# STUDENT HEALTH ADVANTAGE℠



WORLDWIDE MEDICAL INSURANCE FOR INTERNATIONAL STUDENTS AND SCHOLARS

IMG®

# 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.

GLOBAL peace of mind®



## 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

## 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 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.



### 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.

*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.*

## 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.*





*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.*

*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 | |
|---|---|
| **Maximum Limit** | Student: $500,000 Dependent: $100,000 |
| **Per Illness or Injury limit** | Student: $300,000 Dependent: $100,000 |
| **Deductible**<br>▪ *Per Illness or Injury* | $250 |

| Coinsurance for Eligible Medical Expenses | | | |
|---|---|---|---|
| **Benefits** | **In-Network** | **Out-of-Network** | **International** |
| **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

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.

| Student Health Center | |
|---|---|
| **Copayment per visit**<br>▪ *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** | **International** |
| **Eligible Medical Expenses** | 90% | 80% | 100% |
| **Physician Visits/Services**<br>▪ *Maximum Visits per day: 1*<br>▪ *Surgery is not subject to the Maximum visit limit* | 90% | 80% | 100% |
| **Hospital Emergency Room**<br>▪ *Injury: Not subject to Emergency Room Deductible*<br>▪ *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)** | ▪ *Not subject to Deductible and Coinsurance*<br>▪ *Mental or Nervous Disorders are not covered*<br>▪ *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* | | |
| **Hospitalization / Room & Board**<br>▪ *Average semi-private room rate*<br>▪ *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% |

*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.*

*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)* | | | |
|---|---|---|---|
| **Benefits** | **In-Network** | **Out-of-Network** | **International** |
| **Surgery** | 90% | 80% | 100% |
| **Reconstructive Surgery**<br>▪ *Surgery is incidental to and follows Surgery that was covered under the plan* | 90% | 80% | 100% |
| **Assistant Surgeon**<br>▪ *20% of the primary surgeon's eligible fee* | 90% | 80% | 100% |
| **Anesthesia** | 90% | 80% | 100% |
| **Durable Medical Equipment** | 90% | 80% | 100% |
| **Chiropractic Care**<br>▪ *Medical order or Treatment plan required* | 90% | 80% | 100% |
| **Physical Therapy**<br>▪ *Maximum Visits per day: 1*<br>▪ *Medical order or Treatment plan required* | 90% | 80% | 100% |
| **Extended Care Facility**<br>▪ *Upon direct transfer from an acute care Hospital* | 90% | 80% | 100% |
| **Home Nursing Care**<br>▪ *Provided Py 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 | | | |
| **Period of Coverage limit**<br>▪ *Subject to the Coinsurance amounts listed below* | ▪ *Student: $250,000 per person*<br>▪ *Dependents: Up to the Maximum Limit ($100,000)* | | |
| **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**<br>▪ *Dispensing maximum for Retail Pharmacy: 90 days per prescription* | N/A | 50% | 50% |

MENTAL WELLNESS

| Mental or Nervous / Substance Abuse | | | |
|---|---|---|---|
| **Inpatient Mental or Nervous / Substance Abuse**<br>▪ *Maximum Limit: $10,000*<br>▪ *Not covered if incurred at the Student Health Center* | 90% | 80% | 100% |
| **Outpatient Mental or Nervous / Substance Abuse**<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 | | | |
|---|---|---|---|
| **Emergency Local Ambulance**<br>▪ *Period of Coverage Limit per Injury $350*<br>▪ *Period of Coverage Limit per Illness $350 (resulting in an Inpatient Hospitalization)* | 100% | 100% | 100% |
| **Emergency Medical Evacuation**<br>▪ *Maximum Limit: $500,000*<br>▪ *Must be approved in advance and coordinated by the Company* | 100% | 100% | 100% |
| **Emergency Reunion**<br>▪ *Maximum Limit: $50,000*<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% |



*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.*

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

CRISIS SUPPORT

PHYSICAL HEALTH

FINANCIAL PROTECTION

## Emergency Services *(Continued)*

| Benefits | In-Network | Out-of-Network | International |
|---|---|---|---|
| **Interfacility Ambulance Transfer**<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 Hospitalization* | 100% | 100% | N/A |
| **Political Evacuation and Repatriation**<br>▪ *Maximum Limit: $10,000*<br>▪ *Must be approved in advance by the Company* | 100% | 100% | 100% |
| **Repatriation for Medical Treatment**<br>▪ *Maximum Benefit: $100,000*<br>▪ *Approved in advance and coordinated by the Company*<br>▪ *Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details* | 100% | 100% | 100% |
| **Return of Mortal Remains**<br>▪ *Maximum Limit: $50,000*<br>▪ *Local Burial / Cremation at place of death*<br>▪ *Maximum Limit: $5,000*<br>▪ *Return of Insured Person's Mortal Remains to Country of Residence*<br>▪ *Must be approved in advance by the Company* | 100% | 100% | 100% |

