



ATLAS TRAVEL

International Travel Medical Insurance



*Committed
to you!*

Underwritten by TMHCC Insurance SPC Ltd
Rated A++ by AM Best and AA- by Standard and
Poor's



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Notice

For further information on this Plan, visit www.internationalstudentinsurance.com/travel-medical-insurance/

Please keep this summary as a brief description of the important features of the plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to you. For a detailed plan description, exclusions, and limitations please view the plan [description of coverage online](#). The Description of Coverage contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Lloyds of London. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

Note: This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us (877) 758-4391 or by visiting us at <https://www.internationalstudentinsurance.com>

Seeking Treatment



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation!



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment.



Prescription Drugs

Prescriptions should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



Doctors/Hospitals

This plan includes a network of medical professionals, including physicians and hospitals, known as the Preferred Provider Organization (PPO). This PPO is available through the UnitedHealthcare Network.



If you need to see a doctor or visit a hospital, you should utilize a PPO provider. While you are allowed to visit any provider of your choosing, if you use a PPO physician or facility, you may pay less money out-of-pocket and claims will be submitted to the claims team for processing.



Telemedicine

You are free to use any telemedicine provider of your choice to seek medical care. Please pay the provider directly and keep copies of all your receipts and submit those to the claims team for processing and reimbursement as per the plan policy conditions and exclusions.

A few popular telemedicine providers are:

- [Teladoc](#)
- [MeMD](#)
- [MDLive](#)

General

Information

Enrollment

Enrollment and waivers can be done via our website at:

www.InternationalStudentInsurance.com

Toll Free (877) 758-4391

Direct +1 (904) 758-4391

Student Zone

Once you have purchased coverage, you can manage your policy online. Through your Student Zone, you'll be able to extend or renew your plan, track claims, locate a doctor/hospital and download copies of your insurance ID card and visa letter.

Your student zone is available at:

InternationalStudentInsurance.com/student-zone/

Cancellation/Refunds

You can cancel your policy and receive a full refund as long as we receive written notification prior to your certificate effective date. After the effective date of your policy, there is a \$25 cancellation fee and any unused days will be refunded to you. No refunds are possible if claims are filed against the policy.

ID Card

Once you are enrolled in the plan, you will receive an e-mail with all your policy documents and a copy of your PDF Insurance ID card. Carry your ID card with you at all times! You will need your card when you visit the campus health center, physician's office, urgent care, hospital, or pharmacy.

Pre-Existing Conditions

This insurance policy excludes coverage for pre-existing conditions, except as provided for under the Acute Onset of Pre-existing Conditions benefit. This policy defines a Pre-existing Condition and provides the description of the Acute Onset of Pre-Existing Conditions benefit.

Eligibility

U.S. Citizens and Non-U.S. Citizens who are at least 14 days of age are eligible for coverage outside of their home countries, except as provided under home country coverage. U.S. Citizens and residents are not eligible for coverage within the U.S, except as provided under home country coverage or an eligible benefit period. Should you make a change to the location of your home country during the certificate period, you are no longer eligible for coverage in the new home country except as provided under home country coverage as of the date you establish the new home country.

Terms of Coverage

Certificate Effective Date

Insurance hereunder is effective on the later of:

- a) The moment we receive an application and correct premium if the application and payment is made online or by fax;
- b) 12:01am U.S. Eastern Time on the date we receive an application and correct premium if the application and payment is made by mail;
- c) The moment you depart from your home country; or
- d) 12:01am U.S. Eastern Time on the date requested on the application

Certificate Termination Date

Insurance hereunder terminates on the earlier of:

- a) 11:59pm U.S. Eastern Time on the last day of the period for which premium has been paid;
- b) 11:59pm U.S. Eastern Time on the date requested on the application; or
- c) The moment of arrival upon your return to your home country (unless you have started a benefit period or are eligible for home country coverage).

Maximum Enrollment Term

If your Atlas plan includes the USA or you are a US Citizen - the maximum period of coverage is 364 days.

If your Atlas plan excludes the US and you are not a US citizen - the maximum period of coverage is 365 days. Once you have a full 365 days of coverage, you can renew your coverage for up to two additional years.

Claims

Information

In-Network Claims

When seeking medical care within the UnitedHealthcare Network in the USA, the medical provider will submit your claims electronically for processing. You will still need to follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Submit your claim form through your Student Zone or to:

WorldTrips
Box No. 2005
Farmington Hills, MI 48333-2005
service@worldtrips.com

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or outside the USA, they will not be able to submit your bills directly. You will need follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. Submit your claim form through your Student Zone or to:

WorldTrips
Box No. 2005
Farmington Hills, MI 48333-2005
service@worldtrips.com

Explanation of Benefits

Once all your details are submitted, you will receive an Explanation of Benefits (EOB) that shows what the insurance company paid, and what is your responsibility to pay. If there is any patient responsibility, you will need to pay this amount directly to the medical provider that you sought medical care from.

