CAA

2026/2027

Read the brochure.

INTERNATIONAL STUDENT

Injury & Sickness Insurance Plan Highlights

THE HOTCHKISS SCHOOL

Policy Effective Dates:
08/15/2026 to 08/14/2027

Academic Dates:
08/15/2026 to 06/14/2027

Policy # CC005555

Eligibility

- **Who is Eligible:** Any student, holding an F1 or J1 visa, or whose permanent residence is not in the United States, and who is affiliated with a private secondary school of the participating organization in the United States, is eligible to purchase and participate in the Plan.
- **To Be Eligible, the Student Must Be:** Enrolled in credit courses, and actively attending classes or a school sponsored camp or program of the participating institution.
- The Company maintains its right to investigate student status to verify that the policy Eligibility requirements have been met. If the Company discovers the Eligibility requirements have not been met, its only obligation is a refund of premium.

Pre & Post Enrollment Options: Coverage is available for purchase to newly enrolled students who arrive in the United States prior to the beginning of the first term of study at their private secondary school, or Insured Persons who have completed their final term of study at their private secondary school and are either preparing to return to the Home Country or attend a college or university in the United States. This option provides up to 60 days of pre or post coverage.

Where can I get more Information about the benefits available? The policy documents provide more detail of the coverage including benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Please refer to Policy for exact limitations and/or benefits.

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

HIGHLIGHTS OF THE COVERAGE		
This list is not all inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations	**In-Network Provider Benefit**	**Non-Network Provider Benefit**
Medical Expense Maximum Benefit	Unlimited	
Plan Deductible	$0	$0
Coinsurance *All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan brochure*	100% of Preferred Allowance	80% of URC
Hospital Room & Board Benefit	100% of Preferred Allowance	80% of Semi-Private Room Rate
Hospital Miscellaneous Expense Benefit	100% of Preferred Allowance	80% of URC
Physiotherapy, Chiropractic, Occupational, Therapeutic Services (Outpatient) *60 visit maximum (Per Policy Year – Medical review after 45 visits)*	100% of Preferred Allowance	80% of URC
Mental & Nervous Conditions Expense *May require Pre-Authorization*	100% of Preferred Allowance	80% of URC
Wellness Benefit *Wellness includes, but not limited to, annual physicals, GYN exams, screenings and immunizations (see the policy on file with the school for complete details)* *Plan deductible does not apply*	100% of Preferred Allowance	80% of URC
Outpatient Prescription Drug Expense Benefit *Plan deductible does not apply* *May require Pre-Authorization*	$0 copay per prescription limited to a 30-day supply (when utilizing a CVS-Caremark Pharmacy)	100% of Charges
Emergency Medical Evacuation/Return of Mortal Remains *May require Pre-Authorization*	100% of Actual Expense	
The following benefits are also included: *This list is not all-inclusive. Please read the Policy for complete listing of benefits and any individual benefit maximums, exclusions, or limitations*	►Physician's Visits ►Urgent Care ►Emergency Room ►Diabetes Treatment ►Inpatient/Outpatient Surgery ►Emergency Dental – Injury to Natural Teeth only	►Interscholastic Sports Benefit ►Laboratory and X-Ray ►Durable Medical Equipment
Accidental Death and Dismemberment	Principal Sum: $10,000; Time Period for Loss: 365 Days	

Plan is Underwritten by: Plan is underwritten by Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks of the parent company of Crum & Forster, SPC. The Crum & Forster group of companies is rated A+ (Superior) by AM Best Company 2025. By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

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.

Pre-Authorization

Pre-Authorization is a process by which an Insured Person obtains approval for certain medical procedures or treatments prior to the commencement of the proposed medical treatment. During this process, the Insured may also be directed to In-Network Providers capable of providing the appropriate level of care. TSS Assist must be contacted a minimum of five business days prior to the scheduled procedure or treatment date to initiate the Pre-Authorization process. Other than for Medical Evacuations and Return of Remains, there is no penalty. Failure to obtain pre-authorization may result in denial in payment of Covered Expenses.

The following services require Pre-Authorization:

- Non-emergency Inpatient treatment of Mental & Nervous Conditions,
- Highly specialized drugs, specialty treatments, and prescription medications in excess of $2,000 per refill,
- Non-emergency based (non-urgent) Medical Evacuations and Return of Remains.

