



**FOR MORE
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CBIZ College ISH Brochure Program

Date: March 17, 2026
Agency: CBIZ Borden Perlman
Policy Start Date: 08/01/2026 12:00 a.m.
Policy End Date: 07/31/2027 11:59 p.m.

Quote Overview

Eligibility

An international student or other person with a valid F, J or M visa status, temporarily located outside His Home Country as a non-resident alien and a) is engaged in educational or cultural activities of the Participating Member; and b) has not obtained permanent residency status in the United States; and c) is not a U.S. Citizen.

Proposed Plan Details

Carrier: Pan-American International Insurance Corporation (PAIIC); Rated A by AM Best
Claims Administrator: ACI
Provider Network: UnitedHealthcare Options
Pharmacy Benefits Manager: Express Scripts
Travel Assistance: Academic Emergency Services (AES)

Proposed Plan Rates

Annual rates quoted below are net agent commission. This quotation is valid for 30 days from the date of the quote.

Starting Premiums*

	No ICS Benefit	\$5,000 ICS	\$10,000 ICS	\$20,000 ICS
School Endorsed	\$1,148.85	\$1,262.00	\$1,287.55	\$1,309.45
Direct to Student	\$1,316.75	\$1,448.15	\$1,477.35	\$1,502.90

*Final annual rates are zip code-rated and may vary by location. The applicable premium can be calculated using the corresponding CBIZ Rate Table file.

Quote Criteria

- ✓ Maximum international student population of 250
- ✓ Available in all 50 U.S. states, excluding New York
- ✓ Not available in U.S. Territories or locations outside the United States
- ✓ Undergraduate programs only
 - Graduate, Law, Medical, and other post graduate programs are excluded
- ✓ Seminary and theology programs are excluded
- ✓ Dependents are not eligible for coverage

These benefits are not subject to, and do not provide some of the benefits required by, the United States Patient Protection and Affordable Act ("PPACA"). In no event will We provide benefits in excess of those specified in the Certificate, and these benefits are not subject to guaranteed issuance or renewal.

Schedule of Benefits

A Schedule of Benefits has been prepared for illustrative purposes to align as closely as possible with the benefits offered, subject to the limits of our filed policy provisions, and to reflect any additional plan options as applicable. ***If benefits listed differ in any way from the policy, the policy will govern.***

ACCIDENT AND SICKNESS MEDICAL EXPENSE BENEFITS	IN NETWORK	OUT OF NETWORK
Total Maximum per Policy Year	\$250,000 per Individual	
Coinsurance	80% of the Negotiated Rate (NR)	60% of Usual & Customary (U&C)
Out-of-Pocket Maximum per Policy Year	None	
Deductible	\$500 per Policy Year	
All Physician Visit Copayments or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.		
COVERED EXPENSES	IN NETWORK	OUT OF NETWORK
In-Patient Hospital Services		
Room and Board	80% of NR	60% of U&C
Intensive Care Unit or Coronary Care Unit	80% of NR	60% of U&C
Hospital Miscellaneous Expenses	80% of NR	60% of U&C
Emergency Room & Emergency Room Treatment	80% of NR, \$250 Copay per visit. Copay waived if admitted.	60% of U&C, \$250 Copay per visit. Copay waived if admitted.
Out-Patient Hospital Miscellaneous Expenses	80% of NR	60% of U&C
Physician Services		
Surgery – In-Patient	80% of NR	60% of U&C
Surgery – Out-Patient	80% of NR, \$50 Copay per visit.	80% of U&C, \$70 Copay per visit.
Assistant Surgeon	80% of NR	60% of U&C
Second Opinion or Consultation	80% of NR, \$20 Copay per visit	60% of U&C, \$35 Copay per visit
Anesthesia and its Administration	80% of NR	60% of U&C
In-Hospital Visits	80% of NR	60% of U&C
Out-Patient Office Visits	80% of NR	60% of U&C, \$35 Copay per visit.
Pre-Admission Testing	80% of NR	60% of U&C
X-Rays; Laboratory Tests	80% of NR	60% of U&C
Out-Patient Physical Therapy	80% of NR, \$20 Copay per visit	60% of U&C, \$35 Copay per visit
In-Patient Physical Therapy	80% of NR	60% of U&C
Ambulance Services – Ground or Air Max Air Benefit is \$10,000 per Accident or Sickness	80% of NR	60% of Actual Charges
Radiation/Chemotherapy Benefit	80% of NR	60% of U&C
Infusion Therapy Maximum Benefit of \$10,000 per Policy Year	80% of NR, \$20 Copay per visit	60% of U&C, \$35 Copay per visit
Renal Dialysis/ Hemodialysis Maximum Benefit of \$10,000 per Policy Year	80% of NR	60% of U&C
Dental Services (For injury to natural teeth only) Maximum Benefit of \$2,500 per Policy Year	80% of NR	60% of U&C
Prescription Drugs Maximum Benefit is \$5,000 for all Out-Patient prescription drugs per Policy Year. Based on a 30-day supply per prescription.	100% of NR after \$25 Copay for generic drugs, \$50 Copay for brand drugs, 50% of Actual Charges for specialty drugs	No Benefit
Behavioral Health Services Expense Benefit – Mental and Nervous Disorders		
In-Patient Expenses	80% of NR, 30 days maximum	60% of U&C, 30 days maximum
Out-Patient Expenses	80% of NR, \$20 Copay per visit, 30 visits maximum	60% of U&C, \$35 Copay per visit, 30 visits maximum
Behavioral Health Services Expense Benefit – Alcohol & Drug Abuse		
In-Patient Expenses	80% of NR, 30 days maximum	60% of U&C, 30 days maximum

