



Travel Medical Insurance
Policy Brochure



Greenheart Exchange | Work & Travel
Plan Number: WT15G10200

24-hour Assistance:
USA Toll Free (866) 400-0080 or International +1 (317) 221-8078
or via email at: service@hccmis.com

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 many parts of the world. To locate a provider, use the online search tool described below or call HCC for appropriate in-network 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 assistance service included with your insurance plan or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – Charges for use of the emergency room for an illness will be subject to an additional \$250 Deductible unless the Member is directly admitted to the Hospital as an Inpatient for further treatment of that illness. Injuries will not be subject to the ER deductible.

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.

Providers can be found both inside and outside the USA online through our provider search tools. Inside the USA, you can either call the provider directly for an appointment or for urgent care clinics, just walk up for treatment. Outside the USA, you can either seek treatment from any provider you wish, or please call HCC prior to any treatment and they will assist with locating the nearest provider and setting up direct billing.

Providers can be located online by visiting:

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

Student Zone

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://www.envisageglobalinsurance.com/student-zone/greenheart/>

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/ copay (if you have one) and the provider will be able to send all the bills direct to HCC 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. Otherwise, please seek treatment from any provider you wish, pay for services up front and then submit a claim 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.

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.

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

service@hccmis.com

or by mail or fax to:

HCC Medical Insurance Services
P.O. Box 2005
Farmington Hills, MI 48333-2005
Fax +1 317 262-2140

If you have any claims questions or need assistance, please call or email the assistance team for help.

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.

Plan Benefits	Coverage Amount
Policy Maximum	\$200,000
Copay	\$25 copay per visit
Emergency Room Deductible	\$250 for illness and not admitted Not subject to Injuries
Injury/Illness	100 %
Prescription Medication	100 %
Ambulance	Usual, Reasonable and Customary charges. Must result in inpatient hospitalization if illness.
Dental	Accident - 100%
Medical Evacuation	\$100,000
Repatriation of Remains	\$100,000
Emergency Reunion	\$2,500
Terrorism	\$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only.
Trip Interruption	\$5,000
Accidental Death and Dismemberment	\$10,000 \$5,000 for those under 18
Sports Coverage	Non-Contact, Recreational Sports
Physical Therapy	\$100 per visit, max 5 visits
Travel Assistance	Included

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

Injury/Illness

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.

Emergency Room Deductible

Charges for use of the emergency room for an illness will be subject to a \$250 Deductible unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness. Injuries will not be subject to the ER deductible.

Travel Assistance Services

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

- Provider Listings
- Claims Update
- Emergency Assistance
- Medical Monitoring

USA Toll Free (866) 400-0080
International +1 (317) 221-8078

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 at service@hccmis.com and you will receive a response within 24 business hours.

About HCC/Lloyds of 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.

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.

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. In the event that your attending Physician determines that ongoing eligible medical care is required for an eligible condition and you are deemed fit for travel, HCC Medical Insurance Services reserves the right to require evacuation back to your home country for treatment of that condition. If HCC Medical Insurance Services determines that Evacuation to your home country is required, the plan will provide for the Emergency air and/or ground transportation to your home country. Should you, the member, decline to return to your home country for treatment, any further benefits payable under this policy will cease.

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.

Emergency Reunion

In the event of a covered life-threatening bodily Injury or life-threatening Illness that results in admission to a Hospital Intensive Care Unit, 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 for a period not to exceed 15 days.

Trip Interruption

If, after you have departed, you learn of the death of a parent, spouse, sibling or child, or you learn of the substantial destruction of your Principal Residence by fire or weather, the plan will provide the cost of an economy one way air and/or ground transportation ticket for you to the area of your Principal Residence.

Accidental Death and Dismemberment

In the event of your Accidental Death (except while traveling 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, or 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 Terrorism. 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.

Sports Coverage

Recreational sports are covered 100% up to the plan maximum, when undertaken solely for leisure, entertainment or fitness purposes unless otherwise excluded. Please refer to exclusion number 26 in the plan exclusions for more information.

Physical Therapy

Physical Therapy benefits are limited to \$100 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.

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, as herein defined, are excluded from this insurance.
2. Routine pre-natal care, Pregnancy, Pregnancy Complications, child birth, and post natal care.
3. 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 all charges related to Pregnancy.
4. Charges incurred by or for any child under the age of 14 days.
5. Treatment for or related to any congenital condition.
6. Charges which are not incurred by a Member during his/her Certificate Period.
7. Charges for any benefit hereunder which are not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
8. Treatment, services or supplies which are not administered by or under the supervision of a Physician.
9. Treatment, services or supplies which are not Medically Necessary as herein defined.
10. Treatment, services or supplies provided at no cost to the Member.
11. Charges which exceed Usual, Reasonable and Customary as herein defined.
12. Telephone consultations or failure to keep a scheduled appointment.
13. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
14. All charges Incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
15. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery.
16. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member such as sex-change Surgery.
17. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
18. Treatment of Members who are HIV+, have AIDS or ARC.
19. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
20. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
21. Abortions
22. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder.
23. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
24. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
25. Treatment of the temporomandibular joint.
26. Injury resulting from participation in the following activities unless specifically covered in the table of benefits:
 - a) Amateur Athletics, Contact Sports, and professional sports or athletic activities. Non- contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (b) through (j) of this provision; and
 - b) mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; and
 - c) aviation (except when traveling solely as a passenger in a commercial aircraft); and
 - d) hang gliding, sky diving, parachuting or bungee jumping; and
 - e) 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); and
 - f) racing by any animal or motorized vehicle; and
 - g) spelunking; and
 - h) subaqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; and
 - i) jet skiing; and
 - j) any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury.
27. 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.
28. Willfully self-inflicted Injury or Illness and/or suicide or attempted suicide whether sane or insane.
29. Venereal disease, including all sexually transmitted diseases and conditions.
30. Immunizations and Routine Physical Exams.
31. Treatment by a chiropractor.
32. Charges for treatment of Mental Health disorders
33. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
34. Treatment of Substance Abuse.

35. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinestherapy.
36. Any services or supplies performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
37. Orthoptics and visual eye training.
38. Services or supplies which are not included as Eligible Expenses as described herein.
39. The following care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
40. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
41. Treatment of sleep disorders.
42. Exercise programs, whether or not prescribed or recommended by a Physician.
43. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
44. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Trip Interruption sections of this insurance.
45. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
46. Organ or Tissue Transplants or related services.
47. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
48. Claims payable under any government system, including the Australian Medicare system, are excluded from coverage.
49. Charges resulting from a disease outbreak in a country or location for which the US Centers for Disease Control and Prevention (CDC) has issued a Level 3 Travel Warning if a) the warning has been in effect within the 6 months immediately prior to the Member's date of arrival, or b) within 10 days following the date the warning is issued the Member has failed to depart the country or location.

Please note: this brochure is a consolidated summary of the plan benefits, the official policy certificate is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.