



INTERNATIONAL  
STUDENT  
INSURANCE



*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/alfaisal-university/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](mailto: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 (866) 400-0080

International +1 (317) 221-8078

Email: [service@worldtrips.com](mailto: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/alfaisal-university/>

# INSURANCE PLAN

## BENEFITS

Benefit	Limit
Overall Maximum Limit	\$100,000
Maximum per Injury/Illness	\$100,000
Deductible	\$0 per certificate period
Coinsurance	We will pay 100% of eligible expenses, after the deductible, to the overall maximum limit.
Hospital Room and 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, when covered illness or injury results in hospitalization as inpatient
Emergency Room Co-payment	<p>Claims incurred in U.S: \$200 co-payment for each use of emergency room for an illness unless admitted to the hospital. There will be no co-payment for emergency room treatment of an injury</p> <p>Claims incurred outside U.S: No co-payment</p>
Urgent Care Center Co-payment	<p>Claims incurred in U.S: \$15 co-payment per visit. Waived for members with a \$0 deductible, not subject to deductible</p> <p>Claims outside the U.S.: No co-payment</p>
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 - Not subject to deductible	Up to \$300
Emergency Eye Exam for a Covered Loss - Not subject to deductible	Up to \$150. \$50 deductible per occurrence, plan deductible is waived
Acute Onset of Pre-existing Condition - Excludes chronic and congenital conditions	<p>Up to the overall maximum limit</p> <p>Up to \$25,000 lifetime maximum for Emergency Medical Evacuation</p>
Terrorism	Up to \$50,000 lifetime maximum, eligible medical expenses only
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 \$1,000,000 lifetime maximum, except as provided under Acute Onset of Pre-existing Condition
Repatriation of Remains - Not subject to deductible or coinsurance	\$100,000
Local Burial or Cremation - Not subject to deductible	Up to \$5,000 lifetime maximum
Emergency Quarantine Indemnity - COVID-19	<p>\$50 a day for up to 10 days. Must have a minimum of 30 days of coverage. Proof of quarantine mandated by a <b>physician</b> or governmental authority required. Quarantine must be due to <b>you</b> testing positive for COVID-19/SARS-CoV2, or you are symptomatic and waiting on diagnostic test results.</p> <p>Not available while in your <b>home country</b>.</p> <p>- <i>not subject to deductible</i></p>
Crisis Response - Not subject to deductible or overall maximum limit	Up to \$10,000 for Ransom, Personal Belongings, and Crisis Response Fees and Expenses
Emergency Reunion - Not subject to deductible	Up to \$100,000, subject to a maximum of 15 days
Bedside Visit - Not subject to deductible	Up to \$1,500
Return of Minor Children - Not subject to deductible	Up to \$50,000
Pet Return - Not subject to deductible	Up to \$1,000
Political Evacuation - Not subject to deductible	Up to \$100,000 lifetime maximum
Trip Interruption - Not subject to deductible	Up to \$10,000
Common Carrier Accidental Death - Not subject to deductible or overall maximum limit	Ages 18 through 69 - \$50,000. Subject to a maximum of \$250,000 any one family or group
Accidental Death & Dismemberment - Not subject to deductible or overall maximum limit	Ages 18 through 69 - \$25,000 Lifetime Maximum. Death - \$25,000, Loss of 2 Limbs - \$25,000, Loss of 1 Limb - \$12,500. \$250,000 maximum benefit any one family or group. Excludes loss due to Common Carrier Accident
Lost Checked Luggage - Not subject to deductible	Up to \$1,000 lifetime maximum
Travel Delay - 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 - Not subject to deductible	Up to \$100

Border Entry Protection - Not subject to deductible	Up to \$500 if traveling on a valid B-2 visa and denied entrance at the U.S. border.
Natural Disaster - Replacement Accommodations - Not subject to deductible	Up to \$250 a day for 5 days
Hospital Indemnity - Not subject to deductible	\$100 per day of inpatient hospitalization
Personal Liability - Not subject to deductible or overall maximum limit	Up to \$25,000 lifetime maximum. \$25,000 third person injury. \$25,000 third person property. \$2,500 related third person property

**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**.

**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.

# POLICY

## EXCLUSIONS

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

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.
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 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. 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 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.
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.

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