Summary of Benefits and Coverage

The ISEP benefit program requires that you have two identification cards—the IEES (National Guardian Life Insurance NGL) Medical Insurance ID Card and the UnitedHealthcare Global Assistance ID Card.

The ISEP benefit program (IEES and UnitedHealthcare Global Assistance) provides the following benefits (note that the Medical Evacuation and Repatriation Policy only applies to items five through seven):

1. The basic medical expense benefit pays 100% of covered accident and sickness expenses up to US$25,000; subject to a US$50 deductible per policy year;

2. Once the basic medical expense benefit has been exhausted, the supplemental major medical benefit pays 80 percent of covered accident and sickness expenses until the covered person has paid US$5,000 out-of-pocket (20% co-insurance + per policy year deductible);

3. After the maximum out-of-pocket amount under the Supplemental Major Medical Benefit has been met, the plan pays 100 percent of covered accident and sickness expenses under the Catastrophic Major Medical Benefit;

4. Accidental death, dismemberment and loss of sight;

5. Medical evacuation;

6. Repatriation of remains (in the event of death);

7. UnitedHealthcare Global Assistance for 24-hour worldwide medical and travel assistance.

Benefits for Dependents

Benefits for dependents are the same as those described above, except for the accidental death, dismemberment and loss of sight benefits. Please see the brochure for benefit details.

UnitedHealthcare Global Assistance for emergencies outside of the U.S. UnitedHealthcare Global Assistance is only valid for emergencies that occur outside the United States. If you need assistance within the U.S., please contact ASRM, LLC.
A unique component of a covered person’s IEES plan is the UnitedHealthcare Global Assistance worldwide medical and travel assistance. This assistance includes referrals to doctors or hospitals, coordination of payment with the provider, and assistance with lost prescriptions or travel documents. Multilingual services are available. To access these services, contact UnitedHealthcare Global Assistance directly. When a covered person calls, they will need to provide their name, the specific number assigned to the group (UnitedHealthcare Global Assistance ISEP ID is #359631), the covered person’s school name, and a brief description of the covered person’s problem.

What’s Not Covered

1. Expenses incurred within the covered person’s home country or country of regular domicile.

2. Treatment or services provided by any member of the covered person’s immediate family; or for which no charge is normally made.

3. Routine physical examinations and routine testing; preventive testing or treatment; screening examinations or testing in the absence of injury or sickness except as otherwise provided for under the policy.

4. Dental care or treatment other than care of sound, natural teeth and gums required due to an injury resulting from an accident while the covered person is insured under the policy, and rendered within 12 months of the accident.

5. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other treatment for visual defects and problems, except as required as a result of a covered injury. “Visual defects” means any physical defect of the eye that does or can impair normal vision.

6. Hearing examinations or hearing aids; or other treatment for hearing defects and problems, except as required as a result of a covered injury. “Hearing defects” means any physical defect of the ear that does or can impair normal hearing.

7. Routine foot care, including the treatment of corns, calluses and bunions.

8. Treatment of congenital anomalies and conditions arising or resulting directly there from.


10. Cosmetic surgery, except cosmetic surgery which the covered person needs as the result of an accident which happens while the covered person is insured under the policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.

11. The diagnosis and treatment of infertility.

12. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a prorata premium will be refunded for such period of service).

13. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
14. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane, except for US$10,000 of covered expenses due to suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.

15. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.

16. Treatment that is not incurred by a covered person while insured hereunder.

17. Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered usual, customary, and reasonable charges.

18. Rest cures or custodial care (whether or not prescribed by a physician), or transportation.