



INTERNATIONAL STUDENT INSURANCE



Greenville University
WT18G14500
2023-2024

Seeking Medical Care

If you need to seek medical care, please follow these simple instructions:



Non-Emergency Care

For immediate care in non-emergency situations, you **SHOULD** go to a Walk-in Clinic, Urgent Care center or local doctor. Urgent Care and Walk-in Clinics are often the best places to seek medical care as you can walk right in and they require no appointment.

You **SHOULD NOT** go to the Emergency Room (ER) for this type of care unless it is a real emergency situation.



Doctor/Hospital Search

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 plans network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA - [UnitedHealthcare Network](#)

Outside the USA - [WorldTrips International Network](#)



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 for immediate treatment.

PLEASE NOTE – an additional **\$200** deductible will apply for each Emergency Room visit.



Prescription Medication

Prescriptions should be filled at any available pharmacy and paid upfront directly to the pharmacy. Please keep copies of all your receipts and the prescription label and submit those to the claims team, along with a completed claim form for processing.



Telemedicine

The plan allows participants to use the telemedicine services of their choice and the plan will cover as per the terms of the policy.



Claims Information

In-Network Claims

When seeking medical care in-network, the medical provider will submit your claims for processing. You will still need to follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Submit your claim form to WorldTrips

WorldTrips Email:
service@worldtrips.com

Out-of-Network Claims

If you seek medical care from a provider that is outside the plans provider network or you have paid for any medical expenses out of your own pocket, you will need follow these steps to get your claims processed and paid:

1. Download a claim form from the Student Zone.
2. Complete the claim form with all the details about your injury/illness. You will need to complete a new form for each new injury/illness.
3. Attach copies of your bills, receipts, lab charges and prescriptions.
4. Submit your claim form to:

WorldTrips Email:
service@worldtrips.com

Student Zone

The Student Zone provides you with a one-stop resource for all your insurance needs and you should visit this to familiarize yourself with your insurance plan. It includes information such as:

- How to seek medical care
- Doctor/hospital search tool
- Claims documents
- Online claims tracking
- Access your policy documents

Visit your student zone:

[Student Zone](#)

Assistance



WorldTrips is available 24-hours a day to assist you with your insurance needs, including finding providers, claims updates, emergency assistance, benefits questions and much more.

You can contact WorldTrips at:
USA Toll-free: (800) 605-2282
Outside the USA: +1 (317) 262-2132
service@worldtrips.com

Benefit Summary

Benefits	Smart
Overall Maximum Limit	\$200,000
Maximum per injury/illness	\$200,000
Deductible per injury/illness <ul style="list-style-type: none"> Inside PPO Network, Outside USA or at Student Health Center (Except Emergency Room) 	\$50
ER Deductible per visit <ul style="list-style-type: none"> Claims incurred in the USA For an illness unless you are admitted No co-payment for emergency room treatment of an injury 	\$200
Urgent Care Center Co-payment <ul style="list-style-type: none"> Claims incurred in the USA Not subject to deductible 	\$50 per visit, after which coinsurance will apply
Coinsurance <ul style="list-style-type: none"> In Network, Inside the USA 	The plan will pay 100% of eligible expenses, after the deductible, to the overall maximum limit
Coinsurance <ul style="list-style-type: none"> Out of Network, Inside the USA 	Usual, Reasonable, and Customary (URC). You may be responsible for any charges exceeding the payable amount
Coinsurance <ul style="list-style-type: none"> Outside the USA 	100% of Eligible Expenses to the Certificate Period Maximum
Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.	
Hospital Room & Board	Average Semi-Private Room Rate, including nursing services
Intensive Care Unit	Up to Overall Maximum Limit
Local Ambulance <ul style="list-style-type: none"> Per injury/illness when hospitalized as Inpatient 	Usual, reasonable and customary charges
Outpatient Prescription Medication <ul style="list-style-type: none"> Not subject to deductible 	100% generic / 50% brand
	For those members with a US destination, you will be automatically enrolled into the VantageAmerica Drug Discount program — further details below
Outpatient Physical Therapy & Chiropractic Care <ul style="list-style-type: none"> Not subject to coinsurance 	Up to \$50 maximum per visit, \$500 certificate maximum
	Must be ordered in advance by a physician and not obtained at a student health center
Sports & Activities <ul style="list-style-type: none"> 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 	Usual, Reasonable, and Customary charges

Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of the plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents(together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Mental Health Disorders <ul style="list-style-type: none"> Treatment must not be obtained at the Student Health Center 	80% coinsurance within the PPO, URC outside the PPO. Maximum 30 visits outpatient, 30 days inpatient
Substance Abuse <ul style="list-style-type: none"> Treatment must not be obtained at the Student Health Center 	80% coinsurance within the PPO, URC outside the PPO. Maximum 30 visits outpatient, 30 days inpatient
Dental treatment due to Accident	\$500
Pre-existing conditions	Up to \$10,000. Six (6) month waiting period
All other Eligible Medical Expenses	Up to the Overall Maximum Limit
Emergency Travel Benefits Limit	
Emergency Medical Evacuation <ul style="list-style-type: none"> Not subject to deductible, coinsurance, or overall maximum limit 	\$100,000 lifetime maximum
Repatriation of Remains <ul style="list-style-type: none"> Not subject to deductible or coinsurance 	\$100,000 lifetime maximum
Emergency Reunion <ul style="list-style-type: none"> Not subject to deductible or coinsurance Following a covered life-threatening bodily injury or life-threatening illness that results in admission to a hospital intensive care unit 	Up to \$2,500 lifetime maximum, subject to a maximum of 15 days
Political Evacuation <ul style="list-style-type: none"> Not subject to deductible or coinsurance 	\$10,000 lifetime maximum
Accidental Death & Dismemberment <ul style="list-style-type: none"> Excludes loss due to Common Carrier Accident Not subject to deductible, coinsurance, or overall maximum limit 	Age 17 years and under: Principle Sum \$5,000 Age 18 years and above: Principle Sum \$10,000

Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of the plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents(together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

Participating Organization Eligibility

An organization or division thereof principally engaged in international cultural, educational, or similar activities is eligible to become a participating organization if it meets all of the following requirements:

- It makes application to participate or renew participation as a participating organization on a form provided by us, and is accepted as a participating organization by us, and receives a certificate issued by us; and
- It agrees to remit audited invoices with one premium payment per payment term for all members; and
- It will provide completed enrollment details for each member to be enrolled for coverage under this insurance; and
- It will provide each member who enrolls with a Summary of Benefits as provided by us.

Member Eligibility

Individuals who are at least 14 days of age through age 29 who are active members participating in a sponsored program by the participating organization are eligible for coverage.

Exclusions

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

1. Pre-existing Conditions during the first six (6) months subject to the limits set forth in the Schedule of Benefits and Limits.
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, termination of pregnancy except in connection with covered Complications of Pregnancy, 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. Routine pre-natal care, pregnancy, child birth, post-natal care, and nursery care of a newborn.
5. Termination of pregnancy.
6. Impotency or sexual dysfunction.
7. All sexually transmitted diseases and conditions.
8. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
9. All forms of cancer / neoplasm.
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, except as provided for in the Schedule of Benefits and Limits.
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.
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 well-being, including but not limited to sex-change surgery.
29. Exercise programs, whether or not prescribed or recommended by a physician.
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. 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, Repatriation of Remains, Political Evacuation, and Emergency Reunion 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.