

# Atlas Group

Michigan State University  
American Semester Program



## Benefits

<b>Policy Maximum</b>	\$100,000
<b>Deductible</b>	\$0
<b>ER Copay</b>	\$200 if not admitted to the hospital as an in-patient. Waived for Emergency treatment of injury. Only applies to Claims incurred in U.S.
<b>Urgent Care Copay</b>	\$15 per visit, then coinsurance will apply — Not subject to the deductible. Only applies to Claims incurred in U.S.
<b>Coinsurance</b>	100% Coverage on eligible expenses, after the Deductible, up to the Policy Maximum
The following benefits are ALL subject to the deductible or coinsurance, unless otherwise stated:	
<b>Hospital Room &amp; Board</b>	Average Semi-Private Room Rate, including nursing services
<b>Local Ambulance</b>	Usual, Reasonable and Customary charges when results in hospitalization
<b>Hospital Indemnity</b>	\$100 per day in addition to all other benefits, when results in inpatient hospitalization
<b>Intensive Care Unit</b>	Up to the Overall Maximum
<b>Outpatient Treatment</b>	Up to the Overall Maximum
<b>Acute onset of a Pre-existing Condition (excludes chronic and congenital disorders)</b>	Under age 70: Up to the Overall Maximum. Ages 70-79: Up to the Overall Maximum or \$100,000, whichever is lower (\$25,000 Lifetime Maximum for Emergency Medical Evacuation)
<b>Prescription Medication</b>	Up to the Overall Maximum – For those with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program – please see our website for more information
<b>Outpatient Physical Therapy &amp; Chiropractic Care</b>	\$50 Maximum per day
<b>All other medical expenses</b>	Usual, Reasonable and Customary
<b>Terrorism</b>	\$50,000 limit for medical expenses only
The following benefits are NOT subject to the deductible or coinsurance, unless otherwise stated:	
<b>Emergency Dental</b>	Accident - Up to the Overall Maximum Acute Onset of Pain -Up to \$300 maximum
<b>Emergency Eye Exam</b>	Up to \$150. \$50 deductible per occurrence (plan deductible is waived).
<b>Medical Evacuation</b>	\$1,000,000 limit
<b>Emergency Reunion</b>	\$100,000 limit, Maximum of 15 days
<b>Bedside Visit</b>	\$1,500 Limit
<b>Return of Minor Children</b>	\$50,000 Limit
<b>Political Evacuation</b>	\$100,000 Limit
<b>Accidental Death &amp; Dismemberment</b>	Principal sum - \$25,000 (18-69 years old)
<b>Common Carrier Accidental Death</b>	\$50,000 per member (18-69 years old). Maximum \$250,000 for any one family/ group
<b>Repatriation of Remains</b>	Overall Maximum Limit
<b>Local Burial or Cremation</b>	\$5,000
<b>Natural Disaster Benefit - Replacement Accommodations</b>	Maximum \$250 a day for 5 days
<b>Trip Interruption</b>	\$10,000 Limit
<b>Travel Delay</b>	Maximum \$100/day, max 2 days after a 12-hour delay requiring an unplanned overnight stay
<b>Border Entry Protection</b>	Up to \$500 if traveling on a valid B-2 visa and denied entrance at the U.S. border.
<b>Lost Checked Luggage</b>	\$1,000 Limit
<b>Lost or Stolen Passport/Travel Visa</b>	\$100 Limit
<b>Pet Return</b>	\$1,000 to return a pet home if member is hospitalized
<b>Crisis Response</b>	\$10,000 Maximum benefit per Certificate Period
<b>Personal Liability</b>	\$25,000 lifetime maximum
<b>Sports</b>	Non-contact, leisure, recreational and fitness sports, along with select hazardous sports

## 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:  
<https://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/michigan-state-university>

## 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, with the exception of the emergency eye examination benefit, as covered under the policy.
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](mailto:service@hccmis.com)



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