

UnitedHealthOne

# P A T R I O T

Travel Series



G L O B A L  
*peace of mind*®

Short-term travel medical insurance for individuals, families, and groups

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



**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 2.6 billion-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**
- » **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**



**Global presence.**  
Local care.



**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 Travel®** plan that meets your needs and spend more time enjoying your international experience—*not worrying about your medical coverage.*





## INSIDE THE U.S.

If you're visiting the United States, we offer three plans to meet your needs:

### Patriot® AMERICA

- » **Maximum limits:** \$50,000 to \$1,000,000
- » **Deductible:** \$0 to \$2,500
- » **Extensions:** Up to 24 continuous months
- » **Emergency medical evacuation:** \$1 million
- » **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 80% up to \$5,000, then 100%
- » **Acute onset of pre-existing conditions:** No coverage
- » **Remote transportation:** No coverage
- » **Supplemental accident:** No coverage

### Patriot America® PLUS

- » **Maximum limits:** \$50,000 to \$1,000,000
- » **Deductible:** \$0 to \$2,500
- » **Extensions:** Up to 24 continuous months
- » **Emergency medical evacuation:** \$1 million
- » **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 80% up to \$5,000, then 100%
- » **Acute onset of pre-existing conditions:** Under 70 years of age, up to the maximum limit. \$25,000 maximum limit for medical evacuation
- » **Remote transportation:** No coverage
- » **Supplemental accident:** No coverage

### Patriot America® PLATINUM

- » **Maximum limits:** \$2,000,000 to \$8,000,000
- » **Deductible:** \$0 to \$25,000
- » **Extensions:** Up to 36 continuous months
- » **Emergency medical evacuation:** Up to maximum limit
- » **Coinsurance:**
  - In-network: IMG pays 100%
  - Out-of-network: IMG pays 90% up to \$5,000, then 100%
- » **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to \$1,000,000. \$25,000 maximum limit for medical evacuation
- » **Remote transportation:** \$5,000 per period, \$20,000 lifetime maximum
- » **Supplemental accident:** \$300 per covered accident

## OUTSIDE THE U.S.

We also have plan options for those traveling outside the United States:

### Patriot® INTERNATIONAL

- » **Maximum limits:** \$50,000 to \$1,000,000
- » **Deductible:** \$0 to \$2,500
- » **Extensions:** Up to 24 continuous months
- » **Emergency medical evacuation:** \$1 million
- » **Coinsurance:** IMG pays 100% outside of the U.S.
- » **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to the maximum limit. \$25,000 maximum limit for medical evacuation
- » **Remote transportation:** No coverage
- » **Supplemental accident:** No coverage
- » **Incidental emergency in the U.S.:** Up to 2 weeks

### Patriot International® PLATINUM

- » **Maximum limits:** \$2,000,000 to \$8,000,000
- » **Deductible:** \$0 to \$25,000
- » **Extensions:** Up to 36 continuous months
- » **Emergency medical evacuation:** Up to maximum limit
- » **Coinsurance:** IMG pays 100% outside of the U.S.
- » **Acute onset of pre-existing conditions:** Under 70 years of age, with varying limits by age up to \$1,000,000. \$25,000 maximum limit for medical evacuation
- » **Remote transportation:** \$5,000 per period, \$20,000 lifetime maximum
- » **Supplemental accident:** \$300 per covered accident
- » **Incidental emergency in the U.S.:** Up to 2 weeks

*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

The following benefits and coverage levels are shared across all Patriot Travel Series products:

| Benefit                                                               | Coverage                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient or Outpatient Services</b>                               |                                                                                                                                                                                                                           |
| <b>Eligible Medical Expenses</b>                                      | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Physician Visits / Services</b>                                    | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Urgent Care Clinic</b>                                             | \$25 copay. Copay is not applicable when the \$0 deductible is selected. Not subject to deductible.                                                                                                                       |
| <b>Walk-in Clinic</b>                                                 | \$15 copay. Copay is not applicable when the \$0 deductible is selected. Not subject to deductible.                                                                                                                       |
| <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. Includes nursing service.                                                                                                                                         |
| <b>Intensive Care</b>                                                 | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Bedside Visit</b><br><i>Hospitalized in an intensive care unit</i> | \$1,500 maximum limit. Not subject to deductible.                                                                                                                                                                         |
| <b>Outpatient Surgical / Hospital Facility</b>                        | Up to the maximum limit                                                                                                                                                                                                   |
| <b>Laboratory</b>                                                     | Up to the maximum limit                                                                                                                                                                                                   |

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## SUMMARY OF BENEFITS (CONTINUED)

| Benefit                                                                                                              | Coverage                                                        |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>Radiology / X-ray</b>                                                                                             | Up to the maximum limit                                         |
| <b>Chemotherapy / Radiation Therapy</b>                                                                              | Up to the maximum limit                                         |
| <b>Pre-Admission Testing</b>                                                                                         | Up to the maximum limit                                         |
| <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. |

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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>                                                                                                           | \$100,000 maximum limit. Not subject to deductible.                                                                                                                                             |
| <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%                                                                                                                                                                               |
| <b>Natural Disaster Evacuation</b><br><i>Must be approved in advance by the company</i>                                                                                                 | \$25,000 maximum limit. Not subject to deductible.                                                                                                                                              |
| <b>Political Evacuation &amp; Repatriation</b><br><i>Must be approved in advance by the company</i>                                                                                     | \$100,000 maximum limit. Not subject to deductible.                                                                                                                                             |
| <b>Return of Minor Children</b><br><i>Must be approved in advance by the company</i>                                                                                                    | \$100,000 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>                                                                                | Up to the 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>                                                                        | \$50,000 principal sum. Not subject to deductible.                                                                                                                                              |
| <b>Common Carrier Accidental Death</b>                                                                                                                                                  | \$25,000 per injured child, \$100,000 per insured adult, \$250,000 maximum limit per family. Not subject to deductible.                                                                         |
| <b>Dental Treatment</b>                                                                                                                                                                 | \$300 maximum limit due to dental accident or unexpected pain to sound natural teeth. 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.                                    |

