



PATRIOT

Multi-Trip<sup>SM</sup>



Travel medical insurance for individuals, families and  
groups of five or more taking multiple trips annually



# WHY PATRIOT MULTI-TRIP?

Patriot Multi-Trip is designed for individuals, families, and groups of five or more who travel frequently outside of their country of residence throughout the year. The annual plan — renewable up to a total of 36

months — is available for U.S. and non-U.S. residents who are under the age of 79. During the application process, you can choose a maximum trip duration of 30, 60, or 90 days.

INSIDE THE U.S.



Patriot Multi-Trip<sup>SM</sup>  
A M E R I C A

|                                                             |                                                  |
|-------------------------------------------------------------|--------------------------------------------------|
| Maximum Limits                                              | Up to age 69: \$1,000,000<br>Age 70-79: \$50,000 |
| Deductible                                                  | \$250                                            |
| Extensions                                                  | Up to 36 continuous months                       |
| Coinsurance (In-Network)                                    | 100% up to the maximum limit                     |
| Coinsurance (Out-of-Network)                                | 80% up to \$1,000, then 100%                     |
| Sudden and Unexpected Recurrence of Pre-existing Conditions | \$5,000 maximum limit                            |

OUTSIDE THE U.S.



Patriot Multi-Trip<sup>SM</sup>  
I N T E R N A T I O N A L

|                                                             |                                                  |
|-------------------------------------------------------------|--------------------------------------------------|
| Maximum Limits                                              | Up to age 69: \$1,000,000<br>Age 70-79: \$50,000 |
| Deductible                                                  | \$250                                            |
| Extensions                                                  | Up to 36 continuous months                       |
| Coinsurance                                                 | 100% up to the maximum limit                     |
| Sudden and Unexpected Recurrence of Pre-existing Conditions | \$5,000 maximum limit                            |



## 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.*



### 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.



### FINANCIAL PROTECTION

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



### CRISIS SUPPORT

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



### PERSONAL PROPERTY

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



# SUMMARY OF BENEFITS

The following benefits and coverage levels are shared across all Patriot Multi-Trip products:

| PHYSICAL HEALTH | Benefit                                                                                                       | Coverage                                                                                                                                                                                                                      |
|-----------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                 | Inpatient or Outpatient Services                                                                              |                                                                                                                                                                                                                               |
|                 | Eligible Medical Expenses                                                                                     | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Physician Visits / Services                                                                                   | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Urgent Care Clinic                                                                                            | \$25 copayment. Copayment is not applicable if the declaration states a \$0 deductible. Not subject to deductible                                                                                                             |
|                 | Walk-in Clinic                                                                                                | \$25 copayment. Copayment is not applicable if the declaration states a \$0 deductible. Not subject to deductible                                                                                                             |
|                 | Hospital Emergency Room:<br><i>Inside the U.S.</i>                                                            | 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 direct inpatient hospital admission. Up to the maximum limit. |
|                 | Hospital Emergency Room:<br><i>Outside the U.S.</i>                                                           | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Hospitalization / Room & Board                                                                                | Average semi-private room rate up to the maximum limit, includes Nursing services, miscellaneous and Ancillary services                                                                                                       |
|                 | Intensive Care                                                                                                | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Bedside Visit<br><i>Hospitalized in an Intensive Care Unit</i>                                                | \$1,500 maximum limit. Not subject to deductible.                                                                                                                                                                             |
|                 | Outpatient Surgical / Hospital Facility                                                                       | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Laboratory                                                                                                    | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Radiology / X-ray                                                                                             | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Chemotherapy / Radiation Therapy                                                                              | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Pre-Admission Testing                                                                                         | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Surgery                                                                                                       | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Reconstructive Surgery<br><i>Surgery is incidental to and follows surgery that was covered under the plan</i> | Up to maximum limit                                                                                                                                                                                                           |
|                 | Assistant Surgeon                                                                                             | 20% of the primary surgeon's eligible fee                                                                                                                                                                                     |
|                 | Anesthesia                                                                                                    | Up to the maximum limit                                                                                                                                                                                                       |
|                 | Durable Medical Equipment                                                                                     | Up to the maximum limit                                                                                                                                                                                                       |