If you have any questions about the claims process, please contact our team for assistance and support:

info@internationalstudentinsurance.com
Toll Free (877) 758-4391
Direct +1 (904) 758-4391



Policy

Benefits

	Coverage
Overall Maximum Limit	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 or \$2,000,000 Age 65 to 79 - \$50,000 or \$100,000 Age 80 or Older - \$10,000
Maximum per Injury/ Illness	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 or \$2,000,000 Age 65 to 79 - \$50,000 or \$100,000 Age 80 or Older - \$10,000
Deductibles	\$0, \$100, \$250, \$500, \$1,000, \$2,500, or \$5,000 per Certificate Period
Coinsurance	The Plan Pays 100% of Eligible Expenses, after the Deductible, to the Overall Maximum Limit.
	Eligible Expenses are Subject to Deductible, Overall Maximum Limit, and are per Certificate Period Unless Specifically Indicated Otherwise.
Hospital Room & Board	Average Semi-Private Room Rate, Including Nursing Services
Intensive Care Unit	Up to Overall Maximum Limit
Local Ambulance	Usual, Reasonable and Customary Charges (URC), when Covered Illness or Injury Results in Hospitalization as Inpatient.
Emergency Room Co-payment	<u>Claims Incurred in U.S.</u> You Shall be Responsible for a \$200 Co-payment for Each Use of Emergency Room for an Illness Unless You are Admitted to the Hospital. There Will be no Co-payment for Emergency Room Treatment of an Injury <u>Claims incurred Outside the U.S.</u> No Co-payment
Urgent Care Center Co-payment	<u>Claims incurred in U.S.</u> For Each Visit, You shall be Responsible for a \$15 Co-payment – Co-payment is Waived for Members with a \$0 Deductible – Not Subject to Deductible <u>Claims Incurred Outside the U.S.</u> No Co-payment
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 Maximum per Day. Must be Ordered in Advance by a Physician
Emergency Dental (Acute Onset of Pain)	Up to \$300 - not Subject to Deductible

	Coverage
Emergency Eye Exam for a Covered Loss	Up to \$150. \$50 Deductible per Occurrence (Plan Deductible is Waived)
Acute Onset of Pre-existing Condition See Benefits Description in Policy Wording for More Information	Up to the Overall Maximum Limit Up to \$25,000 Lifetime Maximum for Emergency Medical Evacuation
Telemedicine	Access to AirDoctor is Included in Non-US Policies with a \$0 Deductible Only.. Includes 2 Costless Visits (3 Costless Visits for Policies Longer Than 6 Months)
Terrorism	Up to \$50,000 Lifetime Maximum, Eligible Medical Expenses Only
All Other Eligible Medical Expenses	Up to the Overall Maximum Limit
	Emergency Travel Benefits
Emergency Medical Evacuation	Up to \$1,000,000 Lifetime Maximum, Except as Provided under Acute Onset of Pre-existing Condition Not Subject to Deductible or Overall Maximum Limit
Repatriation of Remains	Equal to the Elected Overall Maximum Limit Not Subject to Deductible or Coinsurance. This Limit is for this Benefit Only and is not Included in or Subject to the Overall Maximum Limit.
Local Burial or Cremation	Up to \$5,000 Lifetime Maximum Not Subject to Deductible
Crisis Response - Ransom, Personal Belongings, and Crisis Response Fees and Expenses	Up to \$10,000 Not Subject to Deductible or Overall Maximum Limit
Emergency Reunion	Up to \$100,000, Subject to a Maximum of 15 Days Not Subject to Deductible
Bedside Visit	Up to \$1,500 Not Subject to Deductible
Return of Minor Children	Up to \$50,000 Not Subject to Deductible
Pet Return	Up to \$1,000 Not Subject to Deductible
Political Evacuation	Up to \$100,000 Lifetime maximum Not Subject to Deductible
Trip Interruption	Up to \$10,000 Not Subject to Deductible

