

# PATRIOT EXCHANGE PROGRAM<sup>SM</sup>



Medical insurance for individuals and groups  
involved in educational or cultural exchange



# Hello. Hola. Hallo. Hej. 您好.

You can greet someone in a foreign country in many ways. When you travel, stay safe and secure by saying hello to Patriot Exchange Program<sup>SM</sup>, a one-of-a-kind international travel medical insurance plan that brings you Global Peace of Mind<sup>®</sup> when you're traveling abroad.

GLOBAL  
*peace of mind*<sup>®</sup>



## Why Patriot Exchange Program?

Traveling abroad can be an exciting experience, especially when you're involved in an educational or cultural exchange program. But what would happen if you became ill or injured while away from home? Your experience can quickly turn frightening if you're not prepared for a medical emergency.

Whether your trip takes you abroad for a few weeks or an entire year, your cultural exchange experience should be an enjoyable one. You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed the Patriot Exchange Program<sup>SM</sup> to provide you, your group, and your dependents traveling with you Coverage Without Boundaries®. The plan offers a package of international benefits available 24 hours a day. Simply select the plan option that best fits your needs.

The Patriot Exchange Program is designed to meet the U.S. visa insurance requirements for individuals and groups of two or more students studying abroad or participating in a cultural exchange program, including J1 and J2 visa holders. Coverage may be purchased for spouses and unmarried, dependent children traveling with the student/participant. Individuals and groups can select from different plan options—\$50,000\*, \$100,000, \$250,000, and \$500,000 maximum limit per illness/injury. This program also offers two different areas of coverage, and an optional add-on rider for high school sports, personal liability, and legal assistance. In addition, groups may purchase annually-renewable long-term plans that have the flexibility to be tailored to meet specific needs of each program.

\*The \$50,000 maximum limit per illness/injury option does not comply with J1 and J2 visa requirements.

## SAFETY SOLUTIONS

Pursuing an education away from your home country is already stressful. We know your safety while studying abroad is important to you, so IMG's Patriot Exchange Program has solutions designed to protect you and give you Global Peace of Mind.



### PHYSICAL HEALTH

You can't plan when you get sick, and unfortunately, it can happen anytime and anywhere. Medical bills can be expensive, and IMG plans provide the cross-border medical coverage you need for unexpected medical care and routine visits.



### MENTAL WELLNESS

Being away from your support system can be challenging. IMG provides access to mental health services, like virtual counseling, to help with the transition as you adapt to cultural differences, adjust to a change in education, and navigate new relationships while you're away from loved ones.



### FINANCIAL PROTECTION

Costs can add up while seeking medical treatment. However, access to IMG's international physician and provider networks and pharmacy discount programs can help you save on out-of-pocket medical expenses and prescription medications.



### CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a multilingual staff of nurses, doctors, and case managers provide 24/7 assistance services to facilitate a response to urgent and emergency situations, such as evacuations or search and rescue missions.



### PERSONAL PROPERTY

There are some belongings you know you can't live without. IMG has you covered and can reimburse costs if your essential items like a phone, camera, baggage, or important travel documents are lost, stolen, or damaged during your travels or while you're residing abroad.





## Why IMG?

IMG offers exceptional service from the moment you purchase a product or service to the moment you need to use it. We know that when spending your hard-earned money, you want it to go to a company you can trust. IMG's longevity, stability, and credibility will give you peace of mind when making a purchase. When away from home, your number one priority is safety. IMG provides safety solutions to address the many and varied needs of global citizens all over the world.

### SERVICE

IMG has call centers based in the United States and United Kingdom, offering medical, travel, and security services 24/7. Our highly trained staff have experience working in remote and hazardous regions, juggling multiple time zones, languages, and currencies. IMG will ensure you get the help you need, when and where you need it. IMG provides best-in-class technology offerings allowing you to manage claims, your account, and search for a provider through our online self-service portal, MyIMG.

