p> <ul style="list-style-type: none"> - Outside the PPO: Usual, reasonable, and customary. You may be responsible for charges exceed approved payable amount <p>Claims incurred Outside the U.S. After the deductible, 100% of eligible expenses to the certificate period maximum.</p>	<p>Insurance will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.</p> <p>In-network Providers</p> <ul style="list-style-type: none"> - Within PPO: 100% of eligible expenses after deductible to the overall maximum. <p>Out-of-network Providers in the U.S.</p> <ul style="list-style-type: none"> - Outside the PPO: Usual, reasonable, and customary. You may be responsible for charges exceed approved payable amount <p>Claims incurred Outside the U.S.</p> <ul style="list-style-type: none"> - After the deductible, 100% of eligible expenses to the certificate period maximum.

3	<p>Inpatient Mental Health Care: Must be paid at</p> <ul style="list-style-type: none"> - 80% in-network or - 60% out-of-network of the usual and customary fees, <p>minimum 30-day cap per benefit period.</p>	<p>ELITE and SEELCT: Maximum of 30 days BUDGET: Up to \$10,000 maximum SMART: Up to \$5,000 maximum.</p> <p>Treatment must not be provided at a student health center.</p>	<p>Mental health disorders are excluded. However, if it falls under situation of Acute Onset of Pre-Existing Condition, it is covered.</p>
4	<p>Outpatient Mental Health Care: Must be paid at</p> <ul style="list-style-type: none"> - 80% in-network or - 60% out-of-network of the usual and customary fees, <p>minimum 30-day cap per benefit period</p>	<p>SMART: Up to \$5,000 maximum BUDGET: Up to \$10,000 maximum SELECT: Maximum 30 days ELITE : Maximum of 30 days</p> <p>Treatment must not be provided at a student health center</p>	<p>Mental health disorders are excluded. However, if it falls under situation of Acute Onset of Pre-Existing Condition, it is covered.</p>
5	<p>Maternity Benefits:</p>	<p>SMART: No coverage BUDGET: Up to \$5,000 SELECT: Up to \$10,000 ELITE: Up to \$25,000</p> <p>Nursery care of newborn (not subject to coinsurance). SMART: No coverage. BUDGET: Up to \$250 SELECT: Up to \$750 ELITE: Up to \$750</p> <p>Therapeutic Termination of Pregnancy: Up to \$500. Not subjected to coinsurance. (All plans)</p>	<p><u>Complications of Pregnancy</u> are covered. It is treated as illness distinct from pregnancy, affected by pregnancy or caused by pregnancy and not associated with a normal pregnancy. This includes: ectopic pregnancy, spontaneous abortion, missed abortion, and conditions of comparable severity. For the purposes of Complications of Pregnancy coverage, pregnancy will not be included within definition of a pre-existing condition.</p>
6	<p>Repatriation of Mortal Remains: \$25,000 (coverage to return the student's remains to his/her native country).</p>	<p>Emergency Medical Evacuation: (not subjected to deductible)</p> <ul style="list-style-type: none"> - SMART: Up to \$50,000 lifetime maximum. - BUDGET: Up to \$250,000 lifetime maximum. - SELECT: Up to \$300,000 lifetime maximum. - ELITE: Up to \$500,000 lifetime maximum. <p>Emergency reunion (not subject to deductible or coinsurance)</p> <ul style="list-style-type: none"> - SMART and BUDGET: Up to \$1,000, subject to a maximum of 15 days - SELECT and ELITE: Up to \$5,000, subject to a maximum of 15 days 	<p>Equal to the elected overall maximum limit - <i>not subject to deductible or coinsurance. This limit is for this benefit only and is not included in or subject to the overall maximum limit.</i></p>