Out-Patient Expenses	80% of NR, \$20 Copay per visit, 30 visits maximum	60% of U&C, \$35 Copay per visit, 30 visits maximum
Intercollegiate Sports Conditions* [\$5,000/ \$10,000/ \$20,000] per Injury maximum per Policy Year. *Based on the option selected by the school or at enrollment.	80% of NR	60% of U&C
Wellness Expense Benefit Maximum Benefit is \$250 per Policy Year. Limited to Routine physical examinations, Preventive Treatment, Annual cervical cytology screening for women 18 & older, Low dose mammography screening and one baseline mammogram per year, colorectal cancer screenings, Immunizations indicated on the Recommended Immunization Schedule by the CDC, Annual health checkups, and Gynecologic health screenings.	80% of NR	60% of U&C
Pregnancy, Complications of Pregnancy, and Pre-Natal Expense Benefit Maximum Benefit is \$25,000 per Policy Year. Conception must occur while continuously covered under the participating members Policy.	80% of NR	60% of U&C
Elective/Therapeutic Termination of Pregnancy Expense Benefit Maximum Benefit is \$1,000 per Policy Year.	80% of NR	60% of U&C
Out-Patient back and spine treatment including acupuncture and chiropractic Maximum is \$50 per visit	80% of NR, \$20 Copay per visit	60% of U&C, \$35 Copay per visit
Walk-in Clinic or Urgent Care Facility	80% of NR, \$20 Copay per visit	60% of U&C, \$35 Copay per visit
Pre-Existing Conditions during the first 6 months of continuous coverage	No Benefit	No Benefit
Pre-Existing Conditions after 6 months of continuous coverage	80% of NR	60% of U&C
Shots or Injections	80% of NR	60% of U&C
Rehabilitative Braces and Appliances	80% of NR	60% of U&C

OTHER EXPENSE BENEFITS	
Emergency Medical Evacuation or Repatriation**	Unlimited
Repatriation of Mortal Remains**	Unlimited; up to a maximum of \$3,000 for the immediate family to use for expenses associated with traveling to a funeral or actual funeral-related expenses such as an urn, casket, coffin, burial or funeral expenses and up to a maximum of \$2,500 for air travel expenses for a family member/companion to join the insured's body during the repatriation
Emergency Family Travel Arrangement**	For up to 2 family members or friends to visit student, up to \$10,000 with 3-day hospitalization, limited to \$300 per day for lodging and \$50 per day for daily meals
** Services must be paid and arranged by Academic Emergency Services. See the Academic Emergency Services Plan Description for full terms and conditions of the services and benefits offered by Academic Emergency Services.	

