



Benefits

	Atlas Travel®
Policy Maximum	\$50,000, \$100,000, \$200,000, \$500,000, \$1,000,000 and \$2,000,000 (Ages 70 to 79: \$50,000 or \$100,000 limit; Ages 80+: \$10,000 Limit)
Deductible	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 The deductible is due once per certificate period
ER Co-Pay	\$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.
Urgent Care Co-Pay	\$50 per visit, the coinsurance will apply. Not subject to the deductible. Only applies to claims incurred in the U.S. Co-payment waived if \$0 deductible elected
Coinsurance – Out of Network inside the USA	Usual, Reasonable, and Customary (URC)
Coinsurance – In Network inside the USA and Outside the USA	100% Coverage
The following benefits are all subject to the deductible and coinsurance, unless otherwise stated:	
Hospital Room & Board	Average Semi-Private Room Rate
Local Ambulance	URC when results in hospitalization
Intensive Care Unit	Up to Policy Maximum
Outpatient Treatment	Up to Policy Maximum
Acute Onset of a Pre-existing Condition	Overall Maximum Limit, \$25,000 Lifetime Maximum for Emergency Medical Evacuation
Prescription Medication	Up to Policy Maximum – For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program – please see our website for more information
Outpatient Physical Therapy and Chiropractic Care	\$50 maximum per day. Must be ordered in advance by a physician
All other medical expenses	Up to Policy Maximum
Terrorism	\$50,000 limit for medical expenses only
The following benefits are not subject to the deductible or coinsurance, unless otherwise stated:	
Hospital Indemnity	\$100 per day in addition to all other benefits
Emergency Dental	Accident – Up to Policy Maximum. Acute Onset of Pain – \$250 Maximum.
Medical Evacuation	\$1,000,000 limit
Emergency Reunion	\$50,000 limit, Maximum of 15 days
Bedside Visit	\$1,500 limit
Return of Minor Children	\$50,000 limit
Political Evacuation	\$10,000 limit
Accidental Death and Dismemberment	Principal sum – \$50,000 (18-69 years old)
Common Carrier Accidental Death	\$50,000 per member (18-69 years old) Maximum \$250,000 for any one family/ group
Repatriation of Remains	Overall Maximum Limit
Local Burial or Cremation	\$5,000
Natural Disaster Benefit	Maximum \$100 per day for 5 days
Trip Interruption	\$5,000 limit
Travel Delay	Maximum \$100 a day, max 2 days after a 12-hour delay period requiring an unplanned overnight stay
Lost Checked Luggage	\$500 limit
Pet Return	\$1,000 to return a pet home if member is hospitalized
Crisis Response	\$10,000 Maximum benefit per Certificate Period
Personal Liability	\$10,000 lifetime maximum
Sports	Non-contact, leisure, recreational and fitness sports included, along with selected hazardous sports

Premiums

The premiums below are per day, in \$USD and are based on a \$250 deductible.

Maximum Limit	Atlas International® Travel Excluding the USA					
	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000	\$2,000,000
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d–17y	\$0.79	\$1.05	\$1.19	\$1.24	\$1.26	\$1.33
18–29	\$0.79	\$1.05	\$1.19	\$1.24	\$1.26	\$1.33
30–39	\$0.94	\$1.28	\$1.39	\$1.43	\$1.49	\$1.56
40–49	\$1.58	\$1.92	\$2.06	\$2.09	\$2.13	\$2.24
50–59	\$2.71	\$3.07	\$3.24	\$3.26	\$3.32	\$3.49
60–64	\$3.35	\$3.66	\$3.89	\$3.96	\$4.00	\$4.20
65–69	\$3.97	\$4.81	\$5.14	\$5.29	\$5.34	\$5.60
70–79	\$5.82	\$7.07	N/A	N/A	N/A	N/A
80+	\$10.42	N/A	N/A	N/A	N/A	N/A

Maximum Limit	Atlas America® Travel Including the USA					
	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000	\$2,000,000
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d–17y	\$1.36	\$1.73	\$1.90	\$2.28	\$2.52	\$2.65
18–29	\$1.36	\$1.73	\$1.90	\$2.28	\$2.52	\$2.65
30–39	\$1.85	\$2.56	\$2.95	\$3.00	\$3.22	\$3.39
40–49	\$2.73	\$3.42	\$3.81	\$4.29	\$4.78	\$5.02
50–59	\$4.07	\$5.13	\$6.29	\$6.77	\$7.25	\$7.61
60–64	\$4.75	\$6.23	\$8.20	\$8.49	\$9.06	\$9.51
65–69	\$5.38	\$6.89	\$9.15	\$9.44	\$10.07	\$10.57
70–79	\$7.75	\$9.92	N/A	N/A	N/A	N/A
80+	\$12.34	N/A	N/A	N/A	N/A	N/A

Group Rates

For groups of 5 or more we offer discounts up to 15%, please contact us for further information and a personalized proposal.

For full information or to apply, please visit:
InternationalStudentInsurance.com

URC = Usual, Reasonable and Customary

Exclusion Summary

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, including but not limited to vaccinations, immunizations and annual check-ups.
20. Charges resulting from or occurring during the commission of a violation of law by the Member.
21. Diagnosis, testing, treatment or supplies for the feet.
22. Diagnostic testing or procedures, services, supplies, and treatment for hair loss.
23. Pre-existing Conditions, except as covered under the table of benefits.
24. Organ or Tissue Transplants or related services.
25. Diagnosis, testing or treatment for skin conditions.
26. Diagnosis, testing, or treatment of all forms of cancer / neoplasm.
27. Sleep apnea or other sleep disorders.

Please view the full plan certificate on our website for a complete list of benefits and exclusions.