7	<p>Medical Evacuation: \$50,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge)</p>	<p>Emergency Medical Evacuation: (not subjected to deductible)</p> <ul style="list-style-type: none"> - SMART: Up to \$50,000 lifetime maximum. - BUDGET: Up to \$250,000 lifetime maximum. - SELECT: Up to \$300,000 lifetime maximum. - ELITE: Up to \$500,000 lifetime maximum. <p>Emergency reunion (not subject to deductible or coinsurance)</p> <ul style="list-style-type: none"> - SMART and BUDGET: Up to \$1,000, subject to a maximum of 15 days <p>SELECT and ELITE: Up to \$5,000, subject to a maximum of 15 days</p>	<p>Emergency Medical Evacuation</p> <p>Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition <i>- not subject to deductible or overall maximum limit</i></p>
8	<p>Deductible: Maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of \$100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.</p>	<ul style="list-style-type: none"> - SMART: \$50 per injury or illness within PPO network, outside US, or at students health center; otherwise \$100 per injury or illness. Emergency Room (in US only): \$350 - BUDGET: \$45 per injury or illness within PPO network, outside US, or at students health center; otherwise \$90 per injury or illness. Emergency Room (in US only): \$350 - SELECT: \$35 per injury or illness within PPO network, outside US, or at students health center; otherwise \$70 per injury or illness. Emergency Room (in US only): \$200 <p><u>ELITE: \$25 per injury or illness within PPO network, outside US, or at students health center; otherwise \$50 per injury or illness. Emergency Room (in US only): \$100</u></p>	<p>\$0, \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000 per certificate period</p> <p>Recommended: \$250</p>
10	<p>Insurance Carrier must be, at a minimum, to meet the rating requirements specified in Part 62.14(d) of Title 22 of the Code of Federal Regulations.</p>	<p>Insurance Carrier is Tokio Marine HCC, further underwritten by Llyod of London. This carrier provides worldwide insurance coverage for international travelers and international student. Has worldwide network of services providers. Is reputed very high-rated.</p>	<p>Insurance Carrier is Tokio Marine HCC, further underwritten by Llyod of London. This carrier provides worldwide insurance coverage for international travelers and international student. Has worldwide network of services providers. Is reputed very high-rated.</p>

11	<p>Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.</p>	<p>Terrorism</p> <ul style="list-style-type: none"> - SMART: No coverage - BUDGET, SELECT and ELITE: Up to \$50,000 lifetime maximum. Eligible medical expenses only. <p>Emergency Medical Evacuation: (not subjected to deductible)</p> <ul style="list-style-type: none"> - SMART: Up to \$50,000 lifetime maximum. - BUDGET: Up to \$250,000 lifetime maximum. - SELECT: Up to \$300,000 lifetime maximum. - ELITE: Up to \$500,000 lifetime maximum. <p>Emergency reunion (not subject to deductible or coinsurance)</p> <ul style="list-style-type: none"> - SMART and BUDGET: Up to \$1,000, subject to a maximum of 15 days - SELECT and ELITE: Up to \$5,000, subject to a maximum of 15 days - Repatriation of Remains 	<p>Coverage of perils associated with international travels are listed under Emergency Travel Benefits below.</p>
12	<p>Claims must be paid in U.S. dollars payable on a U.S. financial institution</p>	<p>Headquartered in Indiana, USA. All claims are paid in U.S. dollars.</p>	<p>Headquartered in Indiana, USA. All claims are paid in U.S. dollars.</p>
13	<p>Policy provisions must be available from the insurer in English. Authority: Section 7(d), Art. IX, Fla. Const., History--Adopted 7-6-72, 12-17-74, Amended 6-21-83, 8-11-85, Formerly 6C-6.09, Amended 12-9-91, 9-27-07, Amended and Renumbered 1-29-09, Amended 6-23-16.</p>	<p>Yes, it is available in English. Also available in some more languages.</p>	<p>Yes, it is available in English. Also available in some more languages.</p>
	<p>Additional Benefits above Mandatory Minimum</p>	<p>Additional Benefits above Mandatory Minimum</p>	<p>Additional Benefits above Mandatory Minimum</p>
A	<p>Enrollment of Spouse and dependent children.</p> <p><i>School specific requirement.</i></p>	<p>Enrollment for purchase of medical insurance for spouse and dependent children is not available as part of StudentSecure product. However, family may enroll in International Travelers Medical Insurance as accompanying family available from Tokio Marine HCC from 5 to 364 days at any one time. (Check visa status for dependents as required)</p>	<p>Atlas America International insurance by Tokio Marine HCC:</p> <p>Exceeds 'Minimum Requirements' of medical insurance for enrolled student as required by enrolling school for the accompanying family.</p> <p>This product is not merged with Student insurance. Some benefits for student are not applicable for the accompanying family.</p>
B	<p>Extended Benefit Period of Coverage</p>	<p>You have extended coverage for 60 days for continued coverage from the date of first diagnosis or treatment of injury or illness for which you were an 'inpatient' in a hospital in host country even if your policy terminates during this period.</p>	<p>Upon termination of certificate of insurance, you are eligible for up to 90 days of treatment for covered injury or illness beginning on the first day of diagnosis while you were outside your home country.</p>

