

# Travel Medical Insurance

## CCUSA Insurance ID Card



Your insurance plan has been designed to provide you with international travel medical insurance coverage when you are abroad on your exchange program. Before you use your insurance plan, please be sure to read and fully understand your plan benefits and exclusions – a copy of your insurance brochure, along with the full policy conditions are available from your exchange organization.

### Non-Emergency Care

If you need to seek non-emergency care, please do not go the Emergency Room (ER) as this is designed to be only used in an emergency situation. You should instead either visit an urgent care provider or local doctor who will be able to assist you with your medical needs. You can locate an urgent care or local doctor in the USA by visiting:

<http://www.workandtravelinsurance.com/hygeia/>

If you are traveling outside of the USA, you may visit any provider you wish - for assistance locating a provider, please contact the customer support line below.

### Emergency Care

If you need to seek emergency care for any reason, please take yourself to the nearest Emergency Room (ER) or call the emergency services for immediate treatment. If you are being hospitalized, please call or have your physician call HCC Medical Insurance Services immediately. A \$250 deductible will apply for use of the emergency room for illness or injury where treatment can safely be obtained from a primary care physician or an urgent care center.

### Insurance Helpline

If you have been hospitalized, need to find out the status of a claim, need help to find a product or need to access any of the travel insurance services included with your insurance plan, please contact HCC Medical Insurance Services on:

USA Toll Free (800) 605-2282    USA Direct +1 317-262-2132

Or you can use anyone of the 24-hour worldwide toll free access numbers that are available in more than 50 countries:

<http://www.workandtravelinsurance.com/hcc-contact-numbers.pdf>

### Footprints

For further information about your insurance plan, including access to the plan brochure and full policy conditions, please visit the CCUSA Footprints website and login with your username and password. You can access the footprints website at:

<http://footprints.ccusa.com>

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Name:	
Date of Birth:	
Plan #:	WT09G00009
Effective Date:	

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- You are required to notify us of any of the following: all hospitalizations, surgeries, emergency evacuations, emergency reunions, trip interruptions, repatriation of remains, computerized tomography (CAT Scan) and magnetic resonance imaging (MRI). Failure to comply may result in a reduction of benefits.
- For pre-notification or general questions regarding Eligibility/Benefits/Claims please call 1-800-605-2282 or 1-317-262-2132
- Mail itemized bills including diagnosis to:  
HCCMIS Claims Department  
P O Box 863  
Indianapolis, IN 46206 USA
- POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE.

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