

# 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 Student Health Advantage, a one-of-a-kind international medical insurance plan that brings you Global Peace of Mind® when you're traveling abroad.







Our focus on Service, Strength, and Safety Solutions provides you with the ultimate advantage: Global Peace of Mind.

### **SERVICE** Help when and where you need it.

Nobody wants to experience an emergency while traveling the world, but if you do, you'll want a team you can trust to have your back. IMG's expert staff is here for you 24/7. We're accustomed to working in multiple time zones, languages, and currencies, so rest assured we have the training to assist you—even in remote and hazardous locations. Our international and U.S. provider networks include more than one million physicians and facilities across the globe, giving you access to quality care while away from your primary care team. Our innovative technology allows you to manage your claims, your account, and search for providers through our online portal and mobile app around the clock.

### **STRENGTH** A market leader you can trust.

You can feel confident with IMG knowing our industry expertise has led us to serve millions of customers worldwide since 1990. Owned by SiriusPoint, a multi-billion-dollar insurance industry leader and rated "A-" by A.M. Best, an independent analyst of the insurance industry, IMG has a strong financial backing and vision to become the preeminent provider of travel and health safety solutions. With loyal customers ranging from Fortune 500 companies, universities, to individuals and other insurance companies, our personalized offerings allow us to meet the needs of nearly anyone traveling internationally.

### **SAFETY SOLUTIONS** *Products and services designed with your safety in mind.*

Pursuing an education away from your home country is already stressful. We know your safety and wellbeing while studying abroad is important to you, so IMG's Student Health Advantage 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.



### 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.



### 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.



### PERSONAL PROPERTY

There are some belongings you know you can't live without. IMG has you covered and can reimburse costs if your mobile device is lost, stolen, or damaged during your travels abroad.



### Why Student Health Advantage?

As an international student or scholar, the thrill of studying abroad is extraordinary. Your new surroundings are amazing and you're involved in new and exciting experiences. You're seeing and visiting places for the first time, while receiving the benefits of a long-term education.

Caught up in all the excitement, you may not think about falling ill or getting injured during your studies. Without warning, your experience abroad can quickly become frightening and risky if you're not prepared for a medical emergency. As an international student, peace of mind is a priority when you study abroad.

Your educational adventure or cultural exchange program should be enjoyable and gratifying. Maintaining the ability to be flexible and responsive, International Medical Group ® (IMG®) has developed Student Health Advantage(SM), an international medical plan designed to specifically meet the needs of international students, scholars, and people involved in long-term educational and cultural exchange programs. The plan offers a robust package of benefits while outside your home country available 24 hours a day, providing you with Global Peace of Mind®. After all, you are global. Your medical insurance should be too.

### Plan Highlights

- » Meets U.S. student, scholar, and cultural exchange program visa requirements
- » Coverage for individuals or groups of five or more primaries and their dependents
- » Mental and nervous disorders and substance abuse coverage
- » Intercollegiate/interscholastic/intramural or club sports coverage
- » Maternity coverage (Platinum only)
- » International emergency care



