

Short-term travel medical insurance for individuals, families, and groups



# PATRIOT

Travel Series





## GET COVERED AWAY FROM HOME.

Traveling abroad is an exciting experience, but unpredictable illnesses and accidents can happen. Most travelers assume they're already covered by their standard medical plan—but that isn't always the case. While domestic plans provide sufficient coverage at home, most are not designed to provide the coverage and assistance required for international travel.

Each plan within the Patriot Travel Series provides various levels of coverage for individuals, families, and groups who need temporary medical insurance while traveling for business or pleasure anywhere outside of their home country. Ideal for international vacationers, relatives visiting from overseas, and international business travelers, each plan is designed to protect you in the event of an illness or injury when traveling abroad and provide key medical benefits in case of emergency.

Choose the Patriot Travel plan that meets your needs, and spend more time enjoying your international experience—not worrying about your medical coverage.

*BE  
There.*

## INTERNATIONAL MEDICAL GROUP®

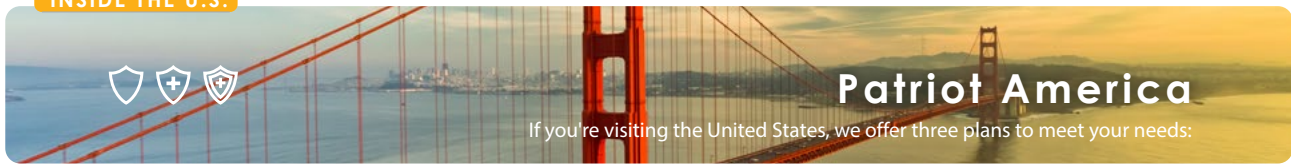
Since 1990, **IMG®** has provided global benefits and assistance services to millions of customers in nearly every country around the world. Owned by SiriusPoint\*, a multibillion-dollar, AM Best "A-" rated insurance industry leader, IMG is uniquely positioned to deliver the **Global Peace of Mind®** our members need.

- » **24/7 medical and travel assistance services**
- » **Multilingual staff and claims administrators**
- » **Highly trained customer service professionals**
- » **Customer service centers located in the U.S. and UK**
- » **Financial security to fulfill our promise when you need it most**

\*SiriusPoint is the DBA of SiriusPoint Ltd.

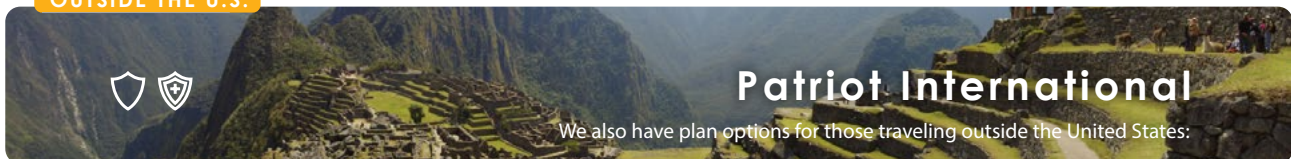


## INSIDE THE U.S.



|                                        | LITE                         | PLUS                         | PLATINUM                     |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| Maximum Limits                         | Up to \$1 million            | Up to \$1 million            | Up to \$8 million            |
| Deductible                             | \$0 to \$2,500               | \$0 to \$2,500               | \$0 to \$25,000              |
| Extensions                             | Up to 24 continuous months   | Up to 24 continuous months   | Up to 36 continuous months   |
| Emergency Medical Evacuation           | \$1 million                  | \$1 million                  | Up to the maximum limit      |
| Coinsurance (In-Network)               | 100% up to the maximum limit | 100% up to the maximum limit | 100% up to the maximum limit |
| Coinsurance (Out-of-Network)           | 80% up to \$5,000, then 100% | 80% up to \$5,000, then 100% | 90% up to \$5,000, then 100% |
| COVID-19 Coverage                      |                              | ✓                            | ✓                            |
| Acute Onset of Pre-Existing Conditions |                              | ✓                            | ✓                            |
| Travel Intelligence                    |                              |                              | ✓                            |
| Telehealth                             |                              |                              | ✓                            |
| Evacuation Plus                        |                              |                              | ✓                            |

