



INTERNATIONAL  
STUDENT  
INSURANCE

Greenville University  
**Student Secure Budget**  
Group Plan #WT18G14500



*Committed  
to you!*

# 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 SITUATIONS

When you need to seek non-emergency care, such as a cold, the flu or minor injuries and sickness, please visit a local doctor, urgent care treatment center or walk-in medical clinic. They will be best placed to assist you in a timely manner, and you will likely pay less out of pocket. To locate a doctor or clinic, use the online search tool in your student zone or call WorldTrips for appropriate in-network providers in your area.



## EMERGENCY SITUATIONS

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. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

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 assistance service included with your insurance plan or visit a local doctor, urgent care center or walk-in clinic in your area first.

**Please Note** – use of the emergency room will be subject to an additional **\$200** co-payment.



## ID-CARD

It is extremely important that you carry your insurance ID card with you at all times and provide this to the doctor, clinic or hospital at the time of treatment. Failure to do this will result in bills being sent directly to you for payment. Your insurance ID card will be provided to you prior to traveling, and you can download a new copy in your student zone.



## DOCTOR/HOSPITAL SEARCH

Whether inside or outside the USA you have the freedom of choice to visit any doctor, clinic or hospital 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://administrators.internationalstudentinsurance.com/zones/greenville-university/providers.php>



## CLAIMS PROCESS

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

### Inside the USA

- At the provider's office, give them your insurance ID card.
- Pay your deductible/ copay (if you have one).
- In-network providers will bill directly to WorldTrips, out of network providers will require you to pay upfront.
- Complete a claim form and submit that to WorldTrips via email

### Outside the USA

- Call WorldTrips directly before you seek treatment, they will help you locate a provider and will assist in setting up direct billing.
- Otherwise, please seek treatment from any provider you wish, pay for services up front and then submit a claim for reimbursement.

### Prescription Medications

You will need to pay for all your medications upfront and then either submit a claim form, with your receipts, or add them to your existing claims.

### Claim Submission

Claim forms can be obtained in your student zone, and should be submitted electrically to: [service@worldtrips.com](mailto:service@worldtrips.com)



## TRAVEL ASSISTANCE SERVICES

If you need help or assistance during your insurance coverage period, help is a phone call away for items such as:

- Provider Listings
- Claims Update
- Emergency Assistance
- Medical Monitoring

USA Toll Free (800) -605-2282

International +1 317 262-2132

Email: [service@worldtrips.com](mailto:service@worldtrips.com) (24 business hour response time)



## 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://administrators.internationalstudentinsurance.com/zones/greenville-university/>

# INSURANCE PLAN

## BENEFITS

Benefit	Limit
Overall Maximum Limit	\$200,000
Maximum Benefit per Injury/Illness	\$200,000
Deductibles	\$50 per injury/illness
Coinsurance In the Network, Inside the USA	We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.
Coinsurance Out-Of-Network, Inside the USA	Usual, reasonable, and customary. You may be responsible for any charges exceeding the payable amount.
Hospital Room and 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, when covered illness or injury results in hospitalization as inpatient.
Emergency Room Copayment - Claims incurred in U.S.	You shall be responsible for a \$200 co-payment for each use of emergency room for an illness unless you are admitted to the hospital. There will be no co-payment for emergency room treatment of an injury.
Urgent Care Center - Claims incurred in U.S. - Not subject to deductible	For each visit, you shall be responsible for a \$50 co-payment, after which coinsurance will apply.
Outpatient Prescription Drugs -Not subject to deductible or coinsurance	100% generic / 50% brand. Members with a US destination will be automatically enrolled into the Vantage America Drug Discount program.
Outpatient Physical Therapy & Chiropractic Care -Not subject to coinsurance	Up to \$50 maximum per visit, \$500 certificate maximum. Must be ordered in advance by a physician.
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	80% coinsurance within the PPO, URC outside the PPO. Maximum 30 visits outpatient, 30 days inpatient.

Substance Abuse	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 Medical Evacuation -Not subject to deductible, coinsurance, or overall maximum limit	Up to \$100,000 lifetime maximum
Repatriation of Remains -Not subject to deductible or coinsurance	Up to \$100,000 lifetime maximum
Emergency Reunion -Not subject to deductible or coinsurance	Up to \$2,500 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.
Political Evacuation - Not subject to deductible or coinsurance	Up to \$10,000 lifetime maximum
Accidental Death & Dismemberment - Excludes loss due to Common Carrier Accident	Age 17 years and under: Principle Sum \$5,000 Age 18 years and above: Principle Sum \$10,000 - not subject to deductible, coinsurance, or overall maximum limit

Certificate Period means the period of time beginning on the date and time of the certificate effective date and ending on the date and time of the certificate termination date.