General Exclusions

This list is provided for illustrative purposes and is intended to reflect, as closely as possible, the benefits offered under the plan, subject to the limits of our filed policy provisions and any additional plan options as applicable. ***If any benefit, exclusion, or provision differs from the issued policy in any way, the terms of the policy will govern.***

In addition to any benefit-specific exclusion, benefits will not be paid for any covered Injury or Sickness, Covered Loss, Covered Expense which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy:

1. Intentionally self-inflicted Injury, suicide or any attempt there at, including self-destruction, attempted self-destruction, while sane or insane in excess of the amount as shown in the Schedule of Benefits.
2. Commission or attempt to commit a felony or an assault or other illegal activity.
3. Commission of or active Participation in a Riot, Civil Commotion or insurrection.

4. Injury sustained while taking part in caving or spelunking, cheerleading, gymnastics, sail gliding, rodeo activities, Mountaineering, hang gliding, Parachuting, paragliding, parasailing, bungee jumping, racing by any animal, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), snow skiing and snowboarding, white water rafting and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury.
5. Declared or undeclared War or acts of War.
6. Flight in; boarding; or alighting from an aircraft or any craft designed to fly above the earth's surface, except as: (a) a fare-paying passenger on a regularly scheduled commercial or charter airline; (b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; (c) a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
7. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle; when used for recreation or competition, snowmobile, water jet ski, two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel.
8. Participation in any motorized race or contest of speed.
9. An Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Covered Person holds a valid learner's permit and (b) the Covered Person is receiving instruction from a Driver's Education Instructor.
10. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage.
11. Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits or while engaging in an occupation for monetary gain from sources other than the Participating Member.
12. A covered Accident or Sickness that occurs while on active duty service in the Armed Forces, National Guard, military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
13. Play or practice in any intercollegiate, interscholastic, professional or semi-professional sports contest or competition, including travel to and from the activity and practice unless specified within the Schedule of Benefits.
14. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means Intoxicated, as defined by the law of the state in which the covered Accident or Sickness occurred. If such jurisdiction does not have a law to define Intoxication, then under the Policy it will mean a blood alcohol content of .08 or greater.
15. Services or treatment rendered by any person who is: (a) employed or retained by the Participating Member; (b) living in the Covered Person's household; (c) an Immediate Family Member of either the Covered Person or the Covered Person's spouse; or (d) the Covered Person.
16. Any service, treatment or supply that is not considered Medically Necessary as defined in the Policy.
17. Expenses Incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered Injury or Sickness.
18. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed to be Experimental or Investigational; and (b) are not recognized and generally accepted medical practice in the United States.
19. Contact lenses, eye fractions; prescriptions or fitting of eyeglasses or contact lenses; vision correction surgery; treatment for visual defects and problems; or examinations or prescriptions therefore; unless directly resulting from an Injury or Sickness while covered under the Policy.
20. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.
21. Rest cures or Custodial Care.
22. Expenses payable by any automobile insurance policy without regard to fault. resulting from a motor vehicle accident in excess of that which is payable under any Health Care Plan.