## OUTSIDE THE U.S.



|                                        | LITE                         | PLATINUM                     |
|----------------------------------------|------------------------------|------------------------------|
| Maximum Limits                         | Up to \$1 million            | Up to \$8 million            |
| Deductible                             | \$0 to \$2,500               | \$0 to \$25,000              |
| Extensions                             | Up to 24 continuous months   | Up to 36 continuous months   |
| Emergency Medical Evacuation           | \$1 million                  | Up to the maximum limit      |
| Coinsurance                            | 100% up to the maximum limit | 100% up to the maximum limit |
| Incidental Emergency in the U.S.       | Up to 2 weeks                | Up to 2 weeks                |
| COVID-19 Coverage                      | ✓                            | ✓                            |
| Acute Onset of Pre-Existing Conditions | ✓                            | ✓                            |
| Travel Intelligence                    |                              | ✓                            |
| Telehealth                             |                              | ✓                            |
| Evacuation Plus                        |                              | ✓                            |

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.





## PREMIUM BENEFITS

The following benefits vary by Patriot Travel Series plan level selected:

### ■ COVID-19 Coverage

The COVID-19 pandemic has changed the way we think about travel. With COVID-19 coverage, charges for treatment resulting from COVID-19/SARS-CoV-2 are covered the same as any other illness covered under the policy.

### ■ Acute Onset of Pre-Existing Conditions

Should you experience a sudden and unexpected outbreak or recurrence of a pre-existing condition, this coverage provides necessary emergency care for any medical emergency that is life threatening or requires immediate medical treatment. Coverage is available for travelers under age 70, and maximum limits vary by plan and age.

### ■ Travel Intelligence

With IMG Travel Intelligence, you can get location-specific alerts across ten threat categories that span health, transportation, security, and weather. Leverage location-specific travel intelligence, like travel tips, tools, and key insights from local analysts.

### ■ Telehealth

Telehealth 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. Telehealth does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for non-emergency medical care.

### ■ Evacuation Plus

While all Patriot plans provide emergency medical evacuation coverage for life-threatening injuries and illness, Evacuation Plus 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.

WORRY LESS.  
*Experience more.*

Designed for...

Vacations      Visitors      Business

## SUMMARY OF BENEFITS

The following benefits and coverage levels are shared across all Patriot Travel Series products:

| Benefit                                                                                                       | Coverage                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient or Outpatient Services</b>                                                                       |                                                                                                                                                                                                                           |
| Eligible Medical Expenses                                                                                     | Up to the maximum limit                                                                                                                                                                                                   |
| Physician Visits / Services                                                                                   | Up to the maximum limit                                                                                                                                                                                                   |
| Urgent Care Clinic                                                                                            | \$25 copay. Copay is not applicable when the \$0 deductible is selected.<br>Not subject to deductible.                                                                                                                    |
| Walk-in Clinic                                                                                                | \$15 copay. Copay is not applicable when the \$0 deductible is selected.<br>Not subject to deductible.                                                                                                                    |
| Hospital Emergency Room:<br><i>Inside the U.S.</i>                                                            | Injury not subject to emergency room deductible. Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in 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.<br>Includes nursing service.                                                                                                                                      |
| Intensive Care                                                                                                | Up to the maximum limit                                                                                                                                                                                                   |
| Bedside Visit<br><i>Hospitalized in an intensive care unit</i>                                                | \$1,500 maximum limit.<br>Not subject to deductible.                                                                                                                                                                      |
| Remote Transportation                                                                                         | \$5,000 per period; \$20,000 lifetime maximum                                                                                                                                                                             |
| Supplemental Accident                                                                                         | \$300 per covered accident                                                                                                                                                                                                |
| 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 the maximum limit                                                                                                                                                                                                   |