**Pre-admission Testing** 

### STUDENT HEALTH ADVANTAGE SUMMARY OF BENEFITS

| Maximum Limit   |   | Student: \$500,000 Dependent: \$100,000   |                                   |
|---|---|---|-----------------------------------|
| Per Illness or Injury limit   |   | Student: \$300,000 Dependent: \$100,000   |                                   |
| Deductible  Per Illness or Injury   |   | \$250   |                                   |
| Coinsurance for   | Eligible Medical Expe   | nses  |                                   |
| Benefits  | In-Network  | Out-of-Network  | Internationa                      |
| Coinsurance 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                               |
| Pre   | certification   |   |                                   |
| Interfacility Ambulance Transfer, Emergency Medical Evacuation  | No cove   | rage if Pre-certification requiremen  | ts are not met                    |
| All other Treatments & supplies   | 50% reduction of Eligib   | e Medical Expenses if Pre-certificat  | ion requirements are not i        |
| Pre-exi   | sting Conditions  |   |                                   |
| 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 maintained 12 months of continuous coverage under this insurance. |   |   |                                   |
| Studer  | nt Health Center  |   |                                   |
| Copayment per visit  Not subject to the per Illness or Injury Deductible  \$5   |   |   |                                   |
| Coinsurance   |   | Plan pays 100%<br>Insured pays 0%   |                                   |
| Inpatient/  | Outpatient Benefits   |   |                                   |
| Benefits  | In-Network  | Out-of-Network  | Internationa                      |
| Eligible Medical Expenses   | 90%   | 80%   | 100%                              |
| Physician Visits/Services  Maximum Visits per day: 1 Surgery is not subject to the Maximum visit limit  | 90%   | 80%   | 100%                              |
| Hospital Emergency Room Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment to not result in a direct Hospital admission.   | hat does 90%  | 80%   | 100%                              |
| Teleconsultation (Groups only)  | <ul> <li>Mental or Nervous I</li> <li>Coverage for a Tele<br/>discussed, raised of<br/>insurance. The Con<br/>arising from any co<br/>where the Illness of</li> </ul> | <ul> <li>Not subject to Deductible and Coinsurance</li> <li>Mental or Nervous Disorders are not covered</li> <li>Coverage for a Teleconsultation is not a determination that any specific conditidiscussed, raised or identified during such consultation is covered under tinsurance. The Company reserves the right to decline future claims relating to arising from any condition discussed, raised or identified during a Teleconsultatiwhere the Illness or Injury is directly or indirectly related to any Pre-existic Condition or is otherwise excluded under this Certificate of Insurance</li> </ul> |                                   |
| Hospitalization / Room & Board  Average semi-private room rate  Includes nursing, miscellaneous and Ancillary Services  | 90%   | 80%   | 100%                              |
| Intensive Care  | 90%   | 80%   | 100%                              |
| Outpatient Surgical / Hospital Facility   | 90%   | 80%   | 100%                              |
| Laboratory  | 90%   | 80%   | 100%                              |
| Radiology / X-ray   | 90%   | 80%   | 100%                              |
|   |   | 0.00/   | 1,000/                            |
| Chemotherapy / Radiation Therapy  | 90%   | 80%   | 100%                              |

