



**HCC**

HCC Medical  
Insurance Services



# coverage around the *world*

Vellore Jaishankar (Jay)  
ServeGlobe Inc.  
2000 Auburn Dr., Ste. 200  
Beachwood, OH 44122  
Phone: 1-877-778-4562  
E-mail: [insurance@visitorshealth.com](mailto:insurance@visitorshealth.com)  
<http://www.visitorshealthinsurance.com/>



*travel assistance  
services*



*organized sports  
activities*



*dependents*



*full time students  
studying abroad*

**studentsecure®**

# Coverage Around the World with StudentSecure®

## See the World, Don't Carry It On Your Shoulders

With medical coverage from 1 month to 4 years, the *StudentSecure*® plan from HCC Medical Insurance Services (HCCMIS) is with you almost anywhere on the planet you may travel to pursue your education outside your home country



### Why choose StudentSecure®?

If you are a student or scholar planning on traveling to pursue your education outside your home country, health insurance is a necessity. Most student visas and learning institutions require visiting foreign students be covered by a comprehensive health insurance policy. You may also find that the coverage from your home country will not follow you while you are studying abroad. HCC Medical Insurance Services (HCCMIS) offers StudentSecure® as an affordable solution.

### What is different about StudentSecure®?

HCCMIS takes the guesswork out of insurance for individuals in study abroad programs with StudentSecure®, a plan designed specifically to meet the needs of international students and scholars. HCCMIS's StudentSecure® is the program that travels with you and meets or exceeds US government student visa requirements. Whether you are looking for individual coverage or coverage for your entire family, StudentSecure® has all the features you need. Two levels of coverage, Select and Budget options, ensure that you can find the appropriate plan. Each plan includes coverage for Medical Expenses, Emergency Medical Evacuation, and Acts of Terrorism.

HCCMIS also offers a variety of valuable Assistance Services, available around the clock. These services help you locate a doctor, learn about safety advisories and access other important services. HCCMIS is there to support you throughout your study abroad program as you adjust to your new surroundings.

### After purchasing coverage, how can I trust the company to be there if I need them?

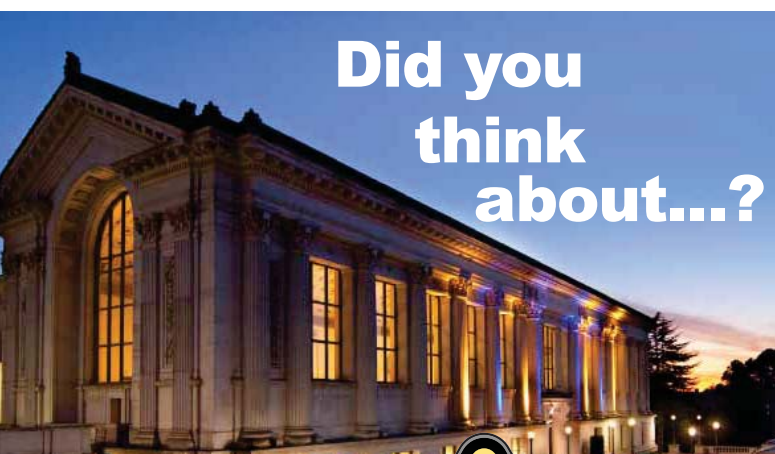
**Security Matters!** - *StudentSecure*® is underwritten by Syndicate 4141 at Lloyd's, London. Lloyd's provides accident and health insurance to more than 1,000,000 people in over 100 countries. Lloyd's currently enjoys an A+ (Strong) rating from Standard & Poor's and is highly qualified to protect you on your next international trip.

**Your Time Matters!** - Manage your account, renew coverage, file claims, locate healthcare providers and more – all online – with our Student Zone. Or call HCCMIS's World Service Center from many countries around the world collect or toll-free.

So get out and see the world with the *StudentSecure*® plan from HCCMIS by your side. It's health coverage around the world.

For more information about *StudentSecure*®, please contact:

Vellore Jaishankar (Jay)  
ServeGlobe Inc.  
2000 Auburn Dr., Ste. 200  
Beachwood, OH 44122  
Phone: 1-877-778-4562  
E-mail: [insurance@visitorshealth.com](mailto:insurance@visitorshealth.com)  
<http://www.visitorshealthinsurance.com/>



## Did you think about...?



University of California  
at Berkeley - USA

### Unexpected Illness

This definitely is not your Mom's home cooking.

