



ENVISAGE
GLOBAL INSURANCE



Aseorias Nexsys Ai Limitada

Plan Number: WT25G17500

Plan Year: 2025-2026

Sept 03rd, 2025 - Sept 02nd, 2026

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 for an illness which does not result in a direct Hospital admission



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

Benefits	Limit
Overall Maximum Limit	\$100,000
Maximum per Injury / Illness	\$100,000
Deductibles	\$100
Coinsurance	We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.
Eligible expenses are subject to deductible, overall maximum limit, and are per certificate period unless specifically indicated otherwise.	
Benefits	Limit
Hospital Room & 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 for covered illness or injury. Illness must result in hospitalization as inpatient.
Emergency Room Co-payment	<p><u>Claims incurred in U.S:</u> You shall be responsible for a \$200 co-payment for the emergency room facility fee 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.</p> <p><u>Claims incurred outside the U.S:</u> No co-payment</p>
Urgent Care Center Co-payment <ul style="list-style-type: none"> • Not subject to Deductible 	<p><u>Claims incurred in U.S:</u> For each visit, you shall be responsible for a \$15 co-payment</p> <p><u>Claims incurred outside the U.S:</u> No co-payment</p>
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day
Emergency Dental <ul style="list-style-type: none"> • Not subject to Deductible 	Up to \$300
Emergency Eye Exam <ul style="list-style-type: none"> • Plan Deductible is waived 	Up to \$150 \$50 copayment per occurrence
Acute Onset of Pre-existing Condition <ul style="list-style-type: none"> • See Benefit Description 	Up to the overall maximum limit Up to \$25,000 lifetime maximum for Emergency Medical Evacuation
Terrorism	Up to \$50,000 lifetime maximum for eligible medical expenses only
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 or Overall Maximum Limit 	Up to \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition.
Repatriation of Remains <ul style="list-style-type: none"> Not subject to Deductible or Coinsurance This limit is for this benefit only and is not included in or subject to the overall maximum limit 	Equal to the elected overall maximum limit
Local Burial or Cremation <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$5,000 lifetime maximum
Crisis Response Ransom, Personal Belongings, and Crisis Response Fees and Expenses <ul style="list-style-type: none"> Not subject to Deductible or Overall Maximum Limit 	Up to \$10,000
Emergency Reunion <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$100,000, subject to a maximum of 15 days
Bedside Visit <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$1,500
Return of Minor Children <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$50,000
Pet Return <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$1,000
Political Evacuation <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$100,000 lifetime maximum
Trip Interruption <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$10,000
Common Carrier Accidental Death <ul style="list-style-type: none"> Not subject to Deductible or Overall Maximum Limit Subject to a maximum of \$250,000 any one family or group 	Ages 18 through 69 - \$50,000 Under age 18 - \$10,000 Ages 70 through 74 - \$25,000 Ages 75 and older - \$12,500
Lost Checked Luggage <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$1,000
Travel Delay <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$100 a day after a 12-hour delay period requiring an unplanned overnight stay. Subject to a maximum of 2 days.
Lost or Stolen Passport / Travel Visa <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$100
Natural Disaster Replacement Accommodation <ul style="list-style-type: none"> Not subject to Deductible 	Up to \$250 a day for 5 days
Hospital Indemnity <ul style="list-style-type: none"> Not subject to Deductible 	\$100 per day of inpatient hospitalization