C	Incidental Home Country Coverage	If you make trips to your home country totaling no more than 15 days per 3 months' period, you are in status of ' <i>incidental home country coverage</i> '. Return to home country must not be for the purpose of treatment of an illness or injury that began while abroad	U.S. Home Country: For every three-month period during which you are covered, eligible medical expenses incurred in the U.S. are covered for up to 15 days. Non-U.S. Home Country: For every three-month period during which you are covered, eligible medical expenses incurred in your home country are covered up to a maximum of 30 days.
D	Inpatient/Outpatient Prescription Medication: Must include coverage of \$1,000 or more per policy year. <u>School specific requirement.</u>	ELITE: Generic Drugs: 100% Coinsurance. Brand Name Drugs: 50% coinsurance. Specialty Drugs: No coverage.(not subject to deductible. Vaccinations: Up to \$150 covered. SELECT, BUDGET, and SMART: 50% actual charge (not subject to deductible or coinsurance). Vaccinations: No coverage. No restriction on pharmacy.	Drugs which require prescription by a physician for treatment of a covered injury or illness , for a maximum supply of 60 days per prescription.
E	Emergency Dental (Acute onset of pain)	Up to \$100. (Not subject to deductible)	Up to \$300 (not subjected to deductible)
	Dental Treatment due to accident	Up to \$250 maximum per tooth; \$500 maximum per certificate. Not subject to coinsurance.	
F	Acute onset of pre-existing condition (excludes chronic and congenital conditions.	Up to \$25,000 lifetime maximum for eligible expenses.	Age 70 to 79: up to the overall maximum limit or \$100,000 whichever is lower. Under age 70: Up to the overall maximum limit Up to \$25,000 lifetime maximum, eligible medical expenses only.
G	Pre-Existing Conditions.	ELITE and SELECT: 6 months waiting period. BUDGET: 12 months waiting period SMART: No coverage.	Pre-existing conditions are excluded except for <u>Acute Onset of Pre-Existing Condition</u> (excludes chronic and congenital conditions.
H	Outpatient Physical therapy & Chiropractic care	ELITE: Up to \$75 per visit per day. SELECT and BUDGET: Up to \$50 per visit per day SMART: Up to \$25 visit per day.	Up to \$50 maximum per day. Must be ordered in advance by a physician .
I	Sports & Activities – Leisure, Recreational, Entertainment, or Fitness	All plans. Up to the overall maximum limit. Scope of this feature is here.	Covered for taking part in amateur/non-professional sports and activities. Exclusions apply for risky sports. Scope of this feature is here.
J	Intercollegiate, Intramural, or club sport Optional	ELITE and SELECT: Up to \$5,000 maximum per injury or illness; medical expenses only BUDGET: Up to \$3,000 maximum per injury or illness; medical expenses only. SMART: No coverage. Scope of this features in here.	Not applicable

K	Emergency Room Copayment	Claims incurred in U.S. only ELITE: \$100 SELECT: \$200 BUDGET: \$350 SMART: \$350	Claims incurred in U.S. You shall be responsible for a \$200 co-payment for each use of emergency room for an illness unless you are admitted to the hospital. No co-payment for emergency room treatment of an injury. Claims incurred outside the U.S No co-payment. Fee based on UCR rates.
L	Urgent Care Center Co-payment	Deductible applicable	Claims incurred in U.S. For each visit, you shall be responsible for a \$15 co-payment. – <i>Co-payment is waived for members with a \$0 deductible.</i> – <i>not subject to deductible</i> Claims incurred outside the U.S. No co-payment
M	Emergency Eye Exam for a Covered Loss	Deductible applicable	Up to \$150. \$50 deductible per occurrence (plan deductible is waived).
N	Terrorism	All Plans Up to \$50,000 lifetime maximum, eligible medical expenses only.	Up to \$50,000 lifetime maximum, eligible medical expenses only.
O	All Other Eligible Medical Expenses	Deductible and Coinsurance as applicable to the plan up to the overall maximum limit.	Up to the overall maximum limit
	EMERGENCY TRAVEL BENEFITS	Emergency Travel Benefits Limit	Emergency Travel Benefits Limit
P	Emergency Medical Evacuation		Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition - <i>not subject to deductible or overall maximum limit</i>
Q	Repatriation of Remains	ELITE: Up to \$50,000 lifetime maximum SELECT: Up to \$50,000 lifetime maximum BUDGET: Up to \$25,000 lifetime maximum SMART: Up to \$25,000 lifetime maximum	Equal to the elected overall maximum limit - not subject to deductible or coinsurance. This limit is for this benefit only and is not included in or subject to the overall maximum limit.
R	Local Burial or Cremation	No	Up to \$5,000 lifetime maximum - <i>not subject to deductible</i>
S	Crisis Response - Ransom, Personal Belongings, and Crisis Response Fees and Expenses	No	Up to \$10,000 - <i>not subject to deductible or overall maximum limit</i>
T	Emergency Reunion	ELITE and SELECT: Up to \$5,000, subject to maximum of 15 days BUDGET and SMART: Up to \$1,000, subject to maximum of 15 days	Up to \$100,000, subject to a maximum of 15 days - <i>not subject to deductible</i>

