



CCUSA

Work & Travel
INSURANCE SERVICES



Travel Health Insurance Plan

Introduction

The international travel health insurance plan through CCUSA is designed to provide participants with international travel and health insurance coverage around the world when you are studying, working or traveling.

HCC Medical Insurance Services provides full plan administration through their service center in Indianapolis, USA and are on hand 24-hours a day through their toll free access number to assist you should you need any help with your international insurance plan.

This plan is insured by Syndicate 4141 at Lloyd's, London. Rated 'A' (Excellent) by A.M. Best Company and 'A+' (Strong) by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market.

CCUSA - Premium

Please make sure to have a copy of your insurance ID card on you at all times.

Your plan number is:

WT09G00009

Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.

Non-Emergency Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in the USA. To locate a provider, use the online search tool described below or call HCC for appropriate providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

Emergency Care

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Provide them with your insurance information at the time of treatment. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – An additional \$250 Deductible will apply for Misuse of the Emergency Room, which is defined as seeking treatment in the emergency room for any Accident or Injury for which immediate attention is not necessary.

ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.

Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA, you can search for a network providers online and either call for an appointment or for urgent care clinics, just walk up for treatment. Outside the USA, you can still search for providers online, but please call HCC prior to any non-emergency treatment and they will assist with locating the nearest provider and setting up direct billing.

Providers can be located online by visiting:

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

Pre-Notification

All hospitalizations, surgeries, emergency evacuations, repatriation of remains, computerized tomography (CAT Scan) and magnetic resonance imaging (MRI) must be pre-notified. Simply call, or have your physician call, HCC Medical Insurance Services with all information relative to your claim. If you do not pre-notify, medical expenses will be reduced by 50% and all other expenses will be forfeited.

Footprints

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit:

<http://footprints.ccusa.com>

Claims

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

Inside the USA - When inside the USA, please visit a network provider. Give them your insurance ID card, pay your deductible and the provider will be able to send all the bills direct to HCCMIS for settlement. If you visit a provider outside of the network, you will need to pay upfront for the medical expenses and submit a claim form for reimbursement.

Outside the USA - When outside the USA, please call HCC directly before you seek treatment. They will help you locate a provider and will assist in setting up direct billing. If you fail to do this, you may have to pay up front for your medical expenses and submit a claim form for reimbursement.

Prescription Medications - Any medications that you have been prescribed will need to be paid for at the time of purchase and added to any claims you are submitting.

You can download a copy of the claim form from the footprints website and submit it with your receipts to:

HCC Medical Insurance Services
251 North Illinois Street, Suite 600
Indianapolis, IN 46204, USA
Fax +1 317 262-2140

If you have any claims questions or need assistance, please email claims@workandtravelinsurance.com

Plan Details

The following table shows the plan benefits that are available under your international insurance plan. Please take some time to review the coverage benefits to make sure you understand what is covered. This is a consolidated summary of the benefits, for a full listing of the coverage benefits along with the plan exclusions please see the full policy conditions.

Plan Benefits	Coverage Amount
Policy Maximum	\$1,000,000
Deductible	\$0 per injury/ illness
ER Misuse Deductible	\$250
Accident/ Sickness	100% up to policy maximum
Prescriptions	100% up to policy maximum
Ambulance	100% up to policy maximum
Dental	Accident - 100% Acure Onset - \$200 limit
Medical Evacuation	100% up to policy maximum
Repatriation of Remains	100% up to policy maximum
Accidental Death and Dismemberment	18 to 69 - \$15,000 Under 18 - \$5,000
Trip Interruption	100% up to policy maximum
Sports Coverage	Contact Sports \$5,000 Non-Contact Sports 100%
Maternity	Complications during the first 26 weeks
Physical Therapy	\$50 Max per visit
Emergency Reunion	100% up to policy maximum
Pre-existing Conditions	Acute Onset \$1,000
Lost Checked Luggage	\$1,500
Personal Liability	\$200,000
Travel Assistance	Included

Please note - the benefit table above is a consolidated summary of the plan benefits. Please refer to the policy conditions (a copy of which can be found in footprints) for a full outline of the plan benefits and limitations.

Accident/ Sickness

1. Inpatient and Outpatient charges made by a Hospital.
2. Charges made by a Physician, surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the Physician has referred the case.
3. Charges made for dressings, sutures, casts or other supplies prescribed by the attending Physician or specialist, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home.
4. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services.
5. Charges for oxygen and other gases and anesthetics and their administration.
6. Charges for prescription drugs for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
7. Charges made by a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
8. Emergency local ambulance transport incurred in connection with Injury or Illness (must result in inpatient hospitalization if illness).

All benefits are based on Usual, Reasonable and Customary charges. Hospital Room and Board is based on the Average Semi-private room and board rate.