**Stomach Flu: \$949\***

**StudentSecure® Medical Coverage:** starting under \$36/month

\*This amount is an example of an actual claim handled by HCCMIS. Coverage for similar claims is not to be inferred as all claims are unique.

# Schedule of Benefits

Benefit	Limit - Select Plan	Limit - Budget Plan
Certificate Period Maximum	\$300,000 (Participant) \$50,000 (Spouse) \$50,000 (Child)	\$250,000 (Participant) \$50,000 (Spouse) \$50,000 (Child)
Maximum Benefit per Injury or Illness	\$300,000 (Participant) \$50,000 (Spouse) \$50,000 (Child)	\$250,000 (Participant) \$50,000 (Spouse) \$50,000 (Child)
Deductible	\$100 per Injury or Illness Reduced to \$50 if treatment is from Student Health Center	
Coinsurance Claims Incurred Inside US	Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after Deductible, then 100% to Certificate Period Maximum. For charges incurred within the PPO or at a Student Health Center, coinsurance will be waived	Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after Deductible, then 100% to Certificate Period Maximum
Coinsurance Claims Incurred Outside of US	After the Deductible, Underwriters will pay 100% of Eligible Expenses to Certificate Period Maximum	Underwriters will pay 80% of the next \$10,000 of Eligible Expenses after Deductible, then 100% to Certificate Period Maximum
Hospital Room & Board	Average Semi-private room rate, including nursing services	
Local Ambulance	Up to \$350 per Injury / Illness if Hospitalized as Inpatient	
Intensive Care Unit	Usual, Reasonable, and Customary charges	
Hospital Pre-certification Penalty	50% of Eligible Medical Expenses	
Outpatient Treatment	Usual, Reasonable, and Customary charges	
Outpatient Prescription Drugs	50% of Actual Charge	
Mental Health Disorders	Outpatient: \$50 Maximum per day, \$500 Maximum Lifetime Inpatient: Usual, Reasonable, and Customary charges to \$10,000 Maximum Lifetime Treatment must not be obtained at a Student Health Center	
Dental Treatment due to Accident	\$250 Maximum per tooth \$500 Maximum per Certificate Period	
Dental Treatment to alleviate pain	\$100 Maximum per Certificate Period (not subject to Deductible or Coinsurance)	
Maternity Care for a Covered Pregnancy	Usual, Reasonable, and Customary charges	
Routine Nursery Care of Newborn	\$750 Maximum per Certificate Period	\$250 Maximum per Certificate Period
Therapeutic Termination of Pregnancy	\$500 Maximum per Certificate Period	
Physical Therapy & Chiropractic Care	Maximum \$50 per visit per day Must be ordered in advance by a Physician and not obtained at a Student Health Center	
Intercollegiate, interscholastic, intramural, or club sports	\$5,000 Maximum per Injury / Illness Medical Expenses only	
Terrorism	\$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only	
Benefit Period for coverage after Policy Termination Date	60 days from date of Injury or Onset of Illness if Member is Hospitalized on the Termination Date	
Emergency Medical Evacuation	Not subject to Deductible or Coinsurance. \$300,000 Lifetime (Participant) \$50,000 Lifetime (Spouse) \$50,000 Lifetime (Child)	Not subject to Deductible or Coinsurance. \$250,000 Lifetime (Participant) \$50,000 Lifetime (Spouse) \$50,000 Lifetime (Child)
Emergency Reunion	\$2,500 Lifetime (not subject to Deductible or Coinsurance)	\$1,000 Lifetime (not subject to Deductible or Coinsurance)
Accidental Death & Dismemberment	Not subject to Deductible or Coinsurance. Principal Sum – Lifetime Maximum \$25,000 (Participant) \$10,000 (Spouse) \$ 5,000 (Child)	No coverage
Repatriation of Remains	\$25,000 Maximum (not subject to Deductible or Coinsurance)	\$15,000 Maximum (not subject to Deductible or Coinsurance)

All benefits are per covered individual and for covered conditions. Limits apply to all benefits.

# What's covered by StudentSecure®?

## Covered Medical Expenses

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 Medical 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 resulting in Inpatient hospitalization

## Pre-existing Conditions

After 12 months of continuous coverage, StudentSecure® will provide benefits for Pre-existing Conditions. A Pre-existing Condition is generally defined as any Injury or Illness which, within the 12 months prior to the Effective Date of Coverage, manifested itself, exhibited symptoms, or required medical treatment or medication, or for which a Physician was consulted. Please refer to the Certificate of Insurance for the complete definition.

