

# P A T R I O T

Multi-Trip<sup>SM</sup>



[WWW.IMGGLOBAL.COM](http://WWW.IMGGLOBAL.COM)

Travel medical insurance for individuals, families and groups of five or more taking multiple trips annually



**LARGE COMPANY RESOURCES.**

**SMALL COMPANY ATTITUDE.**

Since 1990, **IMG®** has provided global benefits and assistance services to millions of customers in nearly every country around the world. Owned by Sirius Group, a multibillion-dollar, AM Best "A-" rated insurance industry leader, IMG is uniquely positioned to deliver the **Global Peace of Mind®** our members need.

- » 24/7 medical and travel assistance services
- » COVID-19 Coverage for those traveling to the U.S.
- » Multilingual staff & claims administrators
- » Highly trained customer service professionals
- » Core values driven by a commitment to customers
- » Customer service centers located in the U.S. and U.K.
- » Financial security to fulfill our promise when you need it most



## GET COVERED AWAY FROM HOME.

International travel can become a scary situation if you're not prepared for a medical emergency. Most travelers assume they're already covered by their standard medical plan—but that isn't always the case. While domestic plans provide sufficient coverage at home, most are not designed to provide the coverage and assistance required for international travel. Don't let your medical coverage be an uncertainty. Choose the **Patriot Multi-Trip<sup>SM</sup>** plan that meets your needs and spend more time enjoying your international experience—*not worrying about your medical coverage.*







Patriot Multi-Trip is designed for individuals, families, and groups of five or more who travel frequently outside of their country of residence throughout the year. The annual plan — renewable up to a total of 36 months — is available for U.S. and non-U.S. residents who are under the age of 76. During the application process, you can choose a maximum trip duration of 30 days or 45 days.

## INSIDE THE U.S.

Patriot Multi-Trip America offers coverage for those visiting the United States.

### Patriot Multi-Trip<sup>SM</sup> AMERICA

- » **Maximum limits:**
  - Up to age 69: \$1,000,000
  - Age 70-75: \$50,000
- » **Deductible:** \$250
- » **Emergency medical evacuation:** Up to the period of coverage limit or \$50,000 – dependent upon age
- » **Sudden and Unexpected Reoccurrence of Pre-existing Conditions:** \$5,000 maximum limit
- » **Coinurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 80% up to \$1,000, then 100%

## OUTSIDE THE U.S.

Patriot Multi-Trip International offers coverage for those traveling outside the United States.

### Patriot Multi-Trip<sup>SM</sup> INTERNATIONAL

- » **Maximum limits:**
  - Up to age 69: \$1,000,000
  - Age 70-75: \$50,000
- » **Deductible:** \$250
- » **Emergency medical evacuation:** Up to the period of coverage limit or \$50,000 – dependent upon age
- » **Sudden and Unexpected Reoccurrence of Pre-existing Conditions:** \$5,000 maximum limit
- » **Coinurance:**
  - IMG pays 100% outside of the U.S.

*All coverage and benefits in the plan are in United States (U.S.) dollars. 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 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.*



## SUMMARY OF BENEFITS

| Benefit                                                 | Coverage                                                                                                                                                                                                                  |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient or Outpatient Services</b>                 |                                                                                                                                                                                                                           |
| Eligible Medical Expenses                               | Up to the maximum limit                                                                                                                                                                                                   |
| Physician Visits / Services                             | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Hospital Emergency Room: <i>Inside the U.S.</i></b>  | Injury not subject to emergency room deductible. Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in direct inpatient hospital admission. Up to the maximum limit. |
| <b>Hospital Emergency Room: <i>Outside the U.S.</i></b> | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Hospitalization / Room &amp; Board</b>               | Average semi-private room rate up to the maximum limit.<br>Includes nursing service.                                                                                                                                      |
| Intensive Care                                          | Up to the maximum limit                                                                                                                                                                                                   |
| Outpatient Surgical / Hospital Facility                 | Up to the maximum limit                                                                                                                                                                                                   |
| Laboratory                                              | Up to the maximum limit                                                                                                                                                                                                   |
| Radiology / X-ray                                       | Up to the maximum limit                                                                                                                                                                                                   |
| Chemotherapy / Radiation Therapy                        | Up to the maximum limit                                                                                                                                                                                                   |
| Pre-Admission Testing                                   | Up to the maximum limit                                                                                                                                                                                                   |

