

Atlas Group

Sol Education Abroad



Benefits	
Policy Maximum	\$50,000 or \$200,000
Deductible	\$0
Coinsurance (out of network, inside the USA/ Canada)	80% Coverage up to \$5,000, 100% after up to Policy Maximum
Coinsurance (outside the USA/Canada, in network inside the USA)	100% Coverage up to the Policy Maximum
The following benefits are ALL subject to the deductible or coinsurance, unless otherwise stated:	
Hospital Room & Board	Average Semi-Private Room Rate
Local Ambulance	URC when results in hospitalization
Hospital Indemnity	\$100 per day in addition to all other benefits (not subject to deductible/coinsurance)
Intensive Care Unit	URC
Outpatient Treatment	URC
Acute onset of a Pre-existing Condition	\$15,000 Lifetime Maximum for Eligible Medical Expenses \$25,000 Lifetime Maximum for Emergency Medical Evacuation
Physical Therapy	\$50 Maximum per day
All other medical expenses	URC
Terrorism	\$50,000 limit for medical expenses only
The following benefits are NOT subject to the deductible or coinsurance, unless otherwise stated:	
Emergency Dental	Acute onset of pain - \$100 Maximum
Medical Evacuation	\$500,000 limit
Emergency Reunion	\$15,000 limit, Maximum of 15 days
Return of Minor Children	\$5,000 Limit
Political Evacuation	\$10,000 Limit
Accidental Death & Dismemberment	Principal sum - \$25,000 (18+ years old) Maximum \$250,000 for any one family/group
Common Carrier Accidental Death	\$50,000 per member (18+ years old) Maximum \$250,000 for any one family/group
Repatriation of Remains	Overall Maximum Limit
Natural Disaster Benefit	Maximum \$100 for 5 days
Trip Interruption	\$5,000 Limit
Lost Checked Luggage	\$250 Limit
Sports	Non-contact, leisure, recreational and fitness sports included, along with selected hazardous sports

This is a consolidated summary of the plan benefits, for full details please download the full policy certificate.

Using Your Insurance Plan

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.

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 located online by visiting:
<http://www.internationalstudentinsurance.com/network/>

Claim Form

When seeking any medical care, it is important to remember to complete a claim form and submit that to the claims team. You can do this either by [downloading the form](#), and submitting that to HCC (via email is the best option) or you can log into the Student Zone from the link below and complete the claim form right online.

Online Claims Tracking

You can track the progress of any claims and access your Explanation of Benefits (EOB) by logging into your account through MESA. To setup your account in MESA, please visit the Student Zone link below, log into your Student Zone account and you will see the link to access MESA.

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:

<https://www.internationalstudentinsurance.com/schools/sol-abroad>

Exclusions

The following list contains a summary of the plan exclusions. Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage:

1. Routine pre-natal care, Pregnancy, child birth, and post natal care.
2. Charges incurred by or for any child under the age of 14 days.
3. Congenital illnesses.
4. Mental Health Disorders.
5. Charges for treatment of any condition(s) when the purpose of departing the Home Country was to obtain treatment in the destination country/countries.
6. Charges not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
7. Treatment not administered by or under the supervision of a Physician.
8. Treatment which is not Medically Necessary.
9. Investigational, Experimental or for Research purposes.
10. Treatment of obesity or weight modification.
11. HIV, AIDS or ARC, and all diseases caused by and/or related to HIV.
12. Dental Treatment, except for Emergency Dental Treatment as covered under the plan.
13. Vision and hearing tests and examinations.
14. Diagnosis, testing or treatment of the temporomandibular joint.
15. Medical expenses for Injury or Illness resulting from Amateur Athletics, Contact Sports, intercollegiate, interscholastic, intramural, extreme and club sports or athletic activities and Professional Sports including practice.
16. Injury sustained that is due wholly or partially to the effects of intoxication or drugs.
17. Self-inflicted Injury or Illness.
18. Sexually Transmitted Diseases and conditions.
19. Routine medical examinations.
20. Diagnosis or treatment by a chiropractor.
21. Charges resulting from or occurring during the commission of a violation of law by the Member.
22. Diagnosis, testing, treatment or supplies for the feet.
23. Diagnostic testing or procedures, services, supplies, and treatment for hair loss.
24. Pre-existing Conditions, except as covered under the table of benefits.
25. Organ or Tissue Transplants or related services.
26. Diagnosis, testing or treatment for skin conditions.
27. Diagnosis, testing, or treatment of all forms of cancer / neoplasm.

Please note: this brochure is a consolidated summary of the plan benefits and exclusions. Please view the plan certificate for complete details regarding all aspects of the insurance plan.



For assistance:



service@hccmis.com



Toll Free (800) 605-2282 or Direct (317) 262-2132