23. Pre-Existing Conditions; however, a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for 6 months under this Policy.
24. Organ transplants; medical treatment related to organ transplants, whether as donor or recipient; this includes expenses incurred for the evaluation process, the transplant surgery, post-operative treatment, and expenses incurred in obtaining, storing or transporting a donor organ. In relation to a bone marrow or stem cell transplant this exclusion would include harvesting & mobilization charges.
25. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extractions of teeth, craniomandibular disorders (CMD), temporomandibular joint dysfunction (TMJ) or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
26. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury, nasal and sinus surgery (except for treatment to chronic purulent sinusitis).
27. Diagnosis and treatment of learning disabilities or developmental delays.
28. Diagnosis and treatment of sleep disorders.
29. Treatment of acne.
30. Treatment of HIV infection, HIV related illness and AIDS.
31. A covered Accident or Sickness that occurs while the Covered Person's in their Home Country.
32. Expenses for Speech therapy; naturopathic services.
33. Routine physical exams, annual eye exams, and medical services or wellness visits except as specifically provided for in the Policy.
34. Covered Expenses for which the Covered Person would not be responsible for in the absence of the Policy.
35. Any Medical Expense not specifically covered by the Policy.
36. Expenses for newborn infants; adopted children; Sick Baby Care; Well Baby Care; routine nursery care; child preventive and primary care services; phenylketonuria except as specifically provided for in the Policy.
37. Expenses incurred for travel taken for the purpose of seeking medical care.
38. Expenses for dental services and palliative services unless specified in the Schedule of Benefits.
39. Hearing services, hearing examinations; hearing aids; treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
40. Experimental or Investigational treatment or procedures.
41. Expenses for Extended Care Facility confinement.
42. Expenses resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance, except for automobile medical payments insurance.
43. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician.
44. Drug, treatment or procedure that promotes childbirth, including but not limited to artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof.
45. Foot care including flat foot conditions; supportive devices for the foot; subluxations of the foot; corns; bunions (except capsular or bone surgery); calluses; toenails; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet.
46. Weight reduction programs or surgical treatment for obesity. Weight management, weight reduction, nutritional programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided for in the Policy.
47. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from: (a) while riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or (b) while being used for any test or experimental purposes; or (c) while piloting, operating, learning to operate or serving as a member of the crew thereof; or (d) while traveling in any such Aircraft or device which is owned or leased by or on behalf of the Participating Member or any subsidiary or affiliate of the Participating Member, or by the Plan Participant or any member of his household; or (e) a space craft or any craft designed for navigation above or beyond the earth's atmosphere; or (f) an ultra light, hang gliding, parachuting, or bungee-cord jumping. Except as a fare

paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled private aircraft used for business or pleasure purposes.

48. Expenses for allergy treatment.
49. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency.
50. Removal of warts, non-malignant moles and lesions.
51. Health spa or similar facilities; strengthening programs.
52. Hirsutism; alopecia.
53. Hypnosis.
54. Immunizations, except as specifically provided in the Policy; preventive medicines or vaccines; except where required for treatment of a covered Injury or as specifically provided in the Policy.
55. Injury, in excess of \$10,000, caused by, contributed to, or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician.
56. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs or pleasure outside the Covered Person's Home Country.
57. Lipectomy.
58. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
59. Prescription drugs - no benefits will be payable for: (a) drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs; (b) products used for unapproved cosmetic indications; (c) drugs used to treat or cure baldness, and anabolic steroids used for body building; (d) anorectics - drugs used for the purpose of weight control; (e) fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene; (f) growth hormones; or (g) refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
60. Reproductive/Infertility services including but not limited to: fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; tubal ligation (except for a Medical Necessity); vasectomy; sexual reassignment surgery; reversal of sterilization procedures.
61. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.
62. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Policy.
63. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle; or snowmobile, scuba diving, riding in a rodeo.
64. Cosmetic procedures, except Cosmetic Surgery required to correct an Injury for which benefits are otherwise payable under the Policy.
65. Congenital conditions, except as specifically provided for newborn or adopted infants.

About Us



Special Markets Insurance Consultants (SMIC), an Amwins Company, is a Managing General Underwriter and Program Administrator specializing in Inbound International, Student Accident, Catastrophic, Participant Accident, and General Liability insurance programs. For over 35 years, we've been working with independent retail agents and brokers, to provide underwriting and administrative services for K-12 schools, colleges and universities, sports and recreation, special events, and more. We currently provide underwriting and administrative services to over 20,000 groups and 3,800 independent agents. SMIC's programs are managed by our team based in Stevens Point, WI. As an Amwins Company, SMIC provides retail agents with the personalized, high-touch service of a small company, supported by the resources of the largest independent wholesale insurance distributor in the U.S.



This plan is underwritten by Pan-American International Insurance Corporation (PAIIC), an affiliate of Pan-American Life Insurance Group, rated "A" by AM Best for financial strength and security.

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