Coinsurance means your payment of eligible expenses as specified in the Schedule of Benefits and Limits.

Deductible means the dollar amount of eligible expenses, specified in the Schedule of Benefits and Limits that you must pay per certificate period before eligible expenses are paid.

Usual, Reasonable and Customary means the lesser of the following:

1. One and a half times (150%) of the charges payable under the United States Medicare program, for claims incurred outside the PPO network within the U.S., or
2. Most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are reasonable. What is defined as usual, reasonable and customary charges will be determined by us. In determining whether a charge is usual, reasonable and customary, we may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the illness or injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors we, in the reasonable exercise of discretion, determine are appropriate.

# PLAN BENEFITS

## EXPLAINED

### Medical Expenses

You are covered:

1. Charges made by a hospital for:
  - a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
  - b. Daily room and board and nursing services in Intensive Care Unit; and
  - c. Use of operating, treatment or recovery room; and
  - d. Services and supplies which are routinely provided by the hospital to persons for use while inpatients; and
  - e. Emergency treatment of an injury or illness, even if hospital confinement is not required; and
  - f. Emergency treatment of an illness; subject to emergency room co-pay as outlined in the Schedule of Benefits and Limits. ER co-payment is waived when you are directly admitted to the hospital as inpatient for further treatment of that illness.
2. Surgery at an outpatient surgical facility, including services and supplies.
3. Charges made by a physician for professional services, including surgery. Charges for an assistant surgeon are covered up to 20% of the usual, reasonable and customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
4. Dressings, sutures, casts or other supplies which are medically necessary and administered by or under the supervision of a physician, but excluding nebulizers, oxygen tanks, diabetic supplies, other supplies for use or application at home, and all devices or supplies for repeat use at home, except durable medical equipment.
5. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. Reconstructive surgery when the surgery is directly related to surgery which is covered hereunder.
8. Hemodialysis and the charges by the hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
9. Oxygen and other gasses and their administration by or under the supervision of a physician.
10. Anesthetics and their administration by a physician.
11. Drugs which require prescription by a physician for treatment of a covered injury or illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription.
12. Care in a licensed extended care facility upon direct transfer from an acute care hospital.
13. Home nursing care in bed by a qualified licensed professional, provided by a home health care agency upon direct transfer from an acute care hospital and only in lieu of medically necessary inpatient hospitalization.
14. Emergency local ambulance transport necessarily incurred in connection with injury or illness resulting in inpatient hospitalization.
15. Emergency dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an accident which was covered under this insurance.
16. Medically necessary rental of durable medical equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
17. Outpatient physical therapy or chiropractic care if prescribed by a physician who is not affiliated with the physical therapy or chiropractic practice, necessarily incurred to continue recovery from a covered injury or illness.
18. For treatment of mental health disorders.
19. For treatment of drug abuse and alcohol abuse.



20. Injury or illness resulting from participation in sports or athletic activities not otherwise excluded under this insurance.

You are not covered if:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

## Pre-Existing Medical Conditions

This policy does not cover pre-existing conditions during the first six (6) months of coverage.

Pre-existing Condition means any

1. Condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the 12 months immediately preceding the certificate effective date;
2. Condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 12 months immediately preceding the certificate effective date;
3. Injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application or within the 2 years immediately preceding the certificate effective date. For the purposes of the Complications of Pregnancy coverage offered hereunder, pregnancy will not be included within the definition of a pre-existing condition.

## Emergency Medical Evacuation

We will pay:

1. Emergency air transportation to a suitable airport nearest to the hospital where you will receive treatment; and
2. Emergency ground transportation necessarily preceding emergency air transportation; and from the destination airport to the hospital where you will receive treatment.

You are not covered unless you fulfill the following conditions:

1. The evacuation is recommended by the attending physician who certifies that it is medically necessary and that transportation by any other method would result in the loss of your life or limb; and
2. The evacuation is agreed upon by you or your relative; and
3. Travel arrangements, excluding Emergency Local Ambulance, are approved in advance and coordinated by us.

You are not covered if:

1. The illness or injury giving rise to the expense is not covered under this insurance; or
2. Medically necessary treatment, services and supplies can be provided locally; or
3. If transportation by any other method would not result in the loss of your life or limb; or
4. The condition giving rise to the Emergency Medical Evacuation did not occur spontaneously and without advance warning, either in the form of physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency; or
5. Expenses are directly or indirectly from anything in the General Exclusions.