U	Bedside Visit	No	Up to \$1,500 - <i>not subject to deductible</i>
V	Return of Minor Children	No	Up to \$50,000 - <i>not subject to deductible</i>
W	Pet Return	No	Up to \$1,000 - <i>not subject to deductible</i>
X	Political Evacuation	No	Up to \$100,000 lifetime maximum - <i>not subject to deductible</i>
Y	Trip Interruption	No	Up to \$10,000 - <i>not subject to deductible</i>
Z	Political Evacuation	No	Up to \$100,000 lifetime maximum - <i>not subject to deductible</i>
AA	Trip Interruption	No	Up to \$10,000 - <i>not subject to deductible</i>
AB	Common Carrier Accidental Death Age 18 – 60 Under age 10 Age 70 – 74 Age 75 and older	No	\$50,000 \$10,000 \$25,000 \$12,500
AC	Accidental Death and Dismemberment (excludes loss due to Common Carrier Accident)	No	<u>Age 18 thorough 69:</u> Lifetime \$25,000, Death \$25,000, Loss of 2 limbs \$25,000; Loss of 1 limb \$12,500 <u>Under Age 18:</u> Lifetime \$5,000, Death \$5,000, Loss of 2 limbs \$5,000; Loss of 1 limb \$2,500 <u>Ages 70 thorough 74:</u> Lifetime \$12,500, Death \$12,500, Loss of 2 limbs - \$12,500; Loss of 1 limb - \$6,500 <u>Ages 75 and older:</u> Lifetime \$6,250, Death \$6,250, Loss of 2 limbs - \$6,250; Loss of 1 limb - \$3,125
AD	Optional Accidental Death & Dismemberment Rider (only for Age 18 – 69)	ELITE and SELECT: Death \$25,000;Loss of 2 Limbs - \$25,000, Loss of 1 Limb - \$12,500 BUDGET and SMART: No Coverage	Death \$25,000;Loss of 2 Limbs - \$25,000, Loss of 1 Limb - \$12,500
	Lost Checked Luggage	No	Up to \$1,000 – not subject to deductible
AE	Travel Delay	No	Up to \$100 a day after a 12-hour delay period requiring an unplanned overnight stay. Subject to a maximum of 2 days. - <i>not subject to deductible</i>
AF	Lost or Stolen Passport/Travel Visa	No	Up to \$100 - <i>not subject to deductible</i>
AG	Border Entry Protection	No	Up to \$500 if traveling on a valid B-2 visa and denied entrance at the U.S. border. - <i>not subject to deductible</i>

AH	Natural Disaster - Replacement Accommodations	No	Up to \$250 a day for 5 days - <i>not subject to deductible</i>
AI	Hospital Indemnity	No	\$100 per day of inpatient hospitalization - <i>not subject to deductible</i>
AJ	Personal Liability - <i>Not subject to deductible, coinsurance, or overall maximum limit</i>	ELITE: Up to: \$25,000 lifetime maximum \$25,000 third party injury \$\$25,000 third party property \$\$2,500 related third party property SELECT and BUDGET: No Coverage	Up to: \$25,000 lifetime maximum \$25,000 third party injury \$\$25,000 third party property \$\$2,500 related third party property
AK	Optional Personal Liability Rider	No	Up to \$75,000 lifetime maximum - <i>not subject to deductible or overall maximum limit</i>
AL	GENERAL EXCLUSIONS	Know the General Exclusions of StudentSecure Plans	Know the General Exclusion of Atlas Traveler Plans