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## SUMMARY OF BENEFITS (CONTINUED)

| Benefit                                                                                                              | Coverage                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>Surgery</b>                                                                                                       | Up to the maximum limit                                                                                                                |
| <b>Reconstructive Surgery</b><br><i>Surgery is incidental to and follows surgery that was covered under the plan</i> | Up to the maximum limit                                                                                                                |
| <b>Assistant Surgeon</b>                                                                                             | 20% of the primary surgeon's eligible fee                                                                                              |
| <b>Anesthesia</b>                                                                                                    | Up to the maximum limit                                                                                                                |
| <b>Durable Medical Equipment</b>                                                                                     | Up to the maximum limit                                                                                                                |
| <b>Chiropractic Care</b><br><i>Medical order or treatment plan required</i>                                          | Up to the maximum limit                                                                                                                |
| <b>Physical Therapy</b><br><i>Medical order or treatment plan required</i>                                           | Up to the maximum limit                                                                                                                |
| <b>Extended Care Facility</b><br><i>Upon direct transfer from an acute care facility</i>                             | Up to the maximum limit                                                                                                                |
| <b>Home Nursing Care</b><br><i>Upon direct transfer from an acute care facility</i>                                  | Up to the maximum limit                                                                                                                |
| <b>Prescriptions</b>                                                                                                 |                                                                                                                                        |
| <b>Prescriptions</b><br><i>Dispensing limit per prescription: 90 days</i>                                            | Up to the maximum limit                                                                                                                |
| <b>Emergency Services</b>                                                                                            |                                                                                                                                        |
| <b>Emergency Local Ambulance</b><br><i>Injury or illness resulting in an inpatient hospital admission</i>            | Up to the maximum limit. Subject to deductible and coinsurance.                                                                        |
| <b>Emergency Medical Evacuation</b><br><i>Must be approved in advance and coordinated by the company</i>             | Through age 65 maximum limit: Up to the period of coverage limit<br>Ages 66 to 75 maximum limit: \$50,000<br>Not subject to deductible |

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## SUMMARY OF BENEFITS (CONTINUED)

| Benefit                                                                                                                                                                                 | Coverage                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emergency Reunion</b><br><i>Must be approved in advance by the company</i>                                                                                                           | \$50,000 maximum limit. Not subject to deductible. 15 day maximum.                                                                                                                             |
| <b>Interfacility Ambulance Transfer</b><br><i>Transfer from one licensed health care facility to another licensed health care facility resulting in an inpatient hospital admission</i> | Company pays 100%. Not subject to deductible.                                                                                                                                                  |
| <b>Political Evacuation &amp; Repatriation</b><br><i>Must be approved in advance by the company</i>                                                                                     | \$10,000 maximum limit. Not subject to deductible.                                                                                                                                             |
| <b>Return of Minor Children</b><br><i>Must be approved in advance by the company</i>                                                                                                    | \$50,000 maximum limit. Not subject to deductible.                                                                                                                                             |
| <b>Return of Mortal Remains or Cremation/Burial</b><br><i>Must be approved in advance by the company</i>                                                                                | \$50,000 maximum limit for return of mortal remains or ashes to country of residence, or \$5,000 maximum limit for cremation or local burial at the place of death. Not subject to deductible. |
| <b>Other Services</b>                                                                                                                                                                   |                                                                                                                                                                                                |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b><br><i>Death must occur within 90 days of the accident</i>                                                                        | \$25,000 principal sum. Not subject to deductible.                                                                                                                                             |
| <b>Common Carrier Accidental Death</b>                                                                                                                                                  | \$50,000 per insured person, \$250,000 maximum limit per family. Not subject to deductible.                                                                                                    |
| <b>Dental Treatment</b><br><i>Treatment due to an accident</i>                                                                                                                          | \$100 maximum limit. Subject to deductible and coinsurance.                                                                                                                                    |
| <b>Traumatic Dental Injury</b><br><i>Treatment at a hospital due to an accident</i>                                                                                                     | Up to the maximum limit. Additional treatment for the same injury rendered by a dental provider will be paid at 100%. Subject to deductible and coinsurance.                                   |