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 (CONTINUED)



| Benefit                                                                                                                                           | Coverage                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emergency Eye Examination</b><br><i>Loss or damage to prescription corrective lenses due to an accident</i>                                    | \$150 maximum limit. \$50 deductible per occurrence. Subject to coinsurance.                                                                                                                                                                            |
| <b>Hospital Indemnity</b>                                                                                                                         | \$250 per overnight inpatient confinement, maximum limit of 10 overnights. Not subject to deductible.                                                                                                                                                   |
| <b>Identity Theft</b>                                                                                                                             | \$500 maximum limit. Not subject to deductible.                                                                                                                                                                                                         |
| <b>Lost Luggage</b>                                                                                                                               | \$50 per item, \$500 maximum limit. Not subject to deductible.                                                                                                                                                                                          |
| <b>Natural Disaster</b>                                                                                                                           | \$250 per day and maximum limit of five days for accommodations. Not subject to deductible.                                                                                                                                                             |
| <b>Personal Liability</b><br><i>Secondary to any other insurance</i>                                                                              | \$25,000 combined maximum limit. Injury to a third person: \$100 per injury deductible. Damage to a third person's property: \$100 per damage deductible. No coverage for injury to a related third party or damage to related third person's property. |
| <b>Pet Return</b><br><i>For a pet cat or dog traveling with the insured person</i>                                                                | \$1,000 maximum limit. Not subject to deductible.                                                                                                                                                                                                       |
| <b>Small Pet Common Air Carrier<br/>Accidental Death Benefit</b><br><i>For a pet cat or dog up to 30 pounds traveling with the insured person</i> | \$500 maximum limit. Not subject to deductible.                                                                                                                                                                                                         |
| <b>Terrorism</b>                                                                                                                                  | \$50,000 maximum limit. Not subject to deductible.                                                                                                                                                                                                      |
| <b>Trip Interruption</b>                                                                                                                          | \$10,000 maximum limit. Not subject to deductible.                                                                                                                                                                                                      |



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 travel insurance policy.

#### **Lifetime Maximum**

Age 0-49: \$50,000

Age: 50-59: \$30,000

Age: 60-64: \$15,000

### ■ Chaperone/Faculty Leader Replacement Rider\*

If you are the designated chaperone/faculty leader and experience an unexpected death of a relative, a medical emergency, or the destruction of your residence that causes you to cancel or interrupt travel, this rider covers reimbursement for a round trip economy airline ticket up to \$3,000 for a replacement chaperone/faculty leader.

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

### ■ Evacuation Plus Rider\*\*

While Patriot 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. This benefit is included with the purchase of Platinum plans.*

### ■ Enhanced Accidental Death & Dismemberment Rider (AD&D)\*\*

Accidents can happen—wouldn't you rather be prepared, especially when you're away from home? The AD&D rider will pay you or your beneficiaries up to \$400,000 if your death or dismemberment is the direct result of an accident.

**Note:** *Available to the primary insured only. Available with a minimum purchase of three months of medical and AD&D rider coverage. 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.*

### ■ Extensive Network Access



For travelers in the U.S., the UnitedHealthcare Options network is a longstanding reputable tier 1 network that gives you more access to more doctors and services, including:

- » Over 895,000 physicians
- » 5,600 hospitals in the U.S.
- » Retail urgent care facilities
- » A streamlined claims process

### 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.*



## HOW TO GET COVERED

1

**Step 1:**

Contact your producer directly to obtain an application or to apply online.

2

**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.

3

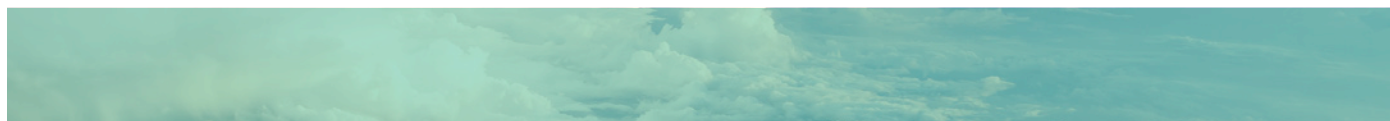
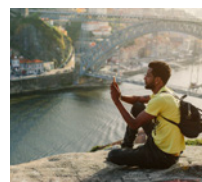
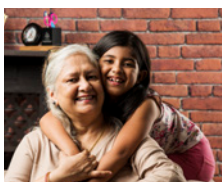
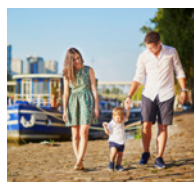
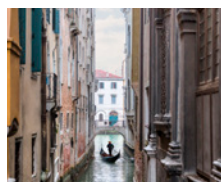
**Step 3:**

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 EXTEND YOUR COVERAGE

To meet the needs of our customers, Patriot Travel Series plans can be purchased for up to a 12-month period. Patriot America, Patriot International, and Patriot America Plus plans can be extended up to 24 continuous months, and Patriot Platinum plans can be extended up to a maximum of 36 continuous months. To renew your coverage, please visit our website.

**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

Travel Series



GLOBAL  
*peace of mind*



UnitedHealthOne

## Producer Contact Information



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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