## Maternity & Newborn Care

When conception occurs after the Effective Date of Coverage, StudentSecure® provides Maternity benefits, including but not limited to pre-natal, delivery, and post-natal care as well as expenses for miscarriage and complications of pregnancy. Routine Nursery Care of Newborns is also covered, subject to the maximum shown in the Schedule of Benefits and Limits.

## Organized Sports Activities

Medical expenses for Injuries or Illnesses sustained while participating in intercollegiate, interscholastic, intramural, or club sports are covered by the StudentSecure® plan up to a maximum of \$5,000 per Injury or Illness. Covered organized sports are: basketball, baseball, cross country, dance team, football, golf, kickball, soccer, softball, swimming, tennis, track, volleyball, weight training, and wrestling.

## Mental Health Disorders

StudentSecure® provides benefits for Mental Health Disorders. Outpatient treatment is covered to a maximum of \$50 per day, with a \$500 Lifetime Maximum. Usual, Reasonable, and Customary expenses are covered for Inpatient treatment to a \$10,000 Lifetime Maximum. Treatment for Mental Health Disorders is covered only if not obtained from a Student Health Center.

## Emergency 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 a maximum of \$250 per tooth and \$500 Certificate Period Maximum; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100 per Certificate Period.

## Emergency 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 HCCMIS, StudentSecure® will provide the following benefits: Emergency air and/or ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary treatment.

## Emergency Reunion

StudentSecure® will provide benefits, up to the maximum indicated in the Schedule of Benefits and Limits, for the cost of an economy round-trip air and/or ground transportation ticket for one of your relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where you are hospitalized and for reasonable expenses for lodging and meals for your relative for a period not to exceed 15 days in either of the following situations:

1. Following a covered Emergency Medical Evacuation; or
2. You are hospitalized due to a life-threatening Injury or Illness for more than five days.

HCCMIS must be notified in advance of the travel of the relative in order for Emergency Reunion benefits to be payable. Emergency Reunion benefits that are not related to an Emergency Medical Evacuation will be paid only following the end of the Inpatient hospitalization.

*Stromboli Volcano - Sicily, Italy*



*Quebec City, Canada*



# What's covered by StudentSecure®? (cont.)

## Terrorism

StudentSecure® 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. You have 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. You have 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 (Select Only)

In the event of your Accidental Death or Dismemberment resulting from a covered Injury, StudentSecure® will provide the following benefit:

- Accidental Death – Principal Sum to the Beneficiary designated on your Application

- Loss of Sight in both eyes or loss of two or more Limbs – Principal Sum to you
- Loss of Sight in one eye or loss of one Limb – One-half of the Principal Sum to you

Loss of Sight is defined as total and irrevocable loss of sight. Loss of Limb is defined as complete and permanent severance of a hand at or above the wrist, or a foot at or above the ankle. The Accidental Death and Dismemberment benefit is not available for losses resulting from an Act of Terrorism.

## Repatriation of Remains

In the event of a covered Injury or Illness resulting in your death, StudentSecure® will provide the following benefit: Air and/or ground transportation of bodily remains or ashes to the area of your Principal Residence, and reasonable costs of preparation of your remains necessary for transportation.

## Home Country Coverage

**Incidental Home Country Coverage** - StudentSecure® offers limited Home Country coverage. Medical expenses only can be covered during incidental visits of up to 15 days cumulative per Certificate Period. The member must return abroad, either to the Host Country or another country en route to the Host Country, following any incidental visit days in order to be eligible for this benefit. Return to the Home Country must not be taken for the purpose of obtaining treatment for an Injury or Illness that began outside of the Home Country.

**Benefit Period Medical Coverage** - If you are hospitalized as Inpatient on your coverage Termination Date, StudentSecure® will provide a Benefit Period of 60 days for that condition only. The Benefit Period begins on the first date that you receive diagnosis or treatment for the condition and continues for 60 days, regardless of whether you are abroad or return to your Home Country.