Travel Assistance Services

The plan includes valuable travel and medical assistance services, which are available to you 24 hours a day, 7 days a week. Contact HCCMIS to access any of these services:

Pre-Trip Destination Information - Up-to-date information regarding the required vaccinations, health risks, travel restrictions, and weather conditions specific to your destination country

Medical Monitoring - Consultations with attending medical professionals during your hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding your medical status

Provider Referrals - Contact information for Western-style medical facilities and medical and dental practices and pharmacies in your destination country where English is spoken

Travel Document Replacement - Assistance with obtaining replacement passports, birth certificates, visas, airline documents, and other travel-related documents

Lost Luggage Assistance - Tracking service to assist in locating luggage or other items lost in transit

Other travel and medical assistance services available include:

- Prescription Drug Replacement
- Emergency Travel Arrangements
- Dispatch of Physician
- Translation Assistance
- Credit Card/Traveler Check Replacement

For a complete list of available assistance services or for more information, please contact HCCMIS.

Emergency Room Deductible

Emergency Room treatment will be covered for any illness or injury where a true emergency exists. A \$250 deductible will apply for use of the emergency room for illness or injury where treatment can safely be obtained from a physician during normal office hours of a primary care physician or an urgent care center.

Dental

The following Emergency Dental expenses are covered: Emergency Dental treatment and Dental surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under this insurance subject to the Overall Maximum Limit; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$200.

Medical Evacuation

If recommended by your attending Physician, who certifies that Evacuation is necessary to safeguard your life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by HCC Medical Insurance Services, the Work and Travel Insurance Services plan will provide the following benefits: Emergency air and/or ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary treatment.

Repatriation of Remains

In the event of a covered Injury or Illness resulting in a member's death, the Work and Travel Insurance Services plan will provide the following benefit: Air and/or ground transportation of bodily remains or ashes to the area of the member's Principal Residence, and reasonable costs of preparation of remains necessary for transportation.

Terrorism

The Work and Travel Insurance Services plan provides Medical coverage for Injuries and Illnesses resulting from an Act of Terrorism, subject to a \$50,000 lifetime maximum, provided all of the following conditions are met:

1. The Injury or Illness does not result from chemical, nuclear or biological weapons or events.
2. The member has no direct or indirect involvement in the Act of Terrorism.
3. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months prior to your date of arrival.
4. The member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

An Act of Terrorism is defined as: an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government (s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Accidental Death and Dismemberment

In the event of your Accidental Death (except while travelling on a common carrier) or Dismemberment resulting from a covered Injury, the plan will provide the following benefit:

- Accidental Death – Principal Sum to the Beneficiary
- Loss of 2 eyes or 2 or more limbs – Principal Sum to the member
- Loss of 1 eye or 1 limb – One Half of the Principal Sum to the member

The Accidental Death and Dismemberment benefit is not available for losses incurred during participation in a Hazardous Sport or in respect to losses resulting from an Act of

The Beneficiary for members age 18 or older will be as follows:

1. Spouse (if any) 2.Children (if any) 3.Estate of the member.

The Beneficiary for members under age 18 will be as follows:

1. Custodial Parent(s) 2.Siblings (if any) 3.Estate of the member.

Emergency Service

If you need help or assistance during your insurance coverage period, help is a phone call away for:

- Provider Listings
- Claims Update
- Emergency Assistance
- Pre-Notification
- and much more....

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

Worldwide Toll Free Numbers

Please dial the number and then enter the following access code 911411#

UK - 0800 032 6297
Ireland - 1800 992 363
New Zealand - 0800 445 108
Spain - 800 099 665
France - 0805 113 721
Italy - 800 985 675

You can also use any one of the worldwide toll free access numbers to obtain help and assistance - [click here](#) or visit the student zone to obtain this list.

If you have non-urgent questions, you can email the support team service@hccmis.com and you will receive a response during normal business hours.

About HCCMIS/ Lloyd's, London

Headquartered in Indianapolis, Indiana, HCCMIS is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (HCC), which is a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of more than \$8.6 billion, shareholders' equity in excess of \$2.7 billion and is rated AA (Very Strong) by Standard & Poor's, AA (Very Strong) by Fitch Ratings and A+ (Superior) by A.M. Best Company.

This plan is insured by Syndicate 4141 at Lloyd's, London. Rated 'A' (Excellent) by A.M. Best Company and 'A+' (Strong) by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market.



Trip Interruption

1. If, after you have departed, a member of your group learns of the death of a parent, spouse, sibling or child, or learns of the substantial destruction of his or her Principal Residence by fire or weather, the Work and Travel Insurance Services plan will provide the following benefit: The cost of an economy one way air and/or ground transportation ticket for the member to the area of his or her Principal Residence; or
2. If, following a covered Emergency Medical Evacuation, the attending Physician states that it is Medically Necessary for the member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery, the Work and Travel Insurance Services plan will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for the member's transportation from the area where he or she was hospitalized following the Emergency Medical Evacuation, to the area where he or she was initially evacuated from, or to the terminal serving the area of the member's Principal Residence.

