



ENVISAGE
GLOBAL INSURANCE

Insurance Japan

2022-2023 Brochure
RE22A08600

Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing, as this will make the billing and payment process much smoother.

Here are some guidelines for choosing appropriate medical care.



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 (911 in the USA) for immediate treatment. It is also important to make sure you contact WorldTrips as soon as possible if you have been hospitalized.

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 emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.



ID Card

It is extremely important that you carry your insurance ID card with you at all times and make sure to show it when you seek treatment. Your ID card will be emailed to you before you travel and should be kept with you at all times.



Doctor/Hospital Search

You can search for doctors/hospitals online in your Student Zone, or you may seek treatment from any providers you wish to visit. Simply visit the provider, hand over your insurance ID card and pay any bills directly to the provider.

If you have been hospitalized, you need to contact WorldTrips as soon as possible so they can monitor your medical care and arrange direct payment to the hospital.

Outside the USA, you can seek treatment from any provider of your choices, pay up front and then file a claim for reimbursement.

Need Help?

You can either visit your Student Zone or call the 24-Hour assistance line:

Student Zone

The Student Zone is your one-stop resource for information, advice and assistance with your insurance plan.

[Student Zone](#)

24-Hour Assistance

WorldTrips are available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact WorldTrips at:

USA Toll-free: (800) 605-2282
Outside the USA: + 1 (317) 262-2132 (Collect Calls are Accepted)
service@worldtrips.com



Benefit Summary

Plan Benefits	Coverage
Policy Maximum	Age 64 or under: \$2,000,000
Deductible	\$0 per certificate period
Coinsurance	100% coverage on eligible expenses, after the deductible, up to the policy maximum
Area of coverage	Worldwide excluding United States and Home Country
The following benefits are ALL 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 the Overall Maximum
Local Ambulance	Usual, reasonable, and customary charges (URC) when covered illness or injury results in hospitalization as inpatient.
Outpatient Physical Therapy and Chiropractic Care	Up to \$50 maximum per day. Must be ordered in advance by a physician.
Emergency Dental	Acute Onset of Pain - Up to \$300 (Not subject to deductible) Accident - Up to the Overall Maximum
Emergency Eye Exam for a Covered Loss	Up to \$150. \$50 deductible per occurrence. (Plan deductible is waived)
Prescription Medication	Up to the Overall Maximum
Acute Onset of a Pre-existing condition • Only available for members under age 80 • Excluded chronic and congenital disorders	Up to the Overall Maximum \$25,000 lifetime maximum for Emergency Medical Evacuation
Terrorism	\$50,000 lifetime maximum, eligible medical expenses only
All Other Eligible Medical Expenses	Up to the Overall Maximum
The following benefits are NOT subject to the deductible or coinsurance unless otherwise stated:	
Emergency Medical Evacuation • Except as provided under the Acute Onset of a Pre-Existing Condition. • Not subject to overall maximum limit	\$1,000,000 limit
Repatriation of Remains • 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	\$5,000 lifetime maximum
Crisis Response • Ransom, Personal Belongings, and Crisis Response Fees and Expenses • Not subject to overall maximum limit	\$10,000 maximum