*Oxford University, England*

# Exclusions, Eligibility & Enrollment

## What Is Excluded?

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

- Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance during the first 12 months of coverage. A Pre-existing Condition is generally defined as any Injury or Illness which, within the 12 months prior to the Effective Date of Coverage, manifested itself, exhibited symptoms, or required medical treatment or medication, or for which a Physician was consulted
- Coverage Area – For all non-US citizens electing the Coverage Area “Excluding the US” and for all US citizens or residents, no coverage is provided within the United States, except for US citizens or residents during an eligible Incidental Home Country visit or an eligible Benefit Period
- Treatment for or related to any congenital condition, except for a newborn child insured under the Policy
- Pre-natal, delivery, post-natal, and newborn care, unless related to a Covered Pregnancy
- Birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof
- Substance Abuse
- 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
- Charges for use of Emergency Room for treatment of Illness within the United States unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness
- Services that are not Medically Necessary and administered or ordered by a Physician or Medical Specialist, and services that are 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
- Charges which exceed Usual, Reasonable and Customary
- Investigational, Experimental or for Research purposes
- Venereal disease, and treatment of individuals who are HIV+ or have AIDS or ARC
- Treatment by a Chiropractor unless ordered in advance by a Physician
- Physical therapy and treatment for Mental Health Disorders if treatment is obtained at a Student Health Center
- 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
- Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment for the relief of acute, spontaneous and unexpected onset of pain
- 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
- Immunizations and Routine Physical Exams
- Expenses in excess of \$5,000 for Injury or Illness sustained while taking part in intercollegiate, interscholastic, intramural, or club sports, and all expenses for any Injury or Illness sustained while taking part in any other 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 sanctioned 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 and not for wage, reward or profit

- Injury sustained while taking part in: professional sports; mountaineering where a reasonably prudent person would use ropes or guides 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 activity which is undertaken for thrill seeking and exposes you to abnormal risk of injury
- 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
- Willfully self-inflicted Injury or Illness and/or any complications or consequences thereof
- 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
- Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder
- Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s)
- Organ or tissue transplants or related services
- 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, contact HCC Medical Insurance Services (HCCMIS).*

## Enrollment Procedure

For quick and easy enrollment, contact your agent or HCCMIS for online application instructions. Online applications are processed in real-time, and you will be able to print your fulfillment immediately. You may also obtain and complete an application form to be returned to HCCMIS by e-mail, fax, or postal mail. Applications submitted by e-mail, fax, or postal mail will be processed within two business days of receipt by HCCMIS

## Payment Options

Coverage may be paid in full at time of purchase, or you may elect to make monthly payments. If you elect the single payment option, you may submit your application online or by fax and pay by credit card, or you may submit your application by mail with payment by check, money order, or credit card. If you elect monthly payments, payment by credit card is required and a small fee will be added to each payment after the first. If your credit card is declined when an automatic payment is attempted, you will be notified in writing. You will have 15 days to provide payment through alternate credit card information.

# Exclusions, Eligibility & Enrollment (cont.)

## Eligibility

To be eligible for StudentSecure®, Participants must meet the following requirements:

- (1) Must be a Full-time Student at a college or university, excluding online colleges and universities, or within 31 days of being a Full-time Student at a college or university; or must be a Full-time Scholar affiliated with an educational institution and performing work or research for at least 30 hours per week. The Full-time Student/Scholar status requirement is waived for Participants within the US holding a valid F-1 visa. Full-time status requirements remain in force for individuals holding M-1, J-1, or other category visas.
- (2) Must be residing outside Home Country for the purpose of pursuing international educational activities.
- (3) Must not have obtained residency status in the Host Country.

Participants visiting the US must hold a valid education-related visa. A copy of the I-20 or DS-2019 may be requested. For US citizens and residents, the Host Country must be outside the continental US, Alaska, Hawaii, Puerto Rico, and the US Virgin Islands.

## Eligibility Definitions

**Full-time Student:** A student at a college or university who is taking 10 credit hours (undergraduate students) or 6 credit hours (graduate students). Individuals enrolled at colleges or universities that do not use a credit hour system must provide documentation of Full-time Student status.

**Full-time Scholar:** An individual who is affiliated with an educational institution and is engaging in educational activities for at least 30 hours per week. These activities may include but not be limited to performing research in an area of specialty or teaching for a temporary period of time.

**Home Country:** The Participant's Home Country is the country of Principal Residence as declared on the Application form. The Principal Residence is the country of the Participant's true, fixed, and permanent home.

## Dependent Eligibility

Dependents must meet all of the following requirements:

- (1) Must be the Participant's legally married spouse, or be the Participant's unmarried child under age 19 years and chiefly dependent on the Participant for support and maintenance.
- (2) Must accompany the Participant abroad on a similar visa or passport while the Participant engages in international educational activities.
- (3) Must be temporarily located outside the Participant's Home Country (the Dependent's Home Country is the same as that of the Participant, regardless of Principal Residence).
- (4) Have not obtained residency status in the Host Country.