### STABILITY

IMG has experience serving millions of customers worldwide since 1990 and boasts a large collection of personalized offerings for any type of individual or group traveling, working, or living away from home. We're owned by SiriusPoint\*, a multi-billion dollar, AM Best "A-" rated insurance industry leader. IMG offers access to quality care through a network of providers and facilities across the globe. Don't just take our word for it, our reputable assistance services have attracted the business of multiple Fortune 500 companies and other insurance providers.

*\*SiriusPoint is the DBA of SiriusPoint Ltd.*



# PATRIOT EXCHANGE PROGRAM

## SUMMARY OF BENEFITS

Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Limits per Period of Coverage unless stated as Maximum Limit

PLAN DETAILS

PHYSICAL HEALTH

| Coverage Limit / Maximum Amount for Eligible Medical Expenses                                                                                                                                                                                                                              |                                                                                          |                                   |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| Plan Details                                                                                                                                                                                                                                                                               | In-Network                                                                               | Out-of-Network                    | International                     |
| Maximum Limit                                                                                                                                                                                                                                                                              | \$5,000,000                                                                              |                                   |                                   |
| Per Illness or Injury Limit                                                                                                                                                                                                                                                                | \$50,000, \$100,000, \$250,000, or \$500,000                                             |                                   |                                   |
| Deductible Options                                                                                                                                                                                                                                                                         | \$0, \$100, \$250, or \$500 per illness or injury available                              |                                   |                                   |
| Coinsurance for Eligible Medical Expenses                                                                                                                                                                                                                                                  |                                                                                          |                                   |                                   |
| Coinsurance<br>▪ In addition to Deductible                                                                                                                                                                                                                                                 | Plan pays 90%<br>Insured pays 10%                                                        | Plan pays 80%<br>Insured pays 20% | Plan pays 100%<br>Insured pays 0% |
| Out of Pocket Maximum                                                                                                                                                                                                                                                                      | \$1,000                                                                                  | Up to the Maximum Limit           | \$0                               |
| Precertification                                                                                                                                                                                                                                                                           |                                                                                          |                                   |                                   |
| Interfacility Ambulance Transfer, Emergency Medical Evacuation                                                                                                                                                                                                                             | No coverage if Pre-certification requirements are not met                                |                                   |                                   |
| All other Treatments & supplies                                                                                                                                                                                                                                                            | 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met |                                   |                                   |
| Pre-existing Conditions                                                                                                                                                                                                                                                                    |                                                                                          |                                   |                                   |
| Pre-existing conditions<br>▪ Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within 36 months prior to the Effective Date are excluded until the Insured Person has maintained 12 months of continuous coverage under this insurance. | Period of Coverage Limit (after 12 months): \$500<br>Maximum Limit: \$1,500              |                                   |                                   |
| Student Health Center                                                                                                                                                                                                                                                                      |                                                                                          |                                   |                                   |
| Copayment per visit<br>▪ Not subject to the per Illness or Injury Deductible<br>▪ Copayment is not applicable if the Declaration states a \$0 Deductible                                                                                                                                   | \$5                                                                                      |                                   |                                   |
| Coinsurance                                                                                                                                                                                                                                                                                | Plan pays 100%<br>Insured pays 0%                                                        |                                   |                                   |
| Inpatient/Outpatient Benefits                                                                                                                                                                                                                                                              |                                                                                          |                                   |                                   |
| Eligible Medical Expenses                                                                                                                                                                                                                                                                  | 90%                                                                                      | 80%                               | 100%                              |
| Physician / Specialist Visit<br>▪ Maximum Visits per day: 1<br>(unless visit is for a different medical/surgical specialty)                                                                                                                                                                | 90%                                                                                      | 80%                               | 100%                              |
| Urgent Care<br>▪ Not subject to Deductible<br>▪ Copayment: \$50<br>▪ Copayment is not applicable if the Declaration states a \$0 Deductible                                                                                                                                                | 90%                                                                                      | 80%                               | 100%                              |
| Walk-in Clinic<br>▪ Not subject to Deductible<br>▪ Copayment: \$20<br>▪ Copayment is not applicable if the Declaration states a \$0 Deductible                                                                                                                                             | 90%                                                                                      | 80%                               | 100%                              |
| Hospital Emergency Room<br>▪ Injury: Not subject to Emergency Room Deductible<br>▪ Illness: Subject to a \$500 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.                                                                 | 90%                                                                                      | 80%                               | 100%                              |
| Hospitalization / Room & Board<br>▪ Average semi-private room rate<br>▪ Includes nursing, miscellaneous and Ancillary Services                                                                                                                                                             | 90%                                                                                      | 80%                               | 100%                              |
| Intensive Care                                                                                                                                                                                                                                                                             | 90%                                                                                      | 80%                               | 100%                              |
| Bedside Visit<br>▪ Not subject to Deductible<br>▪ Maximum Limit: \$1,500<br>▪ Hospitalized in an Intensive Care Unit<br>▪ Refer to the BEDSIDE VISIT provision for further details                                                                                                         | 90%                                                                                      | 80%                               | 100%                              |
| Outpatient Surgical / Hospital Facility                                                                                                                                                                                                                                                    | 90%                                                                                      | 80%                               | 100%                              |
| Laboratory                                                                                                                                                                                                                                                                                 | 90%                                                                                      | 80%                               | 100%                              |
| Radiology / X-ray                                                                                                                                                                                                                                                                          | 90%                                                                                      | 80%                               | 100%                              |