90%

80%

100%

# STUDENT HEALTH ADVANTAGE SUMMARY OF BENEFITS (CONTINUED)

| Inpatient/Outpatient B   | enefits (Continuec  | )                      |               |  |
|--|---|------------------------|---------------|--|
| Benefits   | In-Network  | Out-of-Network         | International |  |
| Surgery  | 90%   | 80%                    | 100%          |  |
| Reconstructive Surgery  Surgery is incidental to and follows Surgery that was covered under the plan   | 90%   | 80%                    | 100%          |  |
| Assistant Surgeon  20% of the primary surgeon's eligible fee   | 90%   | 80%                    | 100%          |  |
| Anesthesia   | 90%   | 80%                    | 100%          |  |
| Durable Medical Equipment  | 90%   | 80%                    | 100%          |  |
| Chiropractic Care  Medical order or Treatment plan required  | 90%   | 80%                    | 100%          |  |
| Physical Therapy  Maximum Visits per day: 1  Medical order or Treatment plan required  | 90%   | 80%                    | 100%          |  |
| Extended Care Facility  Upon direct transfer from an acute care Hospital   | 90%   | 80%                    | 100%          |  |
| Home Nursing Care Provided Py a Home Health Care Agency Upon direct transfer from an acute care Hospital   | 90%   | 80%                    | 100%          |  |
| Prescription Drugs and Medication  |   |                        |               |  |
| The following Prescription Drugs and Medication Period of C  | Coverage limit accumu   | lates toward the Maxir | mum Limit     |  |
| Period of Coverage limit  Subject to the Coinsurance amounts listed below  | <ul><li>Student: \$250,000 per pe</li><li>Dependents: Up to the N</li></ul> |                        |               |  |
| Inpatient and Outpatient Surgery Prescription Drugs and Medication   | 90%   | 80%                    | 100%          |  |
| Emergency Room and Outpatient Office Visits Prescription Drugs and Medication  | 90%   | 80%                    | 100%          |  |
| Retail Pharmacy Prescripton Drugs and Medication  Dispensing maximum for Retail Pharmacy: 90 days per prescription   | N/A   | 50%                    | 50%           |  |
| Mental or Nervous / Substance Abuse  |   |                        |               |  |
| Inpatient Mental or Nervous / Substance Abuse  Maximum Limit: \$10,000  Not covered if incurred at the Student Health Center   | 90%   | 80%                    | 100%          |  |
| Outpatient Mental or Nervous / Substance Abuse  Maximum Limit per day: \$50  Maximum Limit: \$500  Not covered if incurred at the Student Health Center  | 90%   | 80%                    | 100%          |  |
| Emergency  | Services  |                        |               |  |
| Emergency Local Ambulance  Period of Coverage Limit per Injury \$350  Period of Coverage Limit per Illness \$350 (resulting in an Inpatient Hospitalization)                                   | 100%  | 100%                   | 100%          |  |
| Emergency Medical Evacuation  Maximum Limit: \$500,000  Must be approved in advance and coordinated by the Company   | 100%  | 100%                   | 100%          |  |
| Emergency Reunion  Maximum Limit: \$50,000  Maximum Days: 15  Meal Maximum per day: \$25  Reasonable and necessary travel costs and accommodations  Must be approved in advance by the Company | 100%  | 100%                   | 100%          |  |
| Interfacility Ambulance Transfer  Up to the per Injury or Illness limit Services rendered in the United States Transfer must be a result of an Inpatient Hospitalization                       | 100%  | 100%                   | 100%          |  |

STUDENT HEALTH ADVANTAGE

SUMMARY OF BENEFITS (CONTINUED)

| Emergency Service  | es (Continued)                            |  |               |
|--|---|--|---------------|
| Benefits   | In-Network                                | Out-of-Network   | International |
| Political Evacuation and Repatriation  Maximum Limit: \$10,000  Must be approved in advance by the Company   | 100%                                      | 100%   | 100%          |
| Repatriation for Medical Treatment  Maximum Benefit: \$100,000. This is in addition to the plan maximum limit/per injury or illness maximum limit  Approved in advance and coordinated by the Company  Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details | 100%                                      | 100%   | 100%          |
| Return of Mortal Remains  Maximum Limit: \$50,000  Local Burial / Cremation at place of death  Maximum Limit: \$5,000  Return of Insured Person's Mortal Remains to Country of Residence  Must be approved in advance by the Company   | 100%                                      | 100%   | 100%          |
| Other Serv   | vices                                     |  |               |
| Terrorism  Not subject to Deductible and Coinsurance Maximum Limit: \$50,000   | 100%                                      | 100%   | 100%          |
| Dental Treatment  Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth)  Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment by a Dental Provider due to an Accident)   | N/A                                       | 90%  | 100%          |
| Traumatic Dental Injury  Treatment at a Hospital Facility due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%   | 90%                                       | 80%  | 100%          |
| Intercollegiate, Interscholastic, Intramural, or Club Sports  Period of Coverage Limit per illness or injury: \$5,000  | 90%                                       | 80%  | 100%          |
| Accidental Death & Dismemberment  Not subject to Deductible and Coinsurance Death must occur within 90 days of the Accident  |   | 50%<br>50%<br>ght of 1 eye 100%  |               |
| Incidental Trip  Maximum days: 14  Country of Residence is outside the United States  Refer to the INCIDENTAL TRIP provision for further details   | Both hands or both the Sight of both eyes | eet 100%<br>100%<br>80%  | 100%          |
| Personal Liability  Secondary to any other insurance  No coverage for Injury to a related Third Party or damage to related Third Person's property  Refer to the PERSONAL LIABILITY provision for further details and requirements   |   | ombined Maximum Limit: \$10,0<br>Injury to Third Person:<br>Per Injury Deductible: \$100<br>amage to Third Person's proper<br>Per damage Deductible: \$100 |               |

### Mobile Device Protection Rider

**Mobile Device Protection Rider** 

Coverage for repair or replacement of your cell phone if it is lost, stolen or accidently damaged on your trip.