Emergency Reunion	\$100,000 limit, maximum of 15 days
Bedside Visit	\$1,500 limit
Return of Minor Children	\$50,000 limit
Pet Return	\$1,000 to return a pet home if member is hospitalized
Political Evacuation	Up to \$1000,000 lifetime maximum
Trip Interruption	\$10,000 limit
Common Carrier Accidental Death <ul style="list-style-type: none"> Not subject to overall maximum limit 	Under 18: \$10,000 limit 18-69 years old: \$50,000 limit 70-74 years old: \$25,000 limit 75 and older: \$12,500 Subject to a maximum \$250,000 for any one family/group.
Accidental Death & Dismemberment <ul style="list-style-type: none"> Not subject to overall maximum limit Excludes loss due to Common Carrier Accident) 	Under 18: \$5,000 lifetime maximum 18-69 years old: \$25,000 lifetime maximum 70-74 years old: \$12,500 lifetime maximum 75 and older: \$6,250 lifetime maximum Subject to a maximum \$250,000 for any one family/group.
Lost Checked Luggage	\$1,000 limit
Travel Delay	Maximum \$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	\$100 limit
Natural Disaster Benefit - Replacement Accommodations	Maximum \$250 for 5 days
Emergency Quarantine Indemnity - COVID-19	\$50 a day for up to 10 days <i>Proof of quarantine mandated by physician or governmental authority required. Quarantine must be due to you testing positive for COVID-19/SARSCoV2, or you are symptomatic and waiting on diagnostic test results. Minimum of 30 days of coverage required. Coverage available only outside of your home country.</i>
Hospital Indemnity	\$100 per day of inpatient hospitalization
Personal Liability <ul style="list-style-type: none"> Not subject to overall maximum limit See policy wording for full details 	\$25,000 Lifetime Maximum
Sports <ul style="list-style-type: none"> See policy wording for full details 	Non-contact, leisure, recreational and fitness sports included, along with select hazardous sports

Claims

Outside the USA

When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

Fax: (+1) 317 262 2140

Worldtrips
Box No. 2005
Farmington Hills, MI 48333-2005 USA

Prescription Medications

You will need to pay for any prescription medication up front and then submit the Rx information and receipt from the pharmacy with your claim to be reimbursed.

Claim Forms

You can download a copy of the claim form from the [Student Zone](#) and submit it with your receipts to:
Email - Service@WorldTrips.com (recommended)

Claims Update

Your claims tracking portal, MESA, is available in your [Student Zone](#) and allows you to view your claims activity and contact the claims team directly with any questions.

You can also email the claims team at Service@WorldTrips.com for an update on any claims that have been submitted.

Eligibility

U.S. Citizens and Non-U.S. Citizens who are at least 14 days of age up to 64 years old 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 home country coverage or an eligible benefit period.

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, 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 virtual physician visits and 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, with 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. Emergency dental treatment necessary to resolve acute onset of pain, provided treatment is obtained within 24 hours of the acute onset of pain.
17. 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.
18. 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.
19. For treatment of mental health disorders
20. Injury or illness resulting from participation in sports or athletic activities not otherwise excluded under this insurance.

YOU ARE NOT COVERED IF:

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

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, 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.
2. Birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
3. Mental health disorders.
4. 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.
5. Impotency or sexual dysfunction.
6. All sexually transmitted diseases and conditions.
7. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
8. All forms of cancer / neoplasm.
9. Substance abuse or addiction or conditions that may be attributed to substance abuse or addictions and direct consequences thereof.
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 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. 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.
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. 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.
23. Hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed.
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. Cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to and follows a surgery which was covered hereunder.

27. Modifications of the physical body intended to improve the psychological, mental or emotional wellbeing, including but not limited to sex-change surgery.
28. Exercise programs, whether or not prescribed or recommended by a physician.
29. Incurred as a result of exposure to non-medical nuclear radiation and/ or radioactive material(s).
30. Cryo preservation and implantation or re-implantation of living cells.
31. Genetic or predictive testing.
32. Investigational, experimental or for research purposes.
33. 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.
34. Not medically necessary.
35. Not administered by or under the supervision of a physician, and products that can be purchased without a doctor's prescription.
36. Provided by a relative, family member or any person who ordinarily resides with you.
37. Provided at no cost to you.
38. Telephone consultations or failure to keep a scheduled appointment.
39. Payable under any government system, including the Australian Medicare system.
40. Payable under Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law.
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, Emergency Reunion, Natural Disaster, Return of Minor Children, Political Evacuation, Trip Interruption, Trip Delay, and Border Entry Protection 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 document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.