Groups may also purchase a customizable long-term plan. Any coverages, benefits and premium rates offered are in U.S. Dollars. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

**PATRIOT EXCHANGE PROGRAM**  
**SUMMARY OF BENEFITS**  
**( C O N T I N U E D )**

Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Limits per Period of Coverage unless stated as Maximum Limit

PHYSICAL HEALTH

**Inpatient/Outpatient Benefits (Continued)**

| Plan Benefits                                                                                                             | In-Network | Out-of-Network | International |
|---------------------------------------------------------------------------------------------------------------------------|------------|----------------|---------------|
| <b>Pre-admission Testing</b>                                                                                              | 90%        | 80%            | 100%          |
| <b>Surgery</b>                                                                                                            | 90%        | 80%            | 100%          |
| <b>Reconstructive Surgery</b><br>▪ Surgery is incidental to and follows Surgery that was covered under the plan           | 90%        | 80%            | 100%          |
| <b>Assistant Surgeon</b><br>▪ 20% of the primary surgeon's eligible fee                                                   | 90%        | 80%            | 100%          |
| <b>Anesthesia</b>                                                                                                         | 90%        | 80%            | 100%          |
| <b>Durable Medical Equipment</b>                                                                                          | 90%        | 80%            | 100%          |
| <b>Chiropractic Care</b><br>▪ Medical order or Treatment plan required                                                    | 90%        | 80%            | 100%          |
| <b>Physical Therapy</b><br>▪ Maximum Visits per day: 1<br>▪ Medical order or Treatment plan required                      | 90%        | 80%            | 100%          |
| <b>Extended Care Facility</b><br>▪ Upon direct transfer from an acute care Hospital                                       | 90%        | 80%            | 100%          |
| <b>Home Nursing Care</b><br>▪ Provided by a Home Health Care Agency<br>▪ Upon direct transfer from an acute care Hospital | 90%        | 80%            | 100%          |

**Prescription Drugs and Medication**

The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit

|                                                                                                                                                                                                                                                                                         |     |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------|
| <b>Prescription Drugs and Medication</b><br>▪ Period of Coverage limit: \$250,000 per person<br>▪ Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits<br>▪ Dispensing maximum for Retail Pharmacy: 90 days per prescription | N/A | 90% | 100% |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------|

MENTAL WELLNESS

**Mental or Nervous / Substance Abuse**

|                                                                                                                                                                            |     |     |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|------|
| <b>Inpatient Mental or Nervous / Substance Abuse</b><br>▪ Maximum Limit: \$10,000<br>▪ Not covered if incurred at the Student Health Center                                | 90% | 80% | 100% |
| <b>Outpatient Mental or Nervous / Substance Abuse</b><br>▪ Maximum Limit per day: \$50<br>▪ Maximum Limit: \$500<br>▪ Not covered if incurred at the Student Health Center | 90% | 80% | 100% |

