



ENVISAGE
GLOBAL INSURANCE



GoGo World

Plan Number: WT25G17300

Plan Year: 2025-2026

Policy Dates: August 23, 2025 - August 22, 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.



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.



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



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.



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 | \$3,000,000 |
| Maximum per Injury / Illness | \$3,000,000 |
| Deductibles | \$0 per certificate period |
| 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. |
| Outpatient Physical Therapy and Chiropractic Care •Must be ordered in advance by a physician. | Up to \$50 maximum per day, \$1,500 certificate maximum - not subject to coinsurance |
| 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 | Outpatient: Up to \$50 per visit/\$500 certificate. Inpatient: Up to \$20,000 |
| Dental Treatment due to Accident | Up to \$500 |
| Emergency Dental (Acute Onset of Pain) | Up to \$200 |
| All Other Eligible Medical Expenses | Up to the overall maximum limit |
| Emergency Travel Benefits | Limit |
| Emergency Medical Evacuation • Not subject to Deductible or Overall Maximum Limit | Up to \$50,000 lifetime maximum |

| | |
|---|---|
| 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 | Up to \$25,000 lifetime maximum |
| Emergency Reunion <ul style="list-style-type: none"> • Not subject to Deductible or Coinsurance | Up to \$1,000, 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. |
| Trip Interruption <ul style="list-style-type: none"> • Not subject to Deductible or Coinsurance | Up to \$1,500 |
| Lost Checked Luggage <ul style="list-style-type: none"> • Not subject to Deductible or Deductible | Up to \$250 |
| Accidental Death & Dismemberment <i>(Excludes loss due to Common Carrier Accident)</i> <ul style="list-style-type: none"> • Not subject to Deductible or Coinsurance or Overall Maximum Limit | Ages 18 and above: Lifetime Maximum - \$10,000 Under age 18: Lifetime Maximum - \$5,000 |
| Personal Liability <ul style="list-style-type: none"> • Not subject to Deductible, Coinsurance or Overall Maximum Limit | Lifetime maximum - \$100,000 Third person injury – Up to \$100,000 Third person property – Up to \$100,000 Related third person property – Up to \$2,500 |

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.

Member Eligibility

Individuals who are at least fourteen (14) days of age through age 49 who are active members participating in a sponsored program by the participating organization are eligible for coverage outside of their home country.

Exclusions

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

1. Pre-existing Conditions
2. Birth defects and congenital conditions. Birth defects are deemed to include hereditary conditions.
3. 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,
4. Termination of pregnancy.
5. Impotency or sexual dysfunction.
6. All sexually transmitted diseases and conditions except for diagnostic testing related to a covered injury or illness.
7. HIV, AIDS, or ARC, and all diseases caused by and/or related to HIV.
8. All forms of cancer / malignant 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 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.
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.
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
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. Failure to keep a scheduled appointment.
40. ZPayable 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, Trip Interruption, 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 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.