## Other Services

| | | | |
|---|---|---|---|
| **Terrorism**<br>▪ *Not subject to Deductible and Coinsurance*<br>▪ *Maximum Limit: $50,000* | 100% | 100% | 100% |
| **Dental Treatment**<br>▪ *Period of Coverage Limit: $350*<br>*(Treatment due to Unexpected pain to sound, natural teeth)*<br>▪ *Period of Coverage Limit per Injury: $500*<br>(Non-emergency Treatment by a Dental Provider due to an Accident) | N/A | 90% | 100% |
| **Traumatic Dental Injury**<br>▪ *Treatment at a Hospital Facility due to an Accident*<br>▪ *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**<br>▪ *Period of Coverage Limit per illness or injury: $5,000* | 90% | 80% | 100% |
| **Accidental Death & Dismemberment**<br>▪ *Not subject to Deductible and Coinsurance*<br>▪ *Death must occur within 90 days of the Accident* | Accidental Death: 100% of Principal Sum:<br>Student: $25,000<br>Spouse: $10,000<br>Child: $5,000<br><br>Accidental Dismemberment:<br>Loss — Percent of Principal Sum<br>Sight of 1 eye — 50%<br>1 hand or 1 foot — 50%<br>1 hand and loss of sight of 1 eye — 100%<br>1 foot and loss of sight of 1 eye — 100%<br>1 hand and 1 foot — 100%<br>Both hands or both feet — 100%<br>Sight of both eyes — 100% | | |
| **Incidental Trip**<br>▪ *Maximum days: 14*<br>▪ *Country of Residence is outside the United States*<br>▪ *Refer to the INCIDENTAL TRIP provision for further details* | 90% | 80% | 100% |
| **Personal Liability**<br>▪ *Secondary to any other insurance*<br>▪ *No coverage for Injury to a related Third Party or damage to related Third Person's property*<br>▪ *Refer to the PERSONAL LIABILITY provision for further details and requirements* | Combined Maximum Limit: $10,000<br><br>Injury to Third Person:<br>Per Injury Deductible: $100<br><br>Damage to Third Person's property:<br>Per damage Deductible: $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.*

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



## Coverage Limit/Maximum Amount for Eligible Medical 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**<br>▪ *Per Illness or Injury* | $100 | $150 | $25 |

## 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 |
| **Maternity** | 50% reduction of Eligible Medical Expenses 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

Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded until the Insured Person has maintained 6 months of continuous coverage under this insurance.

## Student Health Center

| | |
|---|---|
| **Copayment per visit**<br>▪ *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 | International |
|---|---|---|---|
| **Eligible Medical Expenses** | 90% | 80% | 100% |
| **Physician Visits/Services**<br>▪ *Maximum Visits per day: 1*<br>▪ *Surgery is not subject to the Maximum visit limit* | 90% | 80% | 100% |
| **Teledoc Consultation (Groups Only)** | ▪ *Not subject to Deductible and Coinsurance*<br>▪ *Mental or Nervous Disorders are not covered*<br>▪ *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* | | |
| **Hospital Emergency Room**<br>▪ *Injury: Not subject to Emergency Room Deductible*<br>▪ *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**<br>▪ *Average semi-private room rate*<br>▪ *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% |



*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.*

*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)*

| 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**<br>▪ *Surgery is incidental to and follows Surgery that was covered under the plan* | 90% | 80% | 100% |
| **Assistant Surgeon**<br>▪ *20% of the primary surgeon's eligible fee* | 90% | 80% | 100% |
| **Anesthesia** | 90% | 80% | 100% |
| **Maternity and Newborn Care**<br>▪ *Maximum Limit: $5,000*<br>▪ *Pre-natal care, delivery of a Newborn, and post-natal care of an Insured Person, including complications*<br>▪ *Newborn routine care during the first 31 days of life* | 80% | 60% | 100% |
| **Durable Medical Equipment** | 90% | 80% | 100% |
| **Chiropractic Care**<br>▪ *Medical order or Treatment plan required* | 90% | 80% | 100% |
| **Physical Therapy**<br>▪ *Maximum Visits per day: 1*<br>▪ *Medical order or Treatment plan required* | 90% | 80% | 100% |
| **Extended Care Facility**<br>▪ *Upon direct transfer from an acute care Hospital* | 90% | 80% | 100% |
| **Home Nursing Care**<br>▪ *Provided Py 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