CRISIS SUPPORT

**Emergency Services**

|                                                                                                                                                                                                                           |      |      |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|------|
| <b>Emergency Local Ambulance</b><br>▪ Subject to Deductible<br>▪ Injury<br>▪ Illness resulting in a Hospitalization admission                                                                                             | 100% | 100% | 100% |
| <b>Emergency Medical Evacuation</b><br>▪ Maximum Limit: \$50,000<br>▪ Must be approved in advance and coordinated by the Company                                                                                          | 100% | 100% | 100% |
| <b>Emergency Reunion</b><br>▪ Maximum Limit: \$15,000<br>▪ Maximum Days: 15<br>▪ Meal Maximum per day: \$25<br>▪ Reasonable and necessary travel costs and accommodations<br>▪ Must be approved in advance by the Company | 100% | 100% | 100% |
| <b>Interfacility Ambulance Transfer</b><br>▪ Up to the per Injury or Illness limit<br>▪ Services rendered in the United States<br>▪ Transfer must be a result of an Inpatient Hospital admission                          | 100% | 100% | N/A  |
| <b>Political Evacuation and Repatriation</b><br>▪ Maximum Limit: \$10,000<br>▪ Must be approved in advance by the Company                                                                                                 | 100% | 100% | 100% |

**PATRIOT EXCHANGE PROGRAM**  
SUMMARY OF BENEFITS  
(CONTINUED)

Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Limits per Period of Coverage unless stated as Maximum Limit