# STUDENT HEALTH ADVANTAGE PLATINUM SUMMARY OF BENEFITS

| Coverage  | LIIIII/MAXIIIIOIII AIIIOOII                           | t for Eligible Medic  | cal Expenses                         |                                   |
|---|---|---|--------------------------------------|-----------------------------------|
| Maximum Limit   |   | Student: \$1,000,000 Dependent: \$100,000   |                                      |                                   |
| Per Illness or Injury limit   |   | Student: \$500,000 Dependent: \$100,000   |                                      | ,000                              |
| Benefits  |   | In-Network  | Out-of-Network                       | Internation                       |
| Deductible Options  Per Illness or Injury   |   | \$100   | \$150                                | \$25                              |
|   | Coinsurance for Eligible                              | e Medical Expense   | es s                                 |                                   |
| 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                               |
|   | Precertific   | cation  |                                      |                                   |
| nterfacility Ambulance Transfer, Emergency  | Medical Evacuation                                    | No coverage   | if Pre-certification requirement     | s are not met                     |
| Maternity   |   | 50% reduction of Eligible Me  | edical Expenses if Pre-certification | on requirements are not           |
| All other Treatments & supplies   |   | 50% reduction of Eligible Me  | edical Expenses if Pre-certification | on requirements are not           |
|   | Pre-existing C  | Conditions  |                                      |                                   |
| Charges resulting directly or indirectly from or relating   | to any Pre-existing Condition are exclud-<br>insuranc |   | maintained 6 months of contin        | uous coverage under th            |
|   | Student Heal  | th Center   |                                      |                                   |
| Copayment per visit  Not subject to the per Illness or Injury Deductible  \$5   |   |   |                                      |                                   |
| Coinsurance   |   |   | Plan pays 100%<br>Insured pays 0%    |                                   |
|   | Inpatient/Outpa                                       | tient Benefits  |                                      |                                   |
|   |   | In-Network  | Out-of-Network                       |                                   |
| Eligible Medical Expenses   |   | 90%   | 80%                                  | 100%                              |
| Physician Visits/Services  Maximum Visits per day: 1 Surgery is not subject to the Maximum visit limit  |   | 90%   | 80%                                  | 100%                              |
| Teleconsultation (Groups Only)  |   | <ul> <li>Not subject to Deductible and Coinsurance</li> <li>Mental or Nervous Disorders are not covered</li> <li>Coverage for a Teleconsultation is not a determination that any specific condi discussed, raised or identified during such consultation is covered under insurance. The Company reserves the right to decline future claims relating to arising from any condition discussed, raised or identified during a Teleconsulta where the Illness or Injury is directly or indirectly related to any Pre-exis Condition or is otherwise excluded under this Certificate of Insurance</li> </ul> |                                      |                                   |
| Hospital Emergency Room Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emerger  | ncy Room visit for Treatment that does                | 90%   | 80%                                  | 100%                              |
| not result in a direct Hospital admission.  |   |   |                                      | 1000/                             |
| Hospitalization / Room & Board Average semi-private room rate   | 15  | 90%   | 80%                                  | 100%                              |
| Hospitalization / Room & Board  Average semi-private room rate  Includes nursing, miscellaneous and Ancillary Service   | 25  | 90%   | 80%                                  | 100%                              |
| Hospitalization / Room & Board  Average semi-private room rate  Includes nursing, miscellaneous and Ancillary Service Intensive Care  Outpatient Surgical / Hospital Facility | ?5  |   |                                      |                                   |

