



## 2021 Group Brochure

Agent Au Pair  
Group Number: WT20G16800



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### Tokio Marine HCC 24-Hour Assistance

USA Toll Free: (800) 605-2282

International +1 (317) 262-2132

Or via email at [service@hccmis.com](mailto:service@hccmis.com)

# Using Your Insurance

If you need to seek medical treatment, please follow these basic guidelines:

1. Seek care appropriately for the condition/situation that you are experiencing.
2. Choose an in-network medical provider to make billing easier.
3. Follow up with any claims, these are your responsibility!

Further information about seeking care is below:



## NON-EMERGENCY CARE

If you do not have a medical emergency, you **SHOULD** go to a walk-in clinic or local doctor who can assist you with your medical needs. You **SHOULD NOT** go to the Emergency Room (ER).

You can call the assistance team prior to receiving any treatment and they will assist in locating a medical provider, or you can visit the online provider search tool in your student zone. Examples of non-emergency care include cold, flu, minor injuries and sickness.



## 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.

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 emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

**Please Note** – an additional \$250 Deductible will apply for each Emergency Room visit for an illness which does not result in a direct Hospital admission. Injuries are not subject to the 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

You can [search for providers online](#) in your student zone, or you may seek treatment from any provider you wish to visit. In-network providers will be able to submit your claims directly to the claims team for processing, however when you seek care outside of the network, you will need to pay for these services upfront and submit for reimbursement.

**If you have been hospitalized, you need to contact the assistance team as soon as possible so they can monitor your medical care and arrange direct payment to the hospital.**

## CLAIMS

When you seek care from within the plans network and provide your ID card at the time of treatment, your claims will be sent to the claims team directly for processing.

For claims outside of the network or any prescription medications, you will need to pay the provider, and then submit your itemized bills and receipts to the claims team for processing.

**We recommend submitting a claim form for each new injury/illness to speed up processing.**

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

[service@hccmis.com](mailto: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

**Please note** - you have up to 60 days starting on the termination date of your insurance policy to file a claim.

## STUDENT ZONE

The student zone is your one-stop resource for information, advice and assistance with your insurance plan.

- Video Overviews
- Healthcare Tips
- Seeking Treatment
- Provider Search
- Claim Forms
- Claims Tracking
- MyDocuments

<https://egi.zone/agent-aupair>

# Benefit Summary

Benefit	Subject to deductible and coinsurance unless otherwise stated
Overall Maximum Limit	\$2,000,000
Deductible	\$50 per injury/illness
Coinsurance	In-Network inside the US: We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.  Out-of-Network inside the US: Usual, Reasonable, and Customary after the deductible, up to the overall maximum limit.  Outside of the US: We will pay 100% of eligible expenses after the deductible up to the overall maximum limit.
Emergency Room Copayment (Claims incurred in the US only)	\$250 for illness if not admitted. There will be no co-payment for emergency room treatment of an injury.
Hospital Room & Board	Average semi-private room rate, including nursing services
Intensive Care Unit	Up to the overall maximum limit
Local Ambulance	Usual, reasonable and customary charges for covered illness or injury. Illness must result in hospitalization as inpatient.
Outpatient Physical Therapy and Chiropractic Care	Up to the overall maximum limit
Sports Coverage	Usual, Reasonable, and Customary charges (Non-contact and non-organized/non-sanctioned amateur sports or athletic activities not otherwise excluded herein, engaged in by you solely for leisure, recreational, entertainment or fitness purposes).
Mental Health Disorders	Outpatient: Up to \$50 per visit / \$250 maximum per certificate. Inpatient: Up to a \$20,000 maximum.
Dental (Accident Coverage)	\$5,000
Dental (Acute Onset of Pain)	\$400
Terrorism	Up to the overall maximum limit. Eligible medical expenses only.
All other eligible medical expenses	Up to the overall maximum limit
Emergency Medical Evacuation	\$500,000 - not subject to deductible, coinsurance or overall maximum limit
Repatriation of Remains	\$50,000 - not subject to deductible or coinsurance
Emergency Reunion	Up to \$3,000 lifetime maximum (maximum 15 days) following a covered life-threatening bodily injury or life-threatening illness that results in admission to a hospital intensive care unit - not subject to deductible or coinsurance
Political Evacuation	Up to a \$10,000 lifetime maximum - not subject to deductible or coinsurance
Accidental Death & Dismemberment (AD&D)	Up to \$10,000
Loss of Checked Luggage	Up to \$500 - not subject to deductible or coinsurance

Trip Interruption	Up to \$3,000 – not subject to deductible or coinsurance
Personal Liability	Up to \$100,000 lifetime maximum Up to \$100,000 third person injury Up to \$100,000 third person property Up to \$2,500 related third person property Not subject to deductible, coinsurance, or overall maximum limit
Travel Assistance Services	Included

**Please note:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [student zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.