| Emergency Services (Continued) |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|------|--------------------------|----------------|-----|------------------|-----|-----------------------------------|------|-----------------------------------|------|-------------------|------|-------------------------|------|--------------------|------|
| Plan Benefits                  |                                                                                                                                                                                                                                                                                                                                 | In-Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Out-of-Network                    | International                     |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
| CRISIS SUPPORT                 | <b>Repatriation for Medical Treatment</b> <ul style="list-style-type: none"><li>Maximum Benefit: \$100,000</li><li>Approved in advance and coordinated by the Company</li><li>Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details</li></ul>                                                           | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100%                              | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Return of Mortal Remains</b> <ul style="list-style-type: none"><li>Maximum Limit: \$25,000</li><li>Local Burial / Cremation at place of death</li><li>Maximum Limit: \$5,000</li><li>Return of Insured Person's Mortal Remains to Country of Residence</li><li>Must be approved in advance by the Company</li></ul>          | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100%                              | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | Other Services                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Terrorism</b> <ul style="list-style-type: none"><li>Maximum Limit: \$50,000</li></ul>                                                                                                                                                                                                                                        | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100%                              | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
| PHYSICAL HEALTH                | <b>Dental Treatment</b> <ul style="list-style-type: none"><li>Period of Coverage Limit: \$350</li></ul> (Treatment due to Unexpected pain to sound, natural teeth) <ul style="list-style-type: none"><li>Period of Coverage Limit per Injury: \$500</li></ul> (Non-emergency Treatment at a Dental Provider due to an Accident) | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 90%                               | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Traumatic Dental Injury</b> <ul style="list-style-type: none"><li>Subject to Deductible and Coinsurance</li><li>Up to the Maximum Limit</li><li>Treatment at a Hospital Facility due to an Accident</li><li>Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%</li></ul>            | 90%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 80%                               | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | Accidental Death: 100% of Principal Sum                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
| FINANCIAL PROTECTION           | <b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"><li>Principal Sum Maximum: \$25,000</li><li>Death must occur within 90 days of the Accident</li></ul>                                                                                                                                             | Accidental Dismemberment:<br><table><tr><th>Loss</th><th>Percent of Principal Sum</th></tr><tr><td>Sight of 1 eye</td><td>50%</td></tr><tr><td>1 hand or 1 foot</td><td>50%</td></tr><tr><td>1 hand and loss of sight of 1 eye</td><td>100%</td></tr><tr><td>1 foot and loss of sight of 1 eye</td><td>100%</td></tr><tr><td>1 hand and 1 foot</td><td>100%</td></tr><tr><td>Both hands or both feet</td><td>100%</td></tr><tr><td>Sight of both eyes</td><td>100%</td></tr></table> |                                   |                                   | Loss | Percent of Principal Sum | Sight of 1 eye | 50% | 1 hand or 1 foot | 50% | 1 hand and loss of sight of 1 eye | 100% | 1 foot and loss of sight of 1 eye | 100% | 1 hand and 1 foot | 100% | Both hands or both feet | 100% | Sight of both eyes | 100% |
|                                | Loss                                                                                                                                                                                                                                                                                                                            | Percent of Principal Sum                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | Sight of 1 eye                                                                                                                                                                                                                                                                                                                  | 50%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | 1 hand or 1 foot                                                                                                                                                                                                                                                                                                                | 50%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | 1 hand and loss of sight of 1 eye                                                                                                                                                                                                                                                                                               | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | 1 foot and loss of sight of 1 eye                                                                                                                                                                                                                                                                                               | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | 1 hand and 1 foot                                                                                                                                                                                                                                                                                                               | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | Both hands or both feet                                                                                                                                                                                                                                                                                                         | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | Sight of both eyes                                                                                                                                                                                                                                                                                                              | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Incidental Trip</b> <ul style="list-style-type: none"><li>Maximum days: 14</li><li>Country of Residence is outside the United States</li><li>Refer to the INCIDENTAL TRIP provision for further details</li></ul>                                                                                                            | 90%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 80%                               | 100%                              |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
| Optional Add-On Rider          |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Personal Liability</b> <ul style="list-style-type: none"><li>Injury to third party: \$2,000 per period of coverage limit after \$100 deductible</li><li>Damage to third party's property: \$500 per period of coverage limit after \$100 deductible</li></ul>                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100%                              |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Lost Personal Property</b> <ul style="list-style-type: none"><li>\$250 per period of coverage limit</li></ul>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100%                              |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
|                                | <b>Limited High School and College Sports</b> <ul style="list-style-type: none"><li>Company pays 100% after deductible is met</li></ul>                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 100%                              |                                   |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |
| CRISIS SUPPORT                 | <b>Legal Assistance</b>                                                                                                                                                                                                                                                                                                         | \$500<br>period of coverage limit                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$500<br>period of coverage limit | \$500<br>period of coverage limit |      |                          |                |     |                  |     |                                   |      |                                   |      |                   |      |                         |      |                    |      |

Groups may also purchase a customizable long-term plan. Any coverages, benefits and premium rates offered are in U.S. Dollars. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

## PEP INCLUDED SERVICES

FINANCIAL PROTECTION

### 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.*

PHYSICAL HEALTH

### Teladoc (For groups only)

Teladoc provides access to a national network of board-certified doctors and pediatricians in the U.S. who are available 24 hours a day, seven days a week, 365 days a year to help diagnose, treat and prescribe medication (when necessary and available) for many non-emergent medical issues via phone or online video consultations. Teladoc does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for non-emergency medical care. The use of Teladoc will be considered as treatment inside the U.S. - PPO Network.



## PEP OPTIONAL RIDERS

PHYSICAL HEALTH

### Adventure Sports Rider

The Adventure Sports Rider is available on the Patriot Exchange Program for individuals and groups, and their dependents, up to the age of 65. Certain activities designated as adventure sports can be covered up to the maximums listed below. Certain activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. For a list of all the activities which can be considered to be adventure sports, a sample rider can be provided upon request.

| AGE            | MAXIMUM LIMIT |
|----------------|---------------|
| Through age 49 | \$50,000      |
| 50 - 59        | \$30,000      |
| 60 - 64        | \$15,000      |

FINANCIAL PROTECTION

### Chaperone/Faculty Leader Trip Interruption Rider

Groups may request the Chaperone/Faculty Leader Trip Interruption rider which offers up to \$3,000 in benefits. In the event of the original chaperone/leader's hospitalization, a relative's unexpected death, or travel plans must be cancelled as a result of a break-in or destruction due to forces of nature at his/her residence, the subsequent chaperone/faculty leader can be reimbursed for the certain transportation costs to join the group.