STUDENT HEALTH ADVANTAGE PLATINUM

SUMMARY OF BENEFITS (CONTINUED)

Maximum Limit: \$10,000

Maximum Limit per day: \$50

Maximum Limit: \$500

Not covered if incurred at the Student Health Center **Outpatient Mental or Nervous / Substance Abuse** 

Not covered if incurred at the Student Health Center

#### Radiology / X-ray 90% 80% 100% Chemotherapy / Radiation Therapy 90% 80% 100% **Pre-admission Testing** 90% 80% 100% 100% Surgery 90% 80% **Reconstructive Surgery** 90% 80% 100% Surgery is incidental to and follows Surgery that was covered under the plan **Assistant Surgeon** 90% 80% 100% 20% of the primary surgeon's eligible fee Anesthesia 90% 80% 100% Maternity and Newborn Care Maximum Limit: \$5,000 Pre-natal care, delivery of a Newborn, and post-natal care of an Insured Person, including 80% 60% 100% complications Newborn routine care during the first 31 days of life **Durable Medical Equipment** 90% 80% 100% Chiropractic Care 80% 100% 90% Medical order or Treatment plan required **Physical Therapy** 90% 80% 100% Maximum Visits per day: 1 Medical order or Treatment plan required **Extended Care Facility** 90% 80% 100% Upon direct transfer from an acute care Hospital **Home Nursing Care** Provided Py a Home Health Care Agency 90% 80% 100% Upon direct transfer from an acute care Hospital Primary Insured Person: \$250,000 per person Period of Coverage limit Spouse and Child: Up to the Maximum Limit (\$100,000) Subject to the Coinsurance amounts listed below Inpatient and Outpatient Surgery Prescription Drugs and Medication 90% 80% 100% **Emergency Room and Outpatient Office Visits** 90% 80% 100% **Prescription Drugs and Medication Retail Pharmacy Prescripton Drugs and Medication** N/A 50% 50% Dispensing maximum for Retail Pharmacy: 90 days per prescription Inpatient Mental or Nervous / Substance Abuse 90% 80% 100%

90%

80%

100%

### STUDENT HEALTH ADVANTAGE PLATINUM

SUMMARY OF BENEFITS (CONTINUED)

| Emergency Services   |            |                |      |  |
|--|------------|----------------|------|--|
|  | In-Network | Out-of-Network |      |  |
| Emergency Local Ambulance Period of Coverage Limit per Injury \$750 Period of Coverage Limit per Illness \$750 (resulting in an Inpatient Hospitalization)   | 100%       | 100%           | 100% |  |
| Emergency Medical Evacuation  Maximum Limit: \$500,000  Must be approved in advance and coordinated by the Company   | 100%       | 100%           | 100% |  |
| Emergency Reunion  Maximum Limit: \$50,000  Maximum Days: 15  Meal Maximum per day: \$25  Reasonable and necessary travel costs and accommodations  Must be approved in advance by the Company                                     | 100%       | 100%           | 100% |  |
| Interfacility Ambulance Transfer  Up to the per Injury or Illness limit Services rendered in the United States Transfer must be a result of an Inpatient Hospitalization   | 100%       | 100%           | N/A  |  |
| Political Evacuation and Repatriation  Maximum Limit: \$10,000  Must be approved in advance by the Company   | 100%       | 100%           | 100% |  |
| Repatriation for Medical Treatment  Maximum Benefit: \$100,000  Approved in advance and coordinated by the Company  Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details                                  | 100%       | 100%           | 100% |  |
| Return of Mortal Remains  Maximum Limit: \$50,000  Local Burial / Cremation at place of death Maximum Limit: \$5,000  Return of Insured Person's Mortal Remains to Country of Residence Must be approved in advance by the Company | 100%       | 100%           | 100% |  |

| Officer ser | vices      |                |               |
|-------------|------------|----------------|---------------|
|             | In-Network | Out-of-Network | International |

