STUDENT HEALTH ADVANTAGESM

Worldwide medical insurance for international students and scholars

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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 [®]



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.



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.



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.



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.



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.

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



PLAN DETAILS

PHYSICAL HEALTH

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Chemotherapy / Radiation Therapy 90% 80% 100%	Laboratory	90%	80%	100%	
	Radiology / X-ray	90%	80%	100%	
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	chemotherapy / hudidition merupy				

STUDENT HEALTH ADVANTAGE

SUMMARY OF BENEFITS (CONTINUED)

Inpatient/Outpatient I	Benefits (Continued	d)	
Benefits	In-Network	Out-of-Network	Internationa
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	Coverage limit accum	ulates toward the Maxir	num Limit
Period of Coverage limit Student: \$250,000 per person 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 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%

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.

STUDENT HEALTH ADVANTAGE

CRISIS SUPPORT

PHYSICAL HEALTH

FINANCIAL PROTECTION

P E R S O N A L P R O P E R T Y SUMMARY OF BENEFITS (CONTINUED)

Emergency Services (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 Ser	rvices		
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%
	Accie	dental Death: 100% of Principal Student: \$25,000 Spouse: \$10,000 Child: \$5,000	Sum:
	A	ccidental Dismembermer	it:
 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 of sig 1 foot and loss of sig 1 hand and 1 foot Both hands or both Sight of both eyes	50% 50% ight of 1 eye 100% jht of 1 eye 100% 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%
 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 Injury to Third Person: Per Injury Deductible: \$100 Pamage to Third Person's propert Per damage Deductible: \$100	
 No coverage for Injury to a related Third Party or damage to related Third Person's property 		amage to Third Person's proper	y:

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 Limit/Maximu	Jm Amoun	t for Eligible Medic	cal Expenses	
laximum Limit Student: \$1,000,000 Dependent: \$100,000			0,000	
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	e for Eligible	e Medical Expense	s	
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
	Precertific	ation		
Interfacility Ambulance Transfer, Emergency Medical Evacuation	n	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 me
All other Treatments & supplies		50% reduction of Eligible Me	edical Expenses if Pre-certification	on requirements are not me
Pre	e-existing C	onditions		
Charges resulting directly or indirectly from or relating to any Pre-existing Co	ndition are exclude insurance		maintained 6 months of contir	nuous coverage under this
Stu	udent Healt	h Center		
Copayment per visit Not subject to the per Illness or Injury Deductible		\$5		
Coinsurance			Plan pays 100% Insured pays 0%	
Inpatie	ent/Outpat	tient 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%
Teleconsultation (Groups Only)		 Not subject to Deductible and Coinsurance Mental or Nervous Disorders are not covered Coverage for a Teleconsultation 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 indiritied during a Teleconsultation 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 Injury: Not subject to Emergency Room Deductible Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treat not result in a direct Hospital admission. 	ment that does	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%

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.

STUDENT HEALTH ADVANTAGE PLATINUM

SUMMARY OF BENEFITS (CONTINUED)

Inpatient/Outpatient B	enefits (Continuea)	
	In-Network	Out-of-Network	
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 c	and Medication		
Period of Coverage limit Subject to the Coinsurance amounts listed below 	Primary Insured Person:Spouse and Child: Up to	\$250,000 per person 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 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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STUDENT HEALTH ADVANTAGE PLATINUM

SUMMARY OF BENEFITS (CONTINUED)

Emergency Services			
		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 Ser	rvices		
		Out-of-Network	International
	Accic	lental Death: 100% of Principal 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 of si 1 foot and loss of si 1 hand and 1 foot Both hands or both Sight of both eyes	50% 50% ight of 1 eye 100% ght of 1 eye 100% 100%	t 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%

CRISIS SUPPORT

FINANCIAL PROTECTION

STUDENT HEALTH ADVANTAGE PLATINUM

SUMMARY OF BENEFITS (CONTINUED)

	Other Services (Continued)			
	Benefits		Out-of-Network	International
PHYSICAL HEALTH	 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%
FINANCIAL PROTECTION	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		
C R I S I S U P P O R T	Terrorism Not subject to Deductible and Coinsurance Maximum Limit: \$50,000 	100%	100%	100%
A L A L	Mobile Device Protection Rider			
P E R S O N A L P R O P E R T Y	Mobile Device Protection Rider		pair or replacement of your cell p n or accidently damaged on you	



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SHA OPTIONAL RIDER

PROTECTION

Pharmacy Discount Savings **Universal Rx**



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)

PHYSICAL HEALTH

FINANCIAL

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.

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.

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PHYSICAL HEALTH

PERSONAL PROPERTY

SHA PLAN 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.

GLOBAL 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 <u>http://www.imglobal.com/member</u> 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, MyIMGSM 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®

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 AccessSM



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





Producer Contact Information

The Whitcomb Agency P.O. BOX 2722 CEDAR PARK, TX 78630 Phone: 512-528-4652 info@thewhitcombagency.com

http://www.thewhitcombagency.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. © 2007-2024 International Medical Group, Inc. All rights reserved.

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