## PEP PLAN INFORMATION

### Eligibility

To be eligible to apply to the Patriot Exchange Program plan, you must:

- » Be a participant: a student, scholar, intern, teacher, or trainee enrolled in an educational or cultural exchange program for the purposes of teaching, study, research, or receiving on the job training for a temporary period of time
- » Be the spouse of a participant or children of a participant and residing outside his/her primary country of residence for a temporary period of time. Primary applicant must hold a J, M, F, or A visa
- » Be at least 31 days old but not yet 65 years old
- » Be physically and legally residing in the destination country with the intent to reside there for at least 30 days on the effective date and at renewal

### Enrollment Process

Before you begin your travel, simply apply online or fill out the application and calculate the estimated premium for the time period you, your group, and/or your dependents will be traveling. Once you have completed the application, return it to your insurance agent and/or IMG.

Eligible individuals listed on the application and for whom premiums have been paid will be covered from the latest of the following dates:

1. The date IMG approves your completed application and receives the appropriate premium
2. The date you depart from your country of residence
3. The date requested on your application

### Fulfillment Kits

IMG processes applications in a quick, timely manner. Once processing is complete, IMG will email the fulfillment kit(s) to the email listed in the application. The fulfillment kit(s) will include an IMG identification card(s), and the insurance certificate providing a complete description of the rights and benefits under the contract.

### Conditions of Coverage

**1)** Coverage and benefits are subject to the deductible, limits, and coinsurance, and all terms of the certificate of insurance and master policy and all governing documents, as summarized in the certificate of insurance. **2)** Coverage under a Patriot Exchange Program plan is secondary to any other coverage. **3)** Coverage and benefits are for eligible medical expenses which are medically necessary and usual, reasonable, and customary. **4)** Charges must be administered or ordered by a licensed physician. **5)** Charges must be incurred during the period of coverage.

### Renewal of Coverage

Eligible insureds can request coverage under the plan be renewed a minimum of five (5) days, up to a maximum of 48 continuous months, as long as the premium is paid when due and the insured continues to meet the eligibility requirements of the plan.

### How Does the United States Affordable Care Act (ACA) Affect My Coverage?

**Non-U.S. Citizens:** As non-resident aliens, international students, scholars, and people involved in cultural exchange programs on F, J, M, or Q visas (and certain family members) are not subject to the individual mandate for their first five years in the U.S. All other J categories (teacher, trainee, work and travel, au pair, high school, etc.) are not subject to the individual mandate if in the U.S. for two of the past six years. Since international students are not subject to the mandate, they are not required to purchase a plan that meets ACA requirements and can purchase the Patriot Exchange Program.

**U.S. Citizens:** Under the ACA, all U.S. citizens, nationals, and resident aliens are required to purchase minimum essential coverage (ACA-compliant coverage), unless they are exempt. Exempt U.S. citizens include U.S. citizens who reside outside of the U.S. for 330 of any 365-day period, or have a tax home (main place of work or employment, or if you don't have a main place of work or employment, your main residence) in a foreign country, and are a bona fide resident of a foreign country.

