





# 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<sup>SM</sup>, a one-of-a-kind international medical insurance plan that brings you Global Peace of Mind® when you're traveling 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<sup>(SM)</sup>, 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

#### SAFETY SOLUTIONS

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 crossborder 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.



#### 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.



#### 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.

#### STUDENT HEALTH ADVANTAGE



### 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.



Coverage Limit / Maximum Ar	nount for Eligible Me	edical Expenses	
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 Eli	gible Medical Expe	nses	
Benefits	In-Network	Out-of-Network	International
Coinsurance In addition to Deductible	Plan pays 90% Insured pays 10%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$1,000	Up to the Maximum Limit	\$0
Prece	ertification		
Interfacility Ambulance Transfer, Emergency Medical Evacuation	No coverag	e if Pre-certification requirements	are not met
All other Treatments & supplies	50% reduction of Eligible N	Medical Expenses if Pre-certificatio	n requirements are not met
Pre-existi	ng Conditions		
Charges resulting directly or indirectly from or relating to any Pre-existing Condition that maintained 12 months of con-	at existed within 36 months prior i tinuous coverage under this insura		until the Insured Person has
Student I	Health Center		
Copayment per visit  Not subject to the per Illness or Injury Deductible		\$5	
Coinsurance		Plan pays 100% Insured pays 0%	
Inpatient/Ou	utpatient Benefits		
Benefits	In-Network	Out-of-Network	International
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 that does not result in a direct Hospital admission.	90%	80%	100%
Teledoc Consultation (Groups only)	<ul> <li>Not subject to Deductible and Coinsurance</li> <li>Mental or Nervous Disorders are not covered</li> <li>Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-existing 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%
Chemotherapy / Radiation Therapy	90%	80%	100%
Pre-admission Testing	90%	80%	100%

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Inpatient/Outpatie	nt Benefits (Continu	ued)	
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 Dru	gs and Medication		
The following Prescription Drugs and Medication Period	d of Coverage limit accu	umulates toward the Ma	ximum Limit
Period of Coverage limit  Subject to the Coinsurance amounts listed below	<ul><li>Student: \$250,000 per perso</li><li>Dependents: Up to the Max</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%

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Emergency Services (Continued)			
Benefits	In-Network	Out-of-Network	International
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%
Othe	er Services		
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%
	Acc	idental Death: 100% of Principal S Student: \$25,000 Spouse: \$10,000 Child: \$5,000	Sum:
Accidental Dismemberment:		f Dringinal Cum	
Accidental Death & Dismemberment  Not subject to Deductible and Coinsurance  Death must occur within 90 days of the Accident	Loss Sight of 1 eye 1 hand or 1 foot 1 hand and loss 1 foot and loss o 1 hand and 1 foo Both hands or b Sight of both ey	50% 50% of sight of 1 eye 100% f sight of 1 eye 100% ot 100% oth feet 100%	f Principal Sum

90%

#### **Personal Liability**

Incidental Trip

• Maximum days: 14

Secondary to any other insurance

Country of Residence is outside the United States
 Refer to the INCIDENTAL TRIP provision for further details

- 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

80%

Injury to Third Person: Per Injury Deductible: \$100

Damage to Third Person's property: Per damage Deductible: \$100 100%

Coverage Limit/Maximum A	mount for Eligible Me	edical Expenses	
Maximum Limit	Student: \$1,000,000 Dependent: \$100,000		
Per Illness or Injury limit	Student: \$500,000 Dependent: \$100,000		
Benefits	In-Network	Out-of-Network	International
Deductible Options  Per Illness or Injury	\$100	\$150	\$25
Coinsurance for E	Eligible Medical Expe	nses	
Coinsurance In addition to Deductible	Plan pays 90% Insured pays 10%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	\$1,000	Up to the Maximum Limit	\$0
Pred	certification		
Interfacility Ambulance Transfer, Emergency Medical Evacuation	No coverag	e if Pre-certification requirements	are not met
Maternity	50% reduction of Eligible N	Medical Expenses if Pre-certificatio	n requirements are not met
All other Treatments & supplies	50% reduction of Eligible N	Medical Expenses if Pre-certificatio	n requirements are not met
Pre-exis	ting Conditions		
Charges resulting directly or indirectly from or relating to any Pre-existing Condition a	are excluded until the Insured Person insurance.	n has maintained 6 months of con	tinuous coverage under this
Student	· Health Center		
Copayment per visit  Not subject to the per Illness or Injury Deductible  \$5			
Coinsurance	Plan pays 100% Insured pays 0%		
Inpatient/C	Outpatient Benefits		
Benefits	In-Network	Out-of-Network	International
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%
Teledoc Consultation (Groups Only)	<ul> <li>Not subject to Deductible and Coinsurance</li> <li>Mental or Nervous Disorders are not covered</li> <li>Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-existing 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 Emergency Room visit for Treatment that does not result in a direct Hospital admission.	90%	80%	100%
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%

(CONTINUED)

Inpatient/Outpatie	ent Benefits (Continu	ued)	
Benefits	In-Network	Out-of-Network	International
Radiology / X-ray	90%	80%	100%
Chemotherapy / Radiation Therapy	90%	80%	100%
Pre-admission Testing	90%	80%	100%
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%
Maternity and Newborn Care  Maximum Limit: \$5,000  Pre-natal care, delivery of a Newborn, and post-natal care of an Insured Person, including complications  Newborn routine care during the first 31 days of life	80%	60%	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	d of Coverage limit accu	umulates toward the Ma	ximum Limit
Period of Coverage limit  Subject to the Coinsurance amounts listed below	<ul><li>Primary Insured Person: \$2.</li><li>Spouse and Child: Up to the</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%

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Emergency Services			
Benefits	In-Network	Out-of-Network	International
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%
Other	Services		
Benefits	In-Network	Out-of-Network	International
	Acc	idental Death: 100% of Principal S Student: \$25,000 Spouse: \$10,000 Child: \$5,000	Sum:
	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 1 hand or 1 foot 1 hand and loss 1 foot and loss o	50% 50% of sight of 1 eye 100% of sight of 1 eye 100%	f Principal Sum

Both hands or both feet

Sight of both eyes

90%

100%

100%

100%

80%

#### Incidental Trip

- Maximum days: 14
- Country of Residence is outside the United States Refer to the INCIDENTAL TRIP provision for further details

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Other Services (Continued)			
Benefits	In-Network	Out-of-Network	International
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	80%	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: \$10,00 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%

### Pharmacy Discount Savings Universal Rx



HEALTH

PHYSICAL

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.

#### Teladoc (For groups only)



Teladoc provides access to a national network of boardcertified 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.

#### 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











#### 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 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 Fréquently 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.

#### 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. 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

## LIMG

#### 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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