## Effective & Termination Dates

Coverage becomes effective on the latest of:

- (1) The moment we receive the application and correct premium (if application and payment is made online or by fax); or
- (2) 12:01am US Eastern Time on the date we receive your application and payment (if application and payment is made by mail); or
- (3) 12:01am US Eastern Time on the date you meet eligibility requirements.

Coverage terminates on the earliest of:

- (1) 11:59pm US Eastern Time on the last day of the period for which you have paid premium; or
- (2) 11:59pm US Eastern Time on the last date requested on your application; or

- (3) 12:01am US Eastern Time on the date you no longer meet eligibility requirements; or
- (4) The moment of return to your Home Country (except as allowed by the provisions of this coverage).

## Extending or Renewing Coverage

After your initial purchase, you may extend your coverage up to a maximum of 12 months from the initial effective date. Provided there is no break in coverage, you will not be required to re-satisfy the Deductible and Coinsurance nor will benefit limits be reset.

You may renew your coverage for up to 4 years as long as you continue to meet the eligibility requirements. Renewal may be completed within the last 6 months of a 12-month Certificate Period. Deductible and Coinsurance must be re-satisfied as of each renewal date.

After 4 years of continuous coverage or any break in coverage, a new plan must be purchased. A new Application is required and you must re-satisfy your Deductible, Coinsurance, Pre-existing Condition provisions, and all other benefit limits.

Extensions and renewals must be made online with payment by credit card. For additional information on extending or renewing your plan, please visit Student Zone (<https://zone.hccmis.com/studentzone/>).

## Cancellations and Refunds

To be eligible for a full refund, the request for cancellation must be received prior to the effective date. Cancellation requests received after the effective date will be subject to the following conditions:

- 1) A \$25 cancellation fee will apply
- 2) Only premium for unused whole-months of the plan will be refunded
- 3) Only members who have no claims are eligible for premium refund
- 4) After 60 days, no refunds are granted

## StudentSecure® is underwritten by Syndicate 4141 at Lloyd's, London. The Plan Administrator is HCC Medical Insurance Services.

HCC Medical Insurance Services, headquartered in Indianapolis, Indiana, U.S., 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., a leading international specialty insurance group headquartered in Houston, Texas, U.S., with offices across the U.S. and in the United Kingdom, Spain and Ireland.

HCC's major domestic and international insurance companies have a financial strength rating of "AA (Very Strong)" from Standard & Poor's Corporation. HCC's major domestic and international insurance companies have a financial strength rating of "AA (Very Strong)" from Fitch Ratings, "A1 (Good Security)" from Moody's Investors Service, Inc., and "A+ (Superior)" by A.M. Best Company, Inc. HCC is listed on the NYSE under the symbol "HCC." With assets of \$9.1 billion and shareholders' equity of \$3.3 billion on Dec. 31, 2010, HCC is well-capitalized and well-positioned to continue its success.



### HCC Medical Insurance Services

251 North Illinois Street, Suite 600  
Indianapolis, Indiana 46204  
800.605.2282 or 317.262.2132  
Fax 317.262.2140  
[www.hccmis.com](http://www.hccmis.com)

# Rates

## StudentSecure® Monthly Rates - Valid through 5/31/2012

### StudentSecure® Select – Coverage Excluding the US

Age	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
<b>Under 19</b>	\$55			
<b>19-24</b>	\$55	\$355	\$224	\$521
<b>25-30</b>	\$55	\$444	\$243	\$614
<b>31-40</b>	\$125	\$619	\$281	\$795
<b>41-50</b>	\$282	\$693	\$367	\$872
<b>51-64</b>	\$362	\$773	\$443	\$956
<b>65+</b>	Contact HCC Medical Insurance Services			

### StudentSecure® Select – Coverage Including the US

Age	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
<b>Under 19</b>	\$70			
<b>19-24</b>	\$70	\$486	\$307	\$714
<b>25-30</b>	\$98	\$608	\$332	\$842
<b>31-40</b>	\$164	\$848	\$384	\$1,089
<b>41-50</b>	\$385	\$949	\$503	\$1,194
<b>51-64</b>	\$495	\$1,059	\$608	\$1,309
<b>65+</b>	Contact HCC Medical Insurance Services			