	Coverage
Common Carrier Accidental Death	<p>Ages 18 to 69: \$50,000 Under 18: \$10,000 Ages 70 to 74: \$25,000 Ages 75 and Older: \$12,500</p> <p>Subject to a Maximum of \$250,000 Any One Family or Group. Not Subject to Deductible or Overall Maximum Limit</p>
Accidental Death & Dismemberment Excludes Loss due to Common Carrier Accident	<p>Ages 18 to 69 Lifetime Maximum - \$25,000 Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500</p> <p>Under 18 Lifetime Maximum - \$5,000 Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500</p> <p>Ages 70 to 74 Lifetime Maximum - \$12,500 Death - \$12,500 Loss of 2 Limbs - \$12,500 Loss of 1 Limb - \$6,250</p> <p>Ages 75 and older Lifetime Maximum - \$6,250 Death - \$6,250 Loss of 2 Limbs - \$6,250 Loss of 1 Limb - \$3,125</p> <p>\$250,000 Maximum Benefit Any One Family or Group. Not Subject to Deductible or Overall Maximum Limit</p>
Lost Checked Luggage	<p>Up to \$1,000 - not subject to deductible</p>
Travel Delay	<p>Up to \$100 a Day after a 12-hour Delay Period Requiring an Unplanned Overnight Stay. Subject to a Maximum of 2 Days. Not Subject to Deductible</p>
Lost or Stolen Passport/Travel Visa	<p>Up to \$100 Not Subject to Deductible</p>
Border Entry Protection	<p>Up to \$500 if Traveling on a Valid B-2 Visa and Denied Entrance at the U.S. Border. Not Subject to Deductible</p>
Natural Disaster - Replacement Accommodations	<p>Up to \$250 a Day for 5 Days Not Subject to Deductible</p>

	Coverage
Hospital Indemnity	\$100 per Day of Inpatient Hospitalization Not Subject to Deductible
Personal Liability	Up to: \$25,000 Lifetime Maximum \$25,000 Third Person Injury \$25,000 Third Person Property \$2,500 Related Third Person Property Not Subject to Deductible or Overall Maximum Limit

- This table is a summary of the plan benefits, for full details and policy wording please consult and download a [copy of the description of coverage](#).
- You will be responsible for all out of pocket expenses in excess of the insurance policy benefits based on the limitations contained in the Schedule of Medical Expense Benefits.

Policy Pricing

Atlas International

- Worldwide, excluding the USA
- Premiums are listed per day, and based on a [\\$250 deductible](#).

	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000
14 days to 17 years	\$0.85	\$1.03	\$1.16	\$1.34	\$1.41	\$1.46
18 to 29 years	\$0.88	\$1.07	\$1.18	\$1.37	\$1.44	\$1.49
30 to 39 years	\$1.04	\$1.28	\$1.49	\$1.67	\$1.82	\$1.88
40 to 49 years	\$1.76	\$2.02	\$2.40	\$2.40	\$2.56	\$2.65
50 to 59 years	\$2.99	\$3.27	\$3.75	\$3.75	\$4.06	\$4.19
60 to 64 years	\$3.77	\$3.92	\$4.61	\$4.61	\$4.89	\$5.03
65 to 69 years	\$4.45	\$4.90	N/A	N/A	N/A	N/A
70 to 79 years	\$6.83	\$7.52	N/A	N/A	N/A	N/A
80+ years \$10,000 Maximum Limit	\$12.50	N/A	N/A	N/A	N/A	N/A

Atlas America

- Worldwide, including the USA
- Premiums are listed per day, and based on a [\\$250 deductible](#).

	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	\$2,000,000
14 days to 17 years	\$1.59	\$1.99	\$2.19	\$2.76	\$3.16	\$3.31
18 to 29 years	\$1.62	\$2.03	\$2.24	\$2.82	\$3.22	\$3.38
30 to 39 years	\$1.93	\$2.61	\$3.05	\$3.27	\$3.60	\$3.79
40 to 49 years	\$2.53	\$3.11	\$3.49	\$4.13	\$4.74	\$4.97
50 to 59 years	\$4.22	\$5.19	\$6.43	\$7.28	\$8.01	\$8.42
60 to 64 years	\$5.72	\$7.29	\$9.71	\$10.57	\$11.61	\$12.20
65 to 69 years	\$6.66	\$8.32	N/A	N/A	N/A	N/A
70 to 79 years	\$11.47	\$14.31	N/A	N/A	N/A	N/A
80+ years*	\$17.02	N/A	N/A	N/A	N/A	N/A