*Please note that this insurance is not subject to, and does not provide benefits required by, ACA. Since January 1, 2014, ACA requires U.S. citizens, U.S. nationals and resident-aliens to obtain ACA compliant insurance coverage unless they are exempt from ACA (international students on F, J, M and Q visas (and certain family members of students) are not subject to the individual mandate for their first 5 years in the U.S. All other J categories - teacher, trainee, work and travel, au pair, high school, etc. - are not subject to the individual mandate for 2 years out of the past six). Penalties may be imposed on persons who are required to maintain ACA compliant coverage but do not do so. Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including ACA. Please note that it is solely your responsibility to determine if ACA is applicable to you and the Company and IMG shall have no liability whatsoever, including for any penalties that you may incur, for your failure to obtain required ACA compliant coverage. For information on whether ACA applies to you or whether you are eligible to purchase the Patriot Exchange Program, please see IMG's Frequently Asked Questions at [imglobal.com/en/client-resources/PPACA-FAQ.aspx](http://imglobal.com/en/client-resources/PPACA-FAQ.aspx). The materials available on this website are for informational purposes only and not for the purpose of providing legal advice. You should contact your attorney to obtain advice with respect to any particular issue or problem. This brochure is intended to convey general information only and not to provide legal advice or opinions.*

## PEP CLAIMS PROCEDURE

### Precertification

Certain treatment and supplies including hospital admission, inpatient or outpatient surgery, and other procedures as noted in the certificate wording must be precertified for medical necessity, which means the insured person or their attending physician must communicate with an IMG representative at the number listed on the IMG ID card prior to admission to a hospital before receiving certain treatments and supplies, or performance of a surgery. In case of an emergency admission, the precertification must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not precertified, eligible claims and expenses will be reduced by 50 percent. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits, or a guaranty of payment. All medical expenses eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable and customary rates. Please refer to the certificate wording for full details of the precertification requirements.

Contact IMG at **+1.317.655.4500** or **acm@imglobal.com**. Please be sure to send any private information in a secure manner.

**Note:** You may begin the precertification process through MyIMG or the Client Resources section of [imglobal.com](http://imglobal.com). Simply look for the precertification option. You will be asked to provide the required information, which can then be submitted electronically. Once we have received all required information and medical records, our utilization management and review team will review the information provided and normally responds to the insured person or the provider within 2 business days. Please note that this online service will only initiate the process for treatment and supplies outlined in the contract, and it should not be used to request precertification for emergency admissions, procedures, or evacuations.



### How to File a Claim

If a provider doesn't submit a claim on your behalf, the fastest and most convenient way to submit a claim is through our online customer portal, MyIMG. If it is your first time using MyIMG, follow these steps to register:

- » Go to <http://www.imglobal.com/member> and click "Create an Account"
- » On the next screen, enter your Certificate, Policy Number, or Insured/Member ID, and click "Continue"
- » Once the system verifies this information, follow the remaining steps to complete your registration
- » Once you've created a MyIMG account, follow these steps to submit a claim:
- » Log in to the MyIMG portal, click "Claims"
- » In the drop-down menu, click "My Claims"
- » On the next screen, select the policy or certificate. Click "Submit New Claim" and follow the prompts to complete your submission

### Self-Service Member Portal



Along with filing claims online, 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.

### U.S. Network Access



UnitedHealthcare provides travelers in the U.S. with direct access to one of the largest networks of providers in the U.S. that includes:

- » Over 1.4M physicians
- » 6,797 hospitals
- » Over 45,000 clinics
- » 67,000 pharmacies
- » 1,800 convenience clinics

### 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 45,000 physicians and facilities
- » Direct billing arrangements that minimize time and upfront expense

# PATRIOT EXCHANGE PROGRAM<sup>SM</sup>



## Producer Contact Information

STEINBERG, LIZETTE R.  
1367 VRAIN STREET  
DENVER, CO 80204  
Phone: 303-893-1818  
Fax: 303-893-1616  
lizstein2000@yahoo.com

Coverage is underwritten and issued by SiriusPoint Specialty Insurance Corporation, rated "A-" (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing).

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.

This brochure contains many of the valuable trademarks, names, titles, logos, images, designs, copyrights and other proprietary materials owned and registered and used by International Medical Group, Inc. and its representatives throughout the world. © 2007-2022 International Medical Group, Inc. All rights reserved.

The UnitedHealthcare name and logo are registered trademarks of UnitedHealth Group in the U.S. and other jurisdictions.

GLOBAL  
*peace of mind*<sup>®</sup>