DEFINITIONS

The following definitions apply to the Plan. This is only a summary, for a complete listing of definitions, please see the Policy on file with the school.

Accident means an unforeseeable and unexpected event which causes Injury to one or more Plan Participants.

Home Country means the country where the Plan Participant has his or her true, fixed, and permanent home and principal establishment.

Physician means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, or a Plan Participant's Immediate Family.

Sickness means illness or disease which requires treatment by a Physician while covered by the Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Services are administered by or through Total Scholastic Solutions (TSS) and its operating affiliates. Certain benefits provided under this program are underwritten by the Crum & Forster group of insurers. TSS Assist is not affiliated with Crum & Forster. Presented here are highlights of the assistance services. Full terms, conditions and exclusions are contained in your plan document.

EXCLUSIONS

The Policy does not cover any loss resulting from any of the following.

1. Charges that are not Medically Necessary;
2. Charges which are in excess of Usual, Reasonable and Customary charges;
3. Expenses incurred for treatment while in Your Home Country, except as specifically provided in the policy;
4. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:

- When due to a covered Injury or Sickness;

5. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident;
6. Prescription Drugs, services or supplies as follows:

- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
- Immunization agents, except as specifically provided in the Policy. Biological sera. Blood or blood products administered on an outpatient basis.
- Drugs labeled, "Caution – limited by federal law to investigational use" or experimental drugs.
- Products used for cosmetic purposes.
- Anabolic steroids used for body building.
- Anorectic – drugs used for the purpose of weight control.
- Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
- Growth Hormones.
- Refills in excess of the number specified or dispensed after one (1) year of the date of the prescription.

7. Hearing examinations. Hearing aids. Cochlear implants. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to hearing defects or hearing loss as a result of an infection or Injury;
8. Speech therapy and Nutritional Counseling, except as specifically provided in the policy;
9. Hospice Care, Rest cures or Custodial Care;
10. Medical expenses resulting from a motor vehicle accident which is payable under any other valid and collectible insurance;
11. Elective or Cosmetic surgery and Elective Treatment (except as specifically provided); except for reconstructive surgery on a diseased or injured part of the body (Correction of a deviated nasal septum is considered Cosmetic Surgery unless it results from a covered Injury or Sickness);
12. War or any act of war, declared or undeclared;
13. Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal act;
14. Voluntary, active participation in a riot or insurrection;
15. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers;
16. Treatment paid for or furnished under any other individual or group policy, or under any mandatory government program or facility set up for the treatment without cost to any individual;
17. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family member of the Plan Participant;
18. Charges provided at no cost to the Plan Participant;
19. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
20. Genetic Screening: Counseling, screening, testing, or treatment in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

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TSS Assist

Contact TSS Assist at
US 1 (800) 730-2417

E-mail for emergencies
to assist@tssassist.com

Non-Insurance Assistance Services

Non-insurance Assistance services are provided by TSS Assist and not affiliated with Crum & Forster SPC. An outline of the assistance services appears below.

Medical Emergency Services

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc.
- Medical transportation arrangements – Emergency Evacuation / Return of Mortal Remains
- Emergency message service for medical situations

Legal Assistance

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

Travel Assistance

- Help with lost passports, tickets, and documents

Frequently Asked Questions

What are the health insurance requirements for international students?

The Hotchkiss School requires all international students enrolled to purchase medical insurance as a way of protecting your educational investment and to comply with visa requirements. The SHIP plan is designed specifically for The Hotchkiss School students. This plan is designed to comply with the school's requirements for adequate coverage, to save students families time and money, and provide convenient access to quality medical care on and off campus.

Where can I use this insurance coverage?

You have coverage anywhere in the US and worldwide except your Home Country. When traveling to your Home Country, for incidental trips no more than 30 days, you will have coverage up to $10,000. If you are traveling outside of the U.S., you may be required to pay out of pocket, and you can file a claim form with receipts to TSS for reimbursement.

When does my claim have to be submitted?

File claim within 30 days of Injury or first treatment for a Sickness. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity. The claim will be denied if claim is received after one year.

Questions? Need Help?

If you have questions or concerns, please contact the plan administrator:

Clifford Allen Associates
PO Box 23615
Hilton Head Island, SC 29925

(888) 342-2224
(843) 342-3150

info@shipsignup.com

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