Policy

Exclusions

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Illness that begins by occurrence of symptoms and/or receipt of treatment within the first two (2) days of coverage beginning with and including the certificate effective date, if coverage was purchased on the same day as the coverage effective date.
2. Pre-existing Conditions, except charges resulting directly from an acute onset of pre-existing condition, as herein defined, subject to the limits set forth in the Schedule of Benefits and Limits.
3. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
4. Mental health disorders.
5. Pregnancy except 1) as covered under Complications of Pregnancy, as herein defined, termination of pregnancy except in connection with covered Complications of Pregnancy, all charges related to pregnancy after the 26th week of pregnancy, routine prenatal care, child birth, postnatal care, and charges incurred by a child under the age of fourteen (14) days, and 2) diagnostic testing related to a covered injury or illness.
6. Impotency or sexual dysfunction.
7. All sexually transmitted diseases and conditions except for diagnostic testing related to a covered injury or illness.
8. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
9. All forms of cancer / malignant neoplasm.
10. Substance abuse or addiction or conditions that may be attributed to substance abuse or addictions and direct consequences thereof.
11. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
12. Sleep apnea or other sleep disorders.
13. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
14. Intentional self-inflicted injury or illness and/or suicide or attempted suicide whether sane or insane.
15. Injury or illness sustained that is due wholly or partially to the effects of alcohol, illegal , or drugs not taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse, or injury sustained while under the influence of drugs or alcohol as (i) defined under the law of the jurisdiction, or (ii) with a .08 Blood Alcohol Content (BAC), whichever is lower; or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party, or (v) your own admission; or (vi) the description of events you described to us or you had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in their records.
16. Routine medical examinations, including but not limited to vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to the suitability of employment or travel.
17. Treatment of the temporomandibular joint.
18. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
19. Organ or tissue transplants or related services.
20. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
21. Corrective devices and medical appliances, including eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, dentures or dental appliances, and all vision and hearing tests and examinations, except as provided for under Emergency Eye Exam.
22. Orthoptics and visual eye training.
23. 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.
24. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed, unless prescribed due to loss resulting from a covered injury or illness.
25. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesiotherapy.
26. Psychometric, intelligence, competency, behavioral and educational testing.
27. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.
28. Modifications of the physical body intended to improve the psychological, mental or emotional well- being, including but not limited to sex-change surgery.
29. Exercise programs, whether or not prescribed or recommended by a physician.
30. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
31. Cryo preservation and implantation or re-implantation of living cells.
32. Genetic or predictive testing.
33. Investigational, experimental or for research purposes.
34. While confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in

any establishment for the care of the aged, except rehabilitative care received upon direct transfer from an acute care hospital.

35. Not medically necessary.

36. Not administered by or under the supervision of a physician, and products that can be purchased without a doctor's prescription.

37. Provided by a relative, family member or any person who ordinarily resides with you.

38. Provided at no cost to you.

39. Failure to keep a scheduled appointment.

40. Payable under any government system, including the Australian Medicare system.

41. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.

42. Charges exceeding usual, reasonable and customary.

43. Charges resulting from or occurring during the commission of a violation of law, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.

44. Any illness or injury incurred as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health when, prior to your effective date, any of the following were issued:

a. The United States Centers for Disease Control & Prevention had issued a Warning/Alert Level 3 or higher for a location or destination, including common carriers; or

b. The United States Centers for Disease Control & Prevention had issued a Global or Worldwide Warning/Alert Level 3 or higher.

This exclusion is applicable when 1) any of the above were in effect within sixty (60) days immediately prior to your effective date or 2) within ten (10) days following the date the alert/warning is issued you have failed to depart the country or location. This exclusion does not apply to charges resulting from COVID-19/SARS-CoV-2.

45. War, military action or while on duty as a member of a police or military force unit.

46. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Natural Disaster, Return of Minor Children, Political Evacuation, Trip Interruption, Trip Delay, and Border Entry Protection sections of this insurance.

47. Incurred outside your certificate period.

48. Submitted to us for payment more than sixty (60) days after the last day of the certificate period.

49. When departure from the home country is to obtain treatment in the destination country/countries.

50. Complications or consequences of a treatment or condition not covered hereunder.

51.

Not included as Eligible Expenses as described herein.

Pre-existing Condition: Any injury, illness, sickness, disease, or other physical, medical, mental, or nervous disorder, condition, or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the 2 years prior to the effective date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to us prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom. For the purposes of the Complications of Pregnancy coverage offered hereunder, pregnancy will not be included within the definition of a pre-existing condition.

Acute Onset of Pre-existing Condition: A sudden and unexpected outbreak or recurrence that is of short duration, is rapidly progressive, and requires urgent care. A pre-existing condition that is a chronic or congenital, or that gradually becomes worse over time is not acute onset of a pre-existing condition. An Acute Onset of Pre-existing Condition does not include any condition for which, as of the Effective date, the Insured Person (i) knew or reasonably foresaw he/she would receive, (ii) knew he/she should receive, (iii) had scheduled, or (iv) was told that he/she must or should receive, any medical care, drugs or treatment.