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| Benefit                                                                                                                                                                               | Coverage                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Hospital Indemnity</b><br><i>Outside insured person's country of residence and the United States</i><br><i>Inpatient hospitalization only</i><br><i>(International plans only)</i> | \$100 per overnight inpatient confinement, maximum limit of 10 overnights.<br>Not subject to deductible. |
| <b>Identity Theft</b>                                                                                                                                                                 | \$500 maximum limit. Not subject to deductible.                                                          |
| <b>Lost Luggage</b>                                                                                                                                                                   | \$50 per item, \$250 maximum limit. Not subject to deductible.                                           |
| <b>Terrorism</b>                                                                                                                                                                      | \$50,000 maximum limit. Not subject to deductible.                                                       |
| <b>Trip Interruption</b>                                                                                                                                                              | \$5,000 maximum limit. Not subject to deductible.                                                        |



BE There.

All coverage and benefits in the plan are in United States (U.S.) dollars. 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 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.



## EXPAND YOUR COVERAGE

It's easy to customize your coverage to best meet your needs while away from home. When submitting your online or paper application, simply add the riders you need to the plan you've selected.

### ■ Adventure Sports Rider

If you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Rider provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your insurance policy.

#### **Lifetime Maximum**

Age 0-49: \$50,000

Age: 50-59: \$30,000

Age: 60-64: \$15,000

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### ■ Evacuation Plus Rider\*

While Patriot Multi-Trip provides emergency medical evacuation coverage for life-threatening injuries and illness, the Evacuation Plus Rider provides coverage up to \$25,000 for medical evacuations if you experience a sudden, non-life-threatening medical condition that requires hospitalization. IMG will arrange and cover ground and air transportation to the nearest hospital capable of providing treatment.

**Note:** *Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments.*

*\*Rider option is available on individual plans only.*



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## INNOVATIVE TECHNOLOGY & MEMBER SERVICES

### ■ Self-Service Member Portal



MyIMG<sup>SM</sup> provides service at your fingertips, giving you the information and tools to manage your IMG plans anytime, anywhere, through award-winning, easy-to-use technology. You'll have immediate access to these important resources online, including our 24/7/365 service centers, plan document access, claims management tools, Explanations of Benefits, and much more.

### ■ Pharmacy Discount Savings



Universal Rx is a discount savings program that allows you to purchase prescriptions from one of 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Universal Rx contract price or **2)** the pharmacy regular retail price. This network offers a simplified claims process with minimal paperwork for the member if they visit an in-network provider.

*This program is not insurance coverage; it is purely a discount program.*

### ■ First Health Network



For travelers in the U.S., the First Health network is a wide-ranging national PPO network that gives you more access to more doctors and services, including:

- » 5,000 hospitals
- » 90,000 ancillary facilities
- » 1 million healthcare professional service locations.

### ■ International Provider Access<sup>SM</sup>



Travelers outside of the U.S. can also enjoy access to quality healthcare worldwide with our proprietary IPA network that includes:

- » Over 18,550 physicians and facilities
- » Direct billing arrangements that minimize time and upfront expense

WORRY LESS.  
*Experience more.*





## PATRIOT MULTI-TRIP<sup>SM</sup>

### TRAVEL MEDICAL INSURANCE

## HOW TO GET COVERED

- Step 1:**  
Contact your producer directly to obtain an application or to apply online.
- Step 2:**  
Complete your application: If applying as a family, you may include yourself, your spouse, and dependents on one application. Please complete a group application if you have two or more primary insureds.
- Step 3:**  
Receive a fulfillment kit that includes an identification card, declaration of insurance, and a Certificate of Insurance outlining the details of the plan. Welcome to the IMG family!

## HOW TO RENEW YOUR COVERAGE

The Patriot Multi-Trip individual and group plans may be renewed (unless there is a break in coverage) in increments of 12 months up to a total of 36 continuous months. Any one period of coverage may not exceed 12 months. *Please note: Renewal premium rates may differ from initial rates.*

## PROTECT YOUR INVESTMENT

IMG also offers trip cancellation plans to help protect your travel investment. There are different plan options specifically designed for your needs. For more information, please contact your trusted insurance producer.

**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA-compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including, without limitation, PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Patriot Travel Medical Insurance, please see IMG's Frequently Asked Questions at [www.imglobal.com/faq](http://www.imglobal.com/faq).







UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.





# P A T R I O T

Multi-Trip <sup>SM</sup>



## Producer Contact Information

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GLOBAL  
*peace of mind*

*This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable.*

*Benefits are offered as described in the Insurance Contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.*

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