INTERNATIONAL STUDENT INSURANCE

G. Moore & Co. Select

CS26G02400

2026

March 1st, 2026 - February 28th, 2027

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.

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.

Telemedicine

Your plan includes access to AirDoctor virtual telemedicine, allowing you to speak with a doctor via video, app, or phone consultation for minor or non-urgent medical needs. You will have a certain number of free visits through AirDoctor, depending on the length of your coverage.

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

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.

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

Benefit	Select
Overall Maximum Limit	$600,000
Maximum per injury/ illness	$300,000
Deductible per injury/ illness	$35 in-network $70 out of network
Copayments	Student Health Center Copayment: $10 per visit
	Physician Office Visit Copayment: $50 per visit within the PPO network or outside the US; otherwise, $100 per visit.
	Urgent Care Copayment: $50 per visit within the PPO Network or outside the US; otherwise, $100 per visit
	Emergency Room Copayment (inside the US only): $200 for treatment received in the Emergency Room
	Inpatient/Outpatient Hospital Copayment: $100 per visit within the PPO network or outside the US; otherwise, $200 per visit
Coinsurance • In Network, Inside the USA	Within the PPO: 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 (URC) charges for eligible expenses up to the overall maximum limit. You may be responsible for any charges exceeding the payable amount
Coinsurance • Outside the USA	100% of eligible expenses after applicable copayments up to the overall maximum limit
Eligible expenses are subject to deductible, coinsurance, overall maximum limit, and are per certificate period unless specifically indicated otherwise.	
AirDoctor Virtual Telemedicine	Less than 180 days of Coverage - 2 free visits included 180 days of Coverage or more - 3 free visits included
Hospital Room & Board	Average Semi-Private Room Rate, including nursing services
Intensive Care Unit	Up to overall maximum limit
Local Ambulance • Per injury/ illness when hospitalized as Inpatient • Not subject to coinsurance	Up to $750
Outpatient Treatment	Up to overall maximum limit

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.

Outpatient Prescription Drugs • Not subject to coinsurance	50% of actual charges
Outpatient Physical Therapy & Chiropractic Care • Not subject to coinsurance • Must be ordered in advance by a physician and not obtained at a student health center	Up to $50 per visit per day
Sports & Activities • Leisure, Recreational, Entertainment, or Fitness	Up to the overall maximum limit
Intercollegiate, Interscholastic, Intramural, or Club Sports	Up to $5,000 maximum per injury or illness, medical expenses only
Mental Health • Treatment must not be provided at the student health center	Outpatient: Maximum of 30 visits Inpatient: Maximum of 30 days *Coverage includes drug and alcohol abuse*
Maternity • Maternity care for a covered pregnancy	Up to $10,000 lifetime maximum
Newborn Care • Routine nursery care of newborn • Not subject to coinsurance	Up to $750
Therapeutic Termination of Pregnancy • Not subject to coinsurance	Up to $500
Emergency Dental Acute Onset of Pain • Not subject to coinsurance	Up to $100 maximum
Dental Treatment due to Accident	Up to $250 maximum per tooth; $500 maximum per certificate period - not subject to coinsurance
Acute Onset of Pre-existing Condition • See benefits description • Eligible medical expenses only	Up to $25,000 lifetime maximum
Terrorism • Eligible medical expenses only	Up to $50,000 lifetime maximum
All other Eligible Medical Expenses	Up to the overall maximum limit
Emergency Travel Benefits Limit	
Emergency Medical Evacuation • Not subject to coinsurance or overall maximum limit	$300,000 lifetime maximum
Repatriation of Remains • Not subject to coinsurance or overall maximum limit	$50,000 lifetime maximum
Emergency Reunion • Not subject to coinsurance or overall maximum limit	Up to $5,000, subject to a maximum of 15 days
Accidental Death & Dismemberment • Not subject to coinsurance or overall maximum limit	Lifetime Maximum - $25,000 Death - $25,000 Loss of 2 Limbs- $25,000 Loss of 1 Limb - $12,500

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Member Eligibility

1. You must be under age 65; and
   a. A full-time student at a college or university (excluding online colleges and universities); or
   b. Within 31 days of being a full-time student at a college or university; or
   c. A student under age 19 enrolled in a secondary school; or
   d. A full-time scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; and
2. You must be residing outside your home country for the purpose of pursuing international educational activities; and
3. You must not have obtained residency status in your host country; and
4. 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.

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Exclusions

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

1. Pre-existing Conditions during the first twelve (12) months of coverage, except charges resulting directly from an acute onset of pre-existing condition, an Emergency Medical Evacuation, or Repatriation of Remains, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
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 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 or illness 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, unless prescribed due to loss resulting from treatment of or caused by a covered injury or illness.
22. Acne, moles, skin tags, skin cysts or skin lesions, 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 wellbeing, 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. 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 sixty (60) days immediately prior to your effective date or 2) within ten (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.
33. Investigational, experimental or for research purposes.
34. Complications or consequences of a treatment or condition not covered hereunder.
35. Incurred outside your policy period.
36. Submitted to us for payment more than sixty (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. Failure to keep a scheduled appointment.
43. When departure from the home country is to obtain treatment in the destination country/countries.

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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 Workers' 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 herein

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