We will provide Emergency Medical Evacuation only to the nearest hospital that is qualified to provide the medically necessary treatment, services and supplies to prevent your loss of life or limb.

If you are visiting the U.S., we will pay for expenses to return you to your home country if the attending physician and our medical consultant agree that transfer to the home country is more appropriate than transfer to the nearest qualified hospital.

## Political Evacuation

You are covered:

1. The cost of transportation by the most economical means possible for you to the nearest country of safety or to your home country. We will determine to which country you will be evacuated.

You are not covered unless you fulfill the following conditions:

1. The u.s. government issues a travel warning after your arrival in the destination country; and
2. You contact us within 10 days of the date the warning is issued.

You are not covered if:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

## Repatriation of Remains

You are covered:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest your principal residence; and
2. Reasonable costs of preparation of the remains necessary for transportation.

You are not covered unless you fulfill the following conditions:

1. The illness or injury giving rise to the expense are covered under this insurance; and
2. Travel arrangements are approved in advance and coordinated by us.

You are not covered if:

1. Expenses arise directly or indirectly from anything in the General Exclusions.

We are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the repatriation process or otherwise.

The timeliness of arrangements can be affected by circumstances which are not within our control such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. We shall not be held liable for any delays that are not within our direct and immediate control.

## Emergency Reunion

You are covered:

1. The cost of an economy round-trip air or ground transportation ticket for one relative for transportation to the terminal serving the area where you are hospitalized or are to be hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the relative, which are incurred in the area where you are hospitalized for a period not to exceed 15 days.

You are not covered unless you fulfill the following condition:

1. You have a covered life-threatening bodily injury or life-threatening illness that results in admission to a hospital intensive care unit.

You are not covered if:

1. Expenses arise directly or indirectly from anything in the General Exclusions.



## Accidental death and dismemberment

You are covered:

1. Death – we will pay the principle sum amount indicated in the schedule of benefits to the Beneficiary; or
2. Loss of 2 or more limbs or eyes – we will pay you the principle sum amount indicated in the schedule of benefits; or
3. Loss of 1 limb or eye – we will pay you one-half the principle sum amount indicated in the schedule of benefits.

You are not covered unless you fulfill the following conditions:

1. The accident giving rise to the accidental death or dismemberment must be covered under this insurance; and
2. The accident giving rise to the accidental death must not be a common carrier accident; and
3. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence and not be contributed to by illness or disease.

You are not covered if:

1. Accidents or loss caused by or contributed to by any of the following:
  - a. Terrorism, war or act of war, whether declared or undeclared;
  - b. Your participation in a riot, insurrection or violent disorder;
  - c. Your service in the armed forces of any country;
  - d. Suicide or attempted suicide or self-inflicted injury, while sane or insane;
  - e. The voluntary use of any chemical compound, poison or drug, unless used according to the directions of a physician;.
  - f. Committing or attempting to commit a felony;
  - g. Sickness, mental health disorder, or pregnancy;.
  - h. As the result of intoxication as defined by the laws of the jurisdiction in which the accident
  - i. Myocardial infarction or cerebrovascular accident (cva / stroke);
  - j. Infection, except infection through a wound caused solely by an accident;
  - k. Injury while riding, boarding, or alighting from an aircraft if you were operating the aircraft, learning to operate the aircraft, serving as a member of the aircraft crew, or if the aircraft was being used for any purpose other than passenger transportation;
  - l. Medical or surgical treatment for any of the above; or
  - m. Any non-covered sports activities.
2. Expenses arise directly or indirectly from anything in the general exclusions.

In no event will our payment under this benefit total more than the principal sum. The maximum liability under accidental death and dismemberment for any group or family is limited to \$250,000.

## Benefit Period

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, in accordance with this provision, we will pay eligible medical expenses for up to 60 days beginning on the first day of diagnosis or treatment of a covered injury or illness while you are outside your home country and while this certificate is in effect. The benefit period applies only to eligible medical expenses related to a condition for which you are hospitalized as an inpatient on the termination date of the certificate.

## Sports and Activities

Leisure, Recreational, Entertainment, or Fitness Sports and Activities

You are covered:

1. 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.

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.

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 (Football)
  - 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

# INSURANCE

## PLAN 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. 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, 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.

**Please note:** This brochure is only a description of the plan benefits. The full policy certificate available through your [Student Zone](#) shall provide the only basis for coverage.