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## SUMMARY OF BENEFITS

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| Benefit                                                                                                                                                                          | Coverage                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assistant Surgeon                                                                                                                                                                | 20% of the primary surgeon's eligible fee                                                                                                                                                       |
| Anesthesia                                                                                                                                                                       | Up to the maximum limit                                                                                                                                                                         |
| Durable Medical Equipment                                                                                                                                                        | Up to the maximum limit                                                                                                                                                                         |
| Chiropractic Care<br><i>Medical order or treatment plan required</i>                                                                                                             | Up to the maximum limit                                                                                                                                                                         |
| Physical Therapy<br><i>Medical order or treatment plan required</i>                                                                                                              | Up to the maximum limit                                                                                                                                                                         |
| Extended Care Facility<br><i>Upon direct transfer from an acute care facility</i>                                                                                                | Up to the maximum limit                                                                                                                                                                         |
| Home Nursing Care<br><i>Upon direct transfer from an acute care facility</i>                                                                                                     | Up to the maximum limit                                                                                                                                                                         |
| Prescriptions                                                                                                                                                                    |                                                                                                                                                                                                 |
| Prescription Drugs and Medications<br><i>(Dispensing limit per prescription: 90 days)</i>                                                                                        | Up to the maximum limit                                                                                                                                                                         |
| Emergency Services                                                                                                                                                               |                                                                                                                                                                                                 |
| Emergency Local Ambulance<br><i>Injury or illness resulting in an inpatient hospital admission</i>                                                                               | Up to the maximum limit. Subject to deductible and coinsurance.                                                                                                                                 |
| Emergency Reunion<br><i>Must be approved in advance by the company</i>                                                                                                           | \$100,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                              |
| Interfacility Ambulance Transfer<br><i>Transfer from one licensed health care facility to another licensed health care facility resulting in an inpatient hospital admission</i> | IMG pays 100%                                                                                                                                                                                   |
| Natural Disaster Evacuation<br><i>Must be approved in advance by the company</i>                                                                                                 | \$25,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                               |
| Political Evacuation & Repatriation<br><i>Must be approved in advance by the company</i>                                                                                         | \$100,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                              |
| Return of Minor Children<br><i>Must be approved in advance by the company</i>                                                                                                    | \$100,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                              |
| Return of Mortal Remains or Cremation/Burial<br><i>Must be approved in advance by the company</i>                                                                                | Up to the maximum limit for return of mortal remains or ashes to country of residence, or \$5,000 maximum limit for cremation or local burial at the place of death. Not subject to deductible. |

## SUMMARY OF BENEFITS

The following benefits and coverage levels are shared across all Patriot Travel Series products:

| Benefit                                                                                                                                       | Coverage                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Other Services</b>                                                                                                                         |                                                                                                                                                                                                                                                         |
| <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>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 limit. \$50 deductible per occurrence. Subject to coinsurance.                                                                                                                                                                                    |
| <b>Hospital Indemnity</b>                                                                                                                     | \$250 per overnight inpatient confinement, maximum limit of 10 overnights. Not subject to deductible or coinsurance.                                                                                                                                    |
| <b>Identity Theft</b>                                                                                                                         | \$500 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                          |
| <b>Lost Luggage</b>                                                                                                                           | \$50 per item, \$500 maximum limit. 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>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.                                                                                                                                                                                          |
| <b>Terrorism</b>                                                                                                                              | \$50,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                       |
| <b>Return Travel</b>                                                                                                                          | \$10,000 maximum limit. Not subject to deductible or coinsurance.                                                                                                                                                                                       |

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## INNOVATIVE TECHNOLOGY & MEMBER SERVICES

### ■ Self-Service Member Portal



MyIMG<sup>SM</sup> provides service at your fingertips, giving you the information and tools to manage your IMG plans anytime, anywhere, through award-winning, easy-to-use technology. You'll have immediate access to these important resources online, including our 24/7/365 service centers, plan document access, claims management tools, Explanations of Benefits, and much more.