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| Benefit         |                                                                                                                                                                                                                                         | Coverage                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| PHYSICAL HEALTH | <b>Inpatient or Outpatient Services</b>                                                                                                                                                                                                 |                                                                                                                                        |
|                 | <b>Chiropractic Care</b><br><i>Medical order or treatment plan required</i>                                                                                                                                                             | Up to the maximum limit                                                                                                                |
|                 | <b>Physical Therapy</b><br><i>Medical order or treatment plan required</i>                                                                                                                                                              | Up to the maximum limit                                                                                                                |
|                 | <b>Extended Care Facility</b><br><i>Upon direct transfer from an acute care facility</i>                                                                                                                                                | Up to the maximum limit                                                                                                                |
|                 | <b>Home Nursing Care</b><br><i>Upon direct transfer from an acute care facility</i>                                                                                                                                                     | Up to the maximum limit                                                                                                                |
| CRISIS SUPPORT  | <b>Prescription Drugs and Medication</b>                                                                                                                                                                                                |                                                                                                                                        |
|                 | <b>Prescription Drugs and Medication</b><br><i>Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits<br/>Dispensing maximum for Retail Pharmacy: 90 days per prescription</i> | Through age 69 Maximum Limit: \$250,000 per period of insurance<br>Ages 70 to 79 Maximum Limit: Up to the period of coverage limit     |
|                 | <b>Emergency Services</b>                                                                                                                                                                                                               |                                                                                                                                        |
|                 | <b>Emergency Local Ambulance</b><br><i>Injury or illness resulting in an inpatient hospital admission</i>                                                                                                                               | Up to the maximum limit. Subject to deductible and coinsurance.                                                                        |
|                 | <b>Emergency Medical Evacuation</b><br><i>Must be approved in advance and coordinated by the company</i>                                                                                                                                | Through age 65 maximum limit: Up to the period of coverage limit<br>Ages 66 to 79 maximum limit: \$50,000<br>Not subject to deductible |
|                 | <b>Emergency Reunion</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                           | \$100,000 maximum limit. Not subject to deductible. 15 day maximum.                                                                    |
|                 | <b>Interfacility Ambulance Transfer</b><br><i>Transfer from one licensed health care facility to another licensed health care facility resulting in an inpatient hospital admission</i>                                                 | Company pays 100%. Not subject to deductible.                                                                                          |
|                 | <b>Natural Disaster Evacuation</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                 | \$25,000 maximum limit .                                                                                                               |
|                 | <b>Political Evacuation &amp; Repatriation</b><br><i>Must be approved in advance by the company</i>                                                                                                                                     | \$100,000 maximum limit. Not subject to deductible.                                                                                    |
|                 | <b>Return of Minor Children</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                    | \$100,000 maximum limit. Not subject to deductible.                                                                                    |
|                 | <b>Remote Transportation</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                       | \$20,000 maximum limit                                                                                                                 |
|                 | <b>Return of Mortal Remains or Cremation/Burial</b><br><i>Must be approved in advance by the company</i>                                                                                                                                | Up to the maximum limit                                                                                                                |

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

# SUMMARY OF BENEFITS



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|                      | Benefit                                                                                                                                       | Coverage                                                                                                                                                                                                                                                |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FINANCIAL PROTECTION | Other Services                                                                                                                                |                                                                                                                                                                                                                                                         |
|                      | <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b><br><i>Death must occur within 90 days of the accident</i>                              | \$50,000 principal sum. Not subject to deductible.                                                                                                                                                                                                      |
|                      | <b>Common Carrier Accidental Death</b>                                                                                                        | \$25,000 per insured child, \$100,000 per insured adult, \$250,000 maximum limit per family. Not subject to deductible or coinsurance.                                                                                                                  |
|                      | <b>Identity Theft</b>                                                                                                                         | \$500 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                          |
|                      | <b>Personal Liability</b><br><i>Secondary to any other insurance</i>                                                                          | \$25,000 combined maximum limit. Injury to a third person: \$100 per injury deductible. Damage to a third person's property: \$100 per damage deductible. No coverage for injury to a related third party or damage to related third person's property. |
|                      | <b>Pet Return</b><br><i>For a pet cat or dog traveling with the insured person</i>                                                            | \$1,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                        |
|                      | <b>Small Pet Common Air Carrier Accidental Death Benefit</b><br><i>For a pet cat or dog up to 30 pounds traveling with the insured person</i> | \$500 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                          |
| PHYSICAL HEALTH      | <b>Return Travel</b>                                                                                                                          | \$10,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                       |
|                      | <b>Dental Treatment</b>                                                                                                                       | \$300 maximum limit due to dental accident or unexpected pain to sound natural teeth. Subject to deductible and coinsurance.                                                                                                                            |
|                      | <b>Traumatic Dental Injury</b><br><i>Treatment at a hospital due to an accident</i>                                                           | Up to the maximum limit. Additional treatment for the same injury rendered by a dental provider will be paid at 100%. Subject to deductible and coinsurance.                                                                                            |
|                      | <b>Emergency Eye Examination</b><br><i>Loss or damage to prescription corrective lenses due to an accident</i>                                | \$150 maximum limit. \$50 deductible per occurrence.                                                                                                                                                                                                    |
| CRISIS SUPPORT       | <b>Hospital Indemnity</b>                                                                                                                     | \$250 per overnight inpatient confinement, maximum limit of 10 overnights. Not subject to deductible or coinsurance.                                                                                                                                    |
|                      | <b>Natural Disaster</b>                                                                                                                       | \$250 per day and maximum limit of five days for accommodations. Not subject to deductible or coinsurance.                                                                                                                                              |
|                      | <b>Terrorism</b>                                                                                                                              | \$50,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                       |
| PERSONAL PROPERTY    | <b>Lost Luggage</b>                                                                                                                           | Maximum Limit per item \$150, \$500 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                            |