Accidental Death: 100% of Principal Sum: Student: \$25,000 Spouse: \$10,000 Child: \$5,000

### Accidental Dismemberment:

| Accidental Death & Dismemberment  Not subject to Deductible and Coinsurance  Death must occur within 90 days of the Accident                     | Loss Sight of 1 eye 50% 1 hand or 1 foot 50% 1 hand and loss of sight of 1 eye 1 foot and loss of sight of 1 eye 1 hand and 1 foot 1 hand and 1 foot Both hands or both feet 100% Sight of both eyes 100% |     | nt of Principal Sum |
|--|---|-----|---------------------|
| Incidental Trip  Maximum days: 14  Country of Residence is outside the United States  Refer to the INCIDENTAL TRIP provision for further details | 90%   | 80% | 100%                |

### STUDENT HEALTH ADVANTAGE PLATINUM SUMMARY OF BENEFITS ( C O N T I N U E D )

301/11/1

PHYSICAL

FINANCIAL

CRISIS

PERSONAL PROPERTY

| Other Services (0  | Continued)  |                |      |
|--|---|----------------|------|
|  |   | Out-of-Network |      |
| Dental Treatment  Period of Coverage Limit: \$350 (Treatment due to Unexpected pain to sound, natural teeth)  Period of Coverage Limit per Injury: \$500 (Non-emergency Treatment by a Dental Provider due to an Accident)         | N/A   | 90%            | 100% |
| Traumatic Dental Injury  Treatment at a Hospital Facility due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%   | 90%   | 80%            | 100% |
| Intercollegiate, Intercholastic, Intramural, or Club Sports  Period of Coverage Limit per Illness or Injury: \$5,000   | 90%   | 80%            | 100% |
| Personal Liability  Secondary to any other insurance  No coverage for Injury to a related Third Party or damage to related Third Person's property  Refer to the PERSONAL LIABILITY provision for further details and requirements | Combined Maximum Limit: \$10,000  Injury to Third Person: Per Injury Deductible: \$100  Damage to Third Person's property: Per damage Deductible: \$100 |                |      |
| Terrorism  Not subject to Deductible and Coinsurance  Maximum Limit: \$50,000  | 100%  | 100%           | 100% |

### Mobile Device Protection Ride

**Mobile Device Protection Rider** 

Coverage for repair or replacement of your cell phone if it is lost, stolen or accidently damaged on your trip.



### SHA INCLUDED SERVICES

### Pharmacy Discount Savings Universal Rx



PHYSICAL HEALTH

PERSONAL PROPERTY

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 program is not insurance coverage, it is purely a discount program.

### Teleconsultation (For groups only)

Teleconsultation 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. Teleconsultation does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for non-emergency medical care. The use of Teleconsultation will be considered as treatment inside the U.S. - PPO Network.

### SHA OPTIONAL RIDER

### 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      |

### Mobile Device Protection Rider (For individuals only)

Cell phones are essential when travelling internationally to keep you safe, connect with friends and family back home, and to take photos of your travels. Device protection is for individuals and provides coverage for repair or replacement of your cell phone when it becomes lost, stolen, or accidentally damaged. With Mobile Device Protection, you can continue your travels and stay digitally connected wherever you are in the world.











### SHAPLAN INFORMATION

### Eligibility

To be eligible to apply to the Student Health Advantage, 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

\*Eligible individuals may pay their rates on a monthly basis but will incur a 4 percent administration fee

### **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. For your convenience, we will send you this information and may also access it from the IMG website.

### 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 60 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 Student Health Advantage.

**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 AĆA. 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. 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.

peace of mind

### SHA 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 **precertification@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. 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 <a href="http://www.imglobal.com/member">http://www.imglobal.com/member</a> 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





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.

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 $\label{thm:condition} The \textit{UnitedHealth Group in the U.S.} \ and other \textit{jurisdictions}.$ 

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