## Plan Exclusions

Excluded Conditions, Treatments (includes Diagnoses, Tests, and Examinations), Services, Supplies, Acts, Omissions, and/or Events:

1. Pre-existing Conditions.
2. Birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
3. Pregnancy except as covered under Complications of Pregnancy, as herein defined, 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 14 days.
4. Termination of pregnancy.
5. Impotency or sexual dysfunction.
6. All sexually transmitted diseases and conditions.
7. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
8. All forms of cancer / neoplasm.
9. Substance abuse or addiction or conditions that may be attributed to substance abuse or addictions and direct consequences thereof.
10. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
11. Sleep apnea or other sleep disorders.
12. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
13. Self-inflicted injury or illness and/or suicide or attempted suicide whether sane or insane.
14. Injury sustained that is due wholly or partially to the effects of intoxication or drugs other than drugs taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse.
15. Injury sustained while operating any motorized vehicle, aircraft or watercraft whether registered or not while under the influence of alcohol as defined under the law of the jurisdiction where the injury occurs or with a .08 Blood Alcohol Content (BAC), whichever is lower.
16. Routine physical examinations and wellness visits, 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. Dental treatment and treatment of the temporomandibular joint, except for emergency dental treatment necessary to replace sound natural teeth lost or damaged in an accident covered hereunder or for the emergency relief of acute onset of pain.
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.
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.
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 wellbeing, including but not limited to sex-change surgery.
29. Exercise programs, whether or not prescribed or recommended by a physician. Organ or tissue transplants or related services.
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. Telephone consultations or failure to keep a scheduled appointment.
40. Payable under any government system, including the Australian Medicare system.
41. Charges exceeding usual, reasonable and customary.
42. 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.
43. 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 6 months immediately prior to your effective date or 2) within 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.
44. War, military action or while on duty as a member of a police or military force unit.
45. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, and Repatriation of Remains sections of this insurance.
46. Incurred outside your certificate period.
47. Submitted to us for payment more than 60 days after the last day of the certificate period.
48. When departure from the home country is to obtain treatment in the destination country/countries.
49. Complications or consequences of a treatment or condition not covered hereunder.
50. Not included as Eligible Expenses as described herein.
51. SPORTS AND ACTIVITIES
  1. YOU ARE COVERED: You are covered for taking part in amateur/non-professional sports and activities, unless it is excluded below. Coverage is for recreational purposes incidental to a trip.
  2. YOU ARE NOT COVERED unless you fulfill the following conditions:
    1. You must ensure the activity is adequately supervised and that appropriate safety equipment (such as protective headwear, life jackets etc.) are worn at all times.
    2. YOU ARE NOT COVERED IF:
      1. The activity is organized athletics involving regular or scheduled practice and/or games; or
      2. The activity is performed in a professional capacity or for any wage, reward, or profit; or

3. Expenses arise directly or indirectly from anything in the General Exclusions; or
4. Any of the excluded items listed below: • All-Terrain Vehicles. • American Football. • Aussie Rules Football. • Aviation (except when traveling solely as a passenger in a commercial aircraft). • Base Jumping. • Big Game Hunting. • Bobsleigh. • Boxing. • Cave Diving. • Football (Soccer). • Hang-Gliding. • Heli-Skiing. • Hot Air Ballooning as a Pilot. • Ice Hockey. • Jousting. • Kite-Surfing. • Luge. • Martial Arts. • Modern Pentathlon. • Motorized Dirt Bikes. • Mountaineering at elevations of 4,500 meters or higher. • Outdoor Endurance Events. • Parachuting. • Paragliding. • Parasailing. • Powerlifting. • Quad Biking. • Racing by any Animal, Motorized Vehicle, or BMX, and Speed Trials and Speedway. • Rugby. • Running with the Bulls. • Skeleton. • Sky Surfing. • Snow Skiing and Snowboarding, except recreational downhill and/or cross-country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body). • Snow Mobiles. • Soccer (Futbol). • Spelunking. • Sub Aqua Pursuits involving underwater breathing apparatus unless accompanied by a certified instructor at depths less than 10 meters, or PADI/NAUI certified. • Tractors. • Whitewater Rafting. • Wrestling.

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