### StudentSecure® Budget – Coverage Excluding the US

Age	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
<b>Under 19</b>	\$36			
<b>19-24</b>	\$36	\$234	\$148	\$344
<b>25-30</b>	\$36	\$294	\$160	\$405
<b>31-40</b>	\$83	\$409	\$185	\$524
<b>41-50</b>	\$201	\$458	\$243	\$575
<b>51-64</b>	\$273	\$510	\$292	\$630
<b>65+</b>	Contact HCC Medical Insurance Services			

### StudentSecure® Budget – Coverage Including the US

Age	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
<b>Under 19</b>	\$47			
<b>19-24</b>	\$47	\$321	\$204	\$472
<b>25-30</b>	\$74	\$403	\$219	\$554
<b>31-40</b>	\$109	\$561	\$254	\$719
<b>41-50</b>	\$274	\$627	\$332	\$788
<b>51-64</b>	\$372	\$700	\$400	\$864
<b>65+</b>	Contact HCC Medical Insurance Services			

Rates include Surplus Lines Taxes and Fees when applicable

**Privacy Policy:** HCCMIS respects individual privacy and values the confidence of its customers, employees, consumers, business associates and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.



**StudentSecure® Application  
HCC Medical Insurance Services  
Lloyd's Coverholder**

<b>Enrollment Information</b> – Please complete all sections. Enter Spouse and Child details only for dependents to be covered under this plan.				<b>Plan Selections</b> – Please make a selection in each section. Choose single OR monthly payments.	
<b>Name (First and Last)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Gender</b>	<b>Citizenship</b>	Type of coverage selected: <input type="checkbox"/> Student Only <input type="checkbox"/> Student & Spouse <input type="checkbox"/> Student & Children <input type="checkbox"/> Student & Family	
Participant				Requested Effective Date: ____ / ____ / 20__	
Spouse				Plan level selected: <input type="checkbox"/> Select <input type="checkbox"/> Budget	
Child				US Coverage: (US citizens/residents must select "No") <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child				<input type="checkbox"/> <b>Single Payment</b> – I want to pay in full now.  Monthly cost from rate tables on page 8: _____  Multiply by # of months to be covered:    x _____  Total amount due: _____	
Child				<input type="checkbox"/> <b>Monthly Payments</b> – I want to be automatically charged each month. Monthly cost from rate tables on page 8 (This amount will be charged now): _____  Add \$5.00 administrative charge:    +    5.00  Monthly amount due (This amount will be charged <u>each</u> month after the first): _____  # of months to be covered: _____	
Complete Mailing Address		Home Country			
		Host Country			
Email		Telephone			
Name of University		State (if in US)		Type of Visa (I-94) Non-US Citizens Only	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Scholar Number of Hours Enrolled _____		<input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> J-1 <input type="checkbox"/> R-1			
Date of Departure from Home Country ____ / ____ / ____	Date Classes Begin ____ / ____ / ____	Date of Return to Home Country ____ / ____ / ____			
Payment Method: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa					
Credit Card #		Expiration Date		Complete Billing Address	
Name as it appears on card					
Signature				Daytime Phone Number	
<b>Payment by Credit Card*</b> : By signing above, the cardholder authorizes HCCMIS to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to: HCC Medical Insurance Services 251 N. Illinois Street, Suite 600 Indianapolis, IN 46204 Fax: 317-262-2140				Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order along with this Application via mail or courier to: Bank of America Lockbox Services c/o Lockbox # 15748 540 W. Madison, 4th Floor Chicago, IL 60661	
*If I have selected a monthly plan, I hereby request and authorize HCC Medical Insurance Services to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for the duration of the Coverage Period elected or until revoked by me in writing.					
I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student or Full-time Scholar as required by the definitions of this policy. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that renewal of this insurance may only be transacted online and will not be effective unless such transaction is made within the six (6) months immediately preceding my current coverage expiration date and confirmed in writing by HCC Medical Insurance Services. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.					
Signature of Applicant				Date	
Signature of Spouse				Date	

**For more information or for assistance completing this application, please contact:**                      **Producer Number:** \_\_\_\_\_ 23466



## HCC Medical Insurance Services' Outstanding Customer Service

### HCCMIS's Student Zone and World Service Center

HCCMIS's Student Zone is an online account management and resource tool that allows you to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using our Travel Intelligence and Planning System (TIPS)

You may access Student Zone by logging in at  
<https://zone.hccmis.com/studentzone/>.



If you prefer to speak to one of our professional service representatives, you may contact our World Service Center by calling toll-free from various countries around the world or by calling collect. Our World Service Center can provide you with service in many different languages.

### 24/7 Worldwide Travel and Medical Assistance

StudentSecure® 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, 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.

Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.