### ■ 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

PT

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.

### ■ 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

### ■ Trip Cancellation, Interruption, & Travel Delay Rider\*

Should something unexpected happen before or during your trip, this rider can protect you from financial losses with coverage for trip cancellation and interruption, travel delay benefits, and more. While all Patriot plans include benefits for return travel, the Trip Cancellation, Interruption, & Travel Delay Rider provides coverage for trip cancellation, travel delay, and trip interruption perils. If you are prevented from taking your trip for a covered, unforeseen reason, travel insurance can reimburse up to 100% of your prepaid, non-refundable payments or deposits that would otherwise be forfeited.

*\*Rider option is available on individual plans for U.S. residents only.*

### ■ Mobile Device Protection\*\*

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 in select countries on individual plans only.*

### ■ Enhanced Accidental Death & Dismemberment Rider (AD&D)\*\*\*

Accidents can happen—wouldn't you rather be prepared, especially when you're away from home? The AD&D rider will pay you or your beneficiaries up to \$400,000 if your death or dismemberment is the direct result of an accident.

**Note:** Available to the primary insured only. Available with a minimum purchase of three months of medical and AD&D rider coverage. Premium is charged in whole-month increments.

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

### ■ Chaperone/Faculty Leader Replacement Rider\*\*\*\*

If you are the designated chaperone/faculty leader and experience an unexpected death, of a relative, a medical emergency, or the destruction of your residence that causes you to cancel or interrupt travel, this rider covers reimbursement for a round trip economy airline ticket up to \$3,000 for a replacement chaperone/faculty leader.

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

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## HOW TO GET COVERED

1

**Step 1:**

Contact your producer or 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

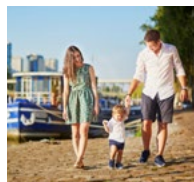
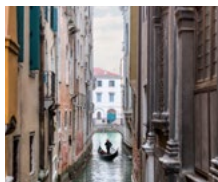
**Step 3:**

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 EXTEND YOUR COVERAGE

To meet the needs of our customers, Patriot Travel Series plans can be purchased for up to a 12-month period. Patriot America Lite, Patriot America Plus, and Patriot International Lite plans can be extended up to 24 continuous months, and Patriot America Platinum and Patriot International Platinum plans can be extended up to a maximum of 36 continuous months. To renew your coverage, please visit our website.

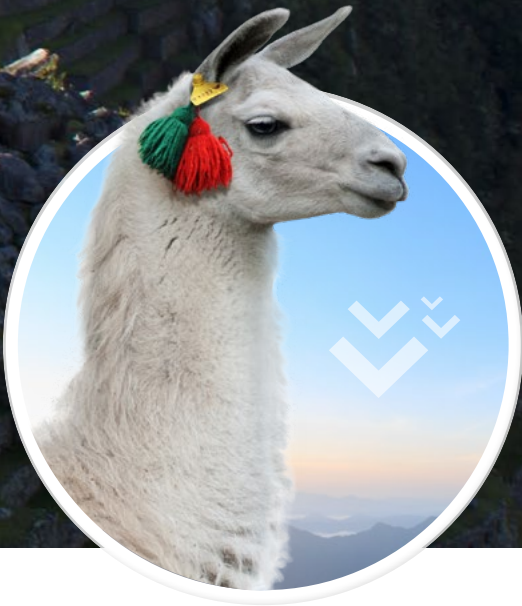
**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA-compliant insurance coverage 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 Travel 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.





# PATRIOT

Travel Series



GLOBAL  
*peace of mind*

#### Producer Contact Information

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Fax: 866-243-4346  
robert@obamacarehotline.com  
<http://www.obamacarehotline.com>

CM00501705A220428

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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