# INNOVATIVE TECHNOLOGY & MEMBER SERVICES

## Self-Service Capabilities



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 via our website and through IMG's mobile app to plan documents, claim management tools, Explanations of Benefits, and much more.

## 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.*

## U.S. Network Access



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

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

## International Provider Access<sup>SM</sup>



Travelers outside of the U.S. can also enjoy access to quality healthcare worldwide with our proprietary IPA network that includes:

- » Over 18,550 physicians and facilities
- » Direct billing arrangements that minimize time and upfront expense



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# EXPAND YOUR COVERAGE

It's easy to customize your coverage to best meet your needs while away from home. When submitting your application, simply add the riders you need to the plan you've selected.



PHYSICAL HEALTH

## ■ Adventure Sports Rider

If you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Rider provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your insurance policy.

### Lifetime Maximum

Age 0-49: \$50,000

Age 50-59: \$30,000

Age 60-64: \$15,000

CRISIS SUPPORT

## ■ Evacuation Plus Rider\*

While Patriot Multi-Trip provides emergency medical evacuation coverage for life-threatening injuries and illness, the Evacuation Plus Rider provides coverage up to \$25,000 for medical evacuations if you experience a sudden, non-life-threatening medical condition that requires hospitalization. IMG will arrange and cover ground and air transportation to the nearest hospital capable of providing treatment.

**Note:** Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments.

*\*Rider option is available on individual plans only.*

PERSONAL PROPERTY

## ■ Mobile Device Protection Rider\*\*

Cell phones are essential when traveling internationally to keep you safe, connect with friends and family back home, and to take photos of your travels. Device protection provides coverage for repair or replacement of your cell phone if it is lost, stolen, or accidentally damaged during your trip—so you can continue your trip uninterrupted and stay digitally connected wherever you are in the world.

*\*\*Rider option is available on individual plans only.*

PHYSICAL HEALTH

## ■ Telehealth Rider

If you'd like the option of seeing a doctor virtually during your trip in case of a non-emergency medical issue, consider adding the Telehealth rider. With Telehealth you have access to board-certified doctors 24/7 without having to visit an office. Your provider can meet with you over the phone or via a video consultation, and can help diagnose and treat non-emergency medical problems.

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# PATRIOT MULTI-TRIP<sup>SM</sup>

## TRAVEL MEDICAL INSURANCE

### HOW TO GET COVERED

- 1** **Step 1:**  
Contact your producer directly or to apply online.
- 2** **Step 2:**  
Complete your online application: If applying as a family, you may include yourself, your spouse, and dependents on one application. Please complete a group application if you have two or more primary insureds.
- 3** **Step 3:**  
Receive a fulfillment kit that includes an identification card, declaration of insurance, and a Certificate of Insurance outlining the details of the plan. Welcome to the IMG family!

### HOW TO RENEW YOUR COVERAGE

The Patriot Multi-Trip individual and group plans may be renewed (unless there is a break in coverage) in increments of 12 months up to a total of 36 continuous months. Any one period of coverage may not exceed 12 months. *Please note: Renewal premium rates may differ from initial rates.*

### PROTECT YOUR INVESTMENT

IMG also offers trip cancellation plans to help protect your travel investment. There are different plan options specifically designed for your needs. For more information, please contact your trusted insurance producer.

**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA-compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including, without limitation, PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Patriot Multi-Trip Medical Insurance, please see IMG's Frequently Asked Questions at [www.imglobal.com/faq](http://www.imglobal.com/faq).







UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.



GLOBAL  
*peace of mind*<sup>®</sup>





# PATRIOT

## Multi-Trip<sup>SM</sup>



### Partner Contact Information

GENERALCOVER, LLC  
14707 S Dixie Hwy Suite 320  
Palmetto Bay, FL 33176  
Phone: 855-944-0107  
[info@mygeneralcover.com](mailto:info@mygeneralcover.com)  
<http://www.mygeneralcover.com>



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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