Sports Coverage

Coverage is included for recreational football, soccer and rugby to a limit of \$5,000. Recreational non-contact sports are covered at 100% to the plan maximum. Recreational sports are undertaken solely for leisure, entertainment or fitness purposes unless otherwise excluded. Please refer to exclusion number 17 in the plan exclusions for more information.

Complications of Pregnancy

Treatment of Complications of Pregnancy during the first 26 weeks of Pregnancy is covered under this insurance. Complications of Pregnancy is defined as: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy, and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity.

Physical Therapy

Physical Therapy benefits are limited to \$50 per visit. Physical Therapy must be prescribed by a physician not affiliated with the Physical Therapy practice and necessarily incurred to continue recovery from a covered illness or injury.

Emergency Reunion

In the event of a covered Emergency Medical Evacuation, a serious acute illness or a serious injury, the Work and Travel Insurance Plan will provide the following benefits: The cost of an economy round-trip air and/or ground transportation ticket for one of the member's relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where the member is hospitalized and reasonable expenses for lodging and meals for the relative in not to exceed \$300 per day to a maximum of 20 days. Only one reunion per insured will be covered.

Acute Onset of a Pre-existing Condition

An Acute Onset of a Pre-existing Condition is a sudden and unexpected outbreak or recurrence of a Pre-existing Condition which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Lost Checked Luggage

In the event a member's checked luggage is permanently lost by the transportation provider, the Work and Travel Insurance plan will provide the following benefit: Up to \$750 for replacement of clothes and personal hygiene items, not to exceed \$50 for any one item. The member must file a formal claim with the transportation provider and provide the Plan Administrator with copies of all claim forms and proof that the transportation provider has paid its normal reimbursement for the lost checked luggage.

Personal Liability

The plan will pay or reimburse an Insured Member for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability of the Insured Member incurred for acts, omissions and other occurrences covered under this insurance for losses or damages solely, directly and proximately caused by the negligent acts or omissions of the Insured Person during the Period of Insurance that result in the following:

1. Injury to a Third Person occurring during the Period of Insurance, subject to the limits and sub-limits set forth in the Policy.
2. Damages or loss to a Third Person's personal property during the Period of Insurance, subject to the limits and sub-limits set forth in the Policy.
3. Damage or loss to a Related Third Person's personal property during the Period of Insurance, subject to the limits, sub-limits, and deductibles set forth in the Policy.

Claim Submission

Please note that you have up to 60 days after the termination of your insurance policy with which to file a claim. Claims received after that time are subject to timely filing denials.

Plan Exclusions

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance. A Pre-existing Condition is any Illness, Injury or medical condition or chronic or recurring Illness or Injury or medical condition, including any associated complications or consequences, which existed at or during the 12 months immediately preceding your Effective date.
2. Treatment for or related to any congenital condition.
3. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
4. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy, and all charges related to Pregnancy after the 26th week of Pregnancy are excluded. Mental Health Disorders or Substance Abuse.
5. Charges which are not incurred during the Certificate Period or the applicable Benefit Period, and charges which are not presented to Underwriters for payment within 60 days from the end of the Certificate Period or the applicable Benefit Period.
6. Not Medically Necessary and administered or ordered by a Physician.
7. Provided at no cost, by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government-sponsored plans.
8. Charges which exceed Usual, Reasonable and Customary.
9. Investigational, Experimental or for Research purposes.
10. While confined primarily to receive Custodial Care, Educational or Rehabilitative care.
11. Venereal Disease, AIDS or ARC.
12. Treatment by a Chiropractor.
13. Diseases of the skin.
14. Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain.
15. Eyeglasses, vision exams, contact lenses, hearing tests, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.
16. Expenses for Injury or Illness while taking part in any Amateur Athletics. Amateur Athletics is defined as sports or other athletic activities that are organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes. This definition does not include football, soccer or rugby engaged in by a Member solely for recreational, entertainment or fitness purposes to a maximum benefit as indicated in the Sports Coverage section of this proposal.
17. Injury sustained while taking part in: professional sports: mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; aviation, except when traveling solely as a passenger in a commercial aircraft; hang gliding, sky diving, parachuting, or bungee jumping; snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); racing by any animal or motorized vehicle; spelunking; subaqua pursuits involving underwater breathing apparatus unless NAUI/PADI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes you to abnormal or extreme risk of injury.
18. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
19. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams.
20. The Deductible, Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the limits set forth in the Schedule of Benefits and Limits.
21. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
22. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance.
23. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
24. Organ or tissue transplants or related services.
25. Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof.

This is a summary of exclusions. For more details, or for a complete copy of the Master Policy please contact us or visit the Student Zone for more information.