| | | | |
|---|---|---|---|
| **Period of Coverage limit**<br>▪ *Subject to the Coinsurance amounts listed below* | ▪ *Primary Insured Person: $250,000 per person*<br>▪ *Spouse and Child: Up to the Maximum Limit ($100,000)* | | |
| **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**<br>▪ *Dispensing maximum for Retail Pharmacy: 90 days per prescription* | N/A | 50% | 50% |

MENTAL WELLNESS

## Mental or Nervous/Substance Abuse

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

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



## Emergency Services

| Benefits | In-Network | Out-of-Network | International |
|---|---|---|---|
| **Emergency Local Ambulance**<br>▪ *Period of Coverage Limit per Injury $750*<br>▪ *Period of Coverage Limit per Illness $750 (resulting in an Inpatient Hospitalization)* | 100% | 100% | 100% |
| **Emergency Medical Evacuation**<br>▪ *Maximum Limit: $500,000*<br>▪ *Must be approved in advance and coordinated by the Company* | 100% | 100% | 100% |
| **Emergency Reunion**<br>▪ *Maximum Limit: $50,000*<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% |
| **Interfacility Ambulance Transfer**<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 Hospitalization* | 100% | 100% | N/A |
| **Political Evacuation and Repatriation**<br>▪ *Maximum Limit: $10,000*<br>▪ *Must be approved in advance by the Company* | 100% | 100% | 100% |
| **Repatriation for Medical Treatment**<br>▪ *Maximum Benefit: $100,000*<br>▪ *Approved in advance and coordinated by the Company*<br>▪ *Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details* | 100% | 100% | 100% |
| **Return of Mortal Remains**<br>▪ *Maximum Limit: $50,000*<br>▪ *Local Burial / Cremation at place of death*<br>  ▪ *Maximum Limit: $5,000*<br>▪ *Return of Insured Person's Mortal Remains to Country of Residence*<br>▪ *Must be approved in advance by the Company* | 100% | 100% | 100% |



## Other Services

| Benefits | In-Network | Out-of-Network | International |
|---|---|---|---|
| **Accidental Death & Dismemberment**<br>▪ *Not subject to Deductible and Coinsurance*<br>▪ *Death must occur within 90 days of the Accident* | Accidental Death: 100% of Principal Sum:<br>Student: $25,000<br>Spouse: $10,000<br>Child: $5,000<br><br>Accidental Dismemberment:<br>Loss — Percent of Principal Sum<br>Sight of 1 eye — 50%<br>1 hand or 1 foot — 50%<br>1 hand and loss of sight of 1 eye — 100%<br>1 foot and loss of sight of 1 eye — 100%<br>1 hand and 1 foot — 100%<br>Both hands or both feet — 100%<br>Sight of both eyes — 100% | | |
| **Incidental Trip**<br>▪ *Maximum days: 14*<br>▪ *Country of Residence is outside the United States*<br>▪ *Refer to the INCIDENTAL TRIP provision for further details* | 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.*

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

PHYSICAL HEALTH

FINANCIAL PROTECTION

CRISIS SUPPORT

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

## SHA 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.

## SHA OPTIONAL RIDER

PHYSICAL HEALTH

### Adventure Sports Rider

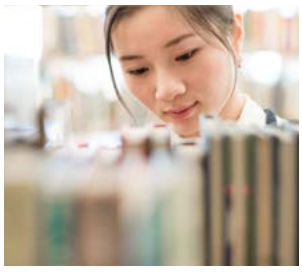
The Adventure Sports Rider is available on the Patriot Exchange Program for individuals and groups, and their dependents, up to the age of 65. Certain activities designated as adventure sports can be covered up to the maximums listed below. Certain activities are never covered, regardless of whether 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 |













*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.*

### 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 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.*

## 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℠ 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℠

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

# STUDENT HEALTH ADVANTAGE℠



IMG®

**Producer Contact Information**

HealthLife Group, LLC
5565 Roberts Drive
Suite 100
Atlanta, GA 30338
Phone: 678-395-4052
Fax: 866-480-7462
info@healthlifegroup.com
http://www.healthlifegroup.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.*