Border Entry Protection <ul style="list-style-type: none"> • Not subject to Deductible 	Up to \$500 if traveling on a valid B-2 visa and denied entrance at the U.S. border
Personal Liability <ul style="list-style-type: none"> • Not subject to Deductible or Overall Maximum Limit 	Lifetime maximum - \$25,000 Third person injury – Up to \$25,000 Third person property – Up to \$25,000 Related third person property – Up to \$2,500
Accidental Death & Dismemberment <i>(Excludes loss due to Common Carrier Accident)</i> <ul style="list-style-type: none"> • Not subject to Deductible or Overall Maximum Limit • Subject to a maximum of \$250,000 any one family or group 	Ages 18 through 69: Lifetime Maximum - \$25,000 Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500 Under age 18: Lifetime Maximum - \$5,000 Death - \$5,000 Loss of 2 Limbs - \$5,000 Loss of 1 Limb - \$2,500 Ages 70 through 74: Lifetime Maximum - \$12,500 Death - \$12,500 Loss of 2 Limbs - \$12,500 Loss of 1 Limb - \$6,250 Ages 75 and older: Lifetime Maximum - \$6,250 Death - \$6,250 Loss of 2 Limbs - \$6,250 Loss of 1 Limb - \$3,125

Member Eligibility

U.S. citizens and non-U.S. citizens who are at least fourteen (14) days of age and traveling with a group of at least five (5) members are eligible for coverage outside of their home countries, except as provided under home country coverage. U.S. citizens and residents are not eligible for coverage within the U.S, except as provided under incidental home country coverage or an eligible benefit period. Should you make a change to the location of your home country during the certificate period, you are no longer eligible for coverage in the new home country except as provided under home country coverage as of the date you establish the new home country.

Individuals ages sixty-five (65) to seventy-nine (79) as of the certificate effective date are subject to a \$100,000 overall maximum limit or less. Individuals ages eighty (80) and over as of the certificate effective date are subject to a \$10,000 overall maximum limit.

Exclusions

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

1. Illness that begins by occurrence of symptoms and/or receipt of treatment within the first two (2) days of coverage beginning with and including the certificate effective date, if coverage was purchased on the same day as the coverage effective date.
2. Pre-existing Conditions, except charges resulting directly from an acute onset of pre-existing condition, as herein defined, subject to the limits set forth in the Schedule of Benefits and Limits.
3. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
4. Mental health disorders.
5. Pregnancy except 1) 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 fourteen (14) days, and 2) diagnostic testing related to a covered injury or illness.
6. Impotency or sexual dysfunction.
7. All sexually transmitted diseases and conditions except for diagnostic testing related to a covered injury or illness.
8. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
9. All forms of cancer / malignant neoplasm.
10. Substance abuse or addiction or conditions that may be attributed to substance abuse or addictions and direct consequences thereof.
11. Acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus.
12. Sleep apnea or other sleep disorders.
13. Obesity or weight modification, including but not limited to wiring of the teeth and all forms of intestinal bypass surgery.
14. Intentional self-inflicted injury or illness and/or suicide or attempted suicide whether sane or insane.
15. Injury or illness sustained that is due wholly or partially to the effects of alcohol, illegal , or drugs not taken in accordance with treatment prescribed by a physician and except drugs prescribed for the treatment of substance abuse, or injury sustained while under the influence of drugs or alcohol as (i) defined under the law of the jurisdiction, or (ii) with a .08 Blood Alcohol Content (BAC), whichever is lower; or (iii) an expert's report, such as that of a medical practitioner or forensic expert; (iv) the witness report of a third party, or (v) your own admission; or (vi) the description of events you described to us or you had described to any treating medical professional (such as a paramedic, nurse, doctor) or attending emergency service member as documented in their records
16. Routine medical examinations, 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.
17. Treatment of the temporomandibular joint.
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, except as provided for under Emergency Eye Exam.
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, unless prescribed due to loss resulting from a covered injury or illness.
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 wellbeing, 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. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
42. Charges exceeding usual, reasonable and customary.
43. 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.

44. 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 60 days 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.

45. War, military action or while on duty as a member of a police or military force unit.
46. Travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Natural Disaster, Return of Minor Children, Political Evacuation, Trip Interruption, Trip Delay, and Border Entry Protection sections of this insurance.
47. Incurred outside your certificate period.
48. Submitted to us for payment more than 60 days after the last day of the certificate period.
49. When departure from the home country is to obtain treatment in the destination country/countries.
50. Complications or consequences of a treatment or condition not covered hereunder.
51. Not included as Eligible Expenses as described herein