



INTERNATIONAL
STUDENT
INSURANCE

G. Moore & Co.
Student Secure Select 2022
SG22S27500



*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 World Trips 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/G-moore/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 World Trips, out of network providers will require you to pay upfront.
- Complete a claim form and submit that to World Trips via email

Outside the USA

- Call World Trips 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



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 (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/G-moore/>

INSURANCE PLAN BENEFITS

Benefit	Limit
Overall Maximum Limit	\$600,000
Maximum Benefit per Injury/Illness	\$300,000
Deductible per Injury/Illness Inside the PPO, Outside USA or at Student Health Center	\$35 within the Preferred Provider Organization (PPO) network or student health center or outside the U.S.
Deductible per injury/illness Out-of-network	\$70
ER Deductible per Injury/Illness USA claims only	\$200
Coinsurance In the Network, Inside the USA	We will pay 80% of the next \$5,000 of eligible expenses, after the deductible, then 100% 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 \$600,000
Local Ambulance -Not subject to coinsurance	Up to \$750 per injury/ illness if hospitalized as Inpatient
Outpatient Treatment	Up to the Overall Maximum
Outpatient Prescriptions -Not subject to deductible or coinsurance	50% of actual charge. For those members with a US destination. You will be automatically enrolled into the Vantage America Drug Discount Program
Outpatient Physical Therapy & Chiropractic Care -Not subject to coinsurance	Up to \$50 per visit per day. Must be ordered in advance by a physician and not obtained at a student health center
Intercollegiate, Interscholastic, Intramural, or Club Sports	Up to \$5,000 maximum per injury or illness, medical expenses only
Mental Health Treatment must not be obtained at the Student Health Center -Includes drug abuse and alcohol abuse	Outpatient: Maximum of 30 visits. Inpatient: Maximum of 30 days
Maternity Care for a Covered Pregnancy -Subject to plan deductible and coinsurance	Up to \$10,000.

Nursery Care of Newborn -Not subject to coinsurance	Up to \$750
Therapeutic Termination of Pregnancy -Not subject to coinsurance	Up to \$500
Dental Treatment due to accident -Not subject to coinsurance	Up to \$250 maximum per tooth, \$500 Maximum
Emergency Dental Acute Onset of Pain -Not subject to deductible or coinsurance	\$100 Maximum
Acute Onset of Pre-existing Condition Excludes chronic and congenital conditions	Up to \$25,000 lifetime maximum
Terrorism	Up to \$50,000
All other Medical Expenses	Up to \$600,000
Emergency Medical Evacuation -Not subject to deductible or coinsurance	Up to \$300,000
Repatriation of Remains -Not subject to deductible or coinsurance	Up to \$50,000
Emergency Reunion -Not subject to deductible or coinsurance	Up to \$5,000 subject to a maximum of 15 days
Accidental Death & Dismemberment -Not subject to deductible, coinsurance, or overall maximum limit	Up to \$25,000 lifetime maximum

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, up to 364 days, after which a new certificate period will begin.

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.

Eligibility

- You must be under age 65; and

- A full-time student at a college or university (excluding online colleges and universities); or
- Within 31 days of being a full-time student at a college or university; or
- A student under age 19 enrolled in a secondary school; or
- A full-time scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; and
- You must be residing outside your home country for the purpose of pursuing international educational activities; and
- You must not have obtained residency status in your host country; and
- If in the U.S., you must hold a valid education-related visa. A copy of the I-20 or DS2019 may be requested.

J-1 and F-1 visa holders: The full-time student/scholar status requirement is waived within the U.S. if you have a valid F-1 visa (including OPT) or a J-1 visa. Full-time status requirements remain in force for individuals holding M-1, or other category visas.

Certificate Effective Date

Insurance hereunder is effective on the later of:

- The moment we receive application and correct premium if application and payment is made online or by fax; or
- 12:01am U.S. Eastern Time on the date we receive application and correct premium if application and payment is made by mail; or
- The moment you depart from your home country; or
- 12:01am U.S. Eastern Time on the date requested on the application.

Certificate Termination Date
Insurance hereunder terminates on the earlier of:

- 11:59pm U.S. Eastern Time on the last day of the period for which premium has been paid; or
- 11:59pm U.S. Eastern Time on the date requested on the application; or
- 12:01am U.S. Eastern Time on the date you no longer meet eligibility requirements; or
- The moment of arrival upon your return to your home country (unless you have started a benefit period or are eligible for home country coverage).

INSURANCE PLAN EXCLUSIONS

Charges for the following conditions, treatments (including diagnoses, tests, and examinations), services, supplies, acts, omissions, and/or events are excluded from coverage hereunder:

1. Pre-existing Conditions during the first six (6) months of coverage, except charges resulting directly from an Acute Onset of Pre-existing Condition, an Emergency Medical Evacuation, or Repatriation of Remains.
2. Congenital illnesses.
3. Immunizations, routine physical exams, and other diagnostic labs, x-rays, and procedures for screening or preventative purposes.
4. 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.
5. Mental health disorders if treatment is obtained at a student health center.
6. Physical therapy if treatment is obtained at a student health center.
7. Chiropractic treatment, unless ordered in advance by a physician for medically necessary treatment related to a covered injury or illness, and not obtained at a student health center.
8. Routine pre-natal care, pregnancy, childbirth, post-natal care, and nursery care of a newborn, unless directly related to a covered pregnancy.
9. Elective termination of pregnancy.
10. Promotion or prevention of conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
11. All sexually transmitted diseases and conditions.
12. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
13. Organ or tissue transplants or related services.
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. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a physician.
16. 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.
17. Eye surgery, such as corrective refractory surgery, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
18. 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.
19. Orthoptics and visual eye training.
20. 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.
21. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
22. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
23. Sleep apnea or other sleep disorders.
24. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesiotherapy.
25. Psychometric, intelligence, competency, behavioral and educational testing.

26. 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.
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. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
30. Exercise programs, whether or not prescribed or recommended by a physician.
31. Incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
32. Charges resulting from a disease outbreak in a country or location for which the U.S. Centers for Disease Control and Prevention (CDC) has issued a Level 3 Travel Warning if a) the warning has been in effect within the 6 months immediately prior to your date of arrival, or b) within 10 days following the date the warning is issued you have failed to depart the country or location.
33. Investigational, experimental or for research purposes.
34. Complications or consequences of a treatment or condition not covered hereunder.
35. Incurred outside your certificate period.
36. Submitted to us for payment more than 60 days after the last day of the certificate period.
37. Exceeding usual, reasonable and customary.
38. Not medically necessary.
39. Not administered by or ordered by a physician.
40. Provided by a relative, family member or any person who ordinarily resides with you.
41. Provided at no cost to you.
42. Telephone consultations or failure to keep a scheduled appointment.
43. When departure from the home country is to obtain treatment in the destination country/countries.
44. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, and Emergency Reunion sections of this insurance.
45. Payable under any government system, including the Australian Medicare system.
46. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
47. War, military action or while on duty as a member of a police or military force unit.
48. Not included as Eligible Expenses as described

Please note: This brochure is only a description of the plan benefits. The full policy certificate shall provide the only basis for coverage.