

Temporary medical insurance with coverage for pre-existing conditions.

# VISITORS PROTECT

# VP



GLOBAL  
*peace of mind*®

WWW.IMGGLOBAL.COM



## EXTENSIVE TRAVEL MEDICAL COVERAGE.

International travel can become a scary situation if you're not prepared for a medical emergency. 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. Don't let your medical coverage be an uncertainty.

VP

The Visitors Protect plan is designed specifically for individuals and families traveling from their home country to the U.S., Canada, and Mexico. This temporary medical insurance includes coverage for pre-existing conditions, so you can spend more time enjoying your international experience—not worrying about your medical coverage.

BE  
There.

## GLOBAL RESOURCES. LOCAL CARE.

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
- » COVID-19 coverage treated the same as other illnesses
- » 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.*





## SUMMARY OF BENEFITS

Benefit	Coverage	
<b>Coverage Limit/Maximum Amount for Eligible Medical Expenses</b>		
<b>Period of Coverage</b>	90 days up to 12 months	
<b>Per Injury or Illness Maximum Limit</b> <ul style="list-style-type: none"> <li>■ As indicated on the declaration</li> </ul>	<ul style="list-style-type: none"> <li>■ Through age 69: \$50,000, \$100,000, or \$250,000</li> <li>■ Ages 70 and older: \$50,000</li> </ul>	
<b>Area of Coverage</b>	United States, Canada, and Mexico	
<b>Benefit Plan Features</b>		
<b>Benefit Levels</b>	<b>United States (In-Network), Canada, Mexico</b>	<b>United States (Out-of-Network)</b>
<b>Deductible for Eligible Medical Expenses</b>		
<b>Per Injury or Illness Deductible</b>	\$250, \$500, \$1,000, \$2,500, or \$5,000 per insured person, as indicated on the declaration	
<b>Coinsurance for Eligible Medical Expenses</b>		
<b>Coinsurance</b> <ul style="list-style-type: none"> <li>■ In addition to deductible</li> </ul>	Plan pays 75% Insured pays 25%	Plan pays 60% Insured pays 40%
<b>Precertification</b>		
<ul style="list-style-type: none"> <li>■ Interfacility ambulance transfer: no coverage if precertification requirements are not met.</li> <li>■ Emergency medical evacuation: no coverage if not approved by the company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li> <li>■ All other treatments &amp; supplies: 50% reduction of eligible medical expenses if precertification requirements are not met.</li> <li>■ Deductible is taken after reduction.</li> <li>■ Coinsurance is applied to remainder of the reduced amount.</li> <li>■ Refer to the PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification.</li> </ul>		
<b>Pre-Existing Conditions</b>		
<ul style="list-style-type: none"> <li>■ Deductible: \$1,500 per injury or illness (plan deductible waived)</li> <li>■ Maximum limit through age 69: \$25,000</li> <li>■ Maximum limit ages 70 and older: \$20,000</li> </ul>		

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.

## Benefit

## Coverage

<b>Inpatient or Outpatient Services</b> <i>Subject to deductible and coinsurance unless otherwise noted</i> <i>Eligible medical expenses are limited to usual, reasonable, and customary</i> <i>Limits per period of coverage unless stated as maximum limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico	United States (Out-of-Network)
<b>Eligible Medical Expenses</b>	75%	60%
<b>Physician Visits/Services</b>	75%	60%
<b>Urgent Care Clinic</b> <ul style="list-style-type: none"> <li>Not subject to deductible and coinsurance</li> <li>In-network copayment: \$25</li> <li>Out-of-network copayment: \$50</li> </ul>	100%	100%
<b>Walk-in Clinic</b> <ul style="list-style-type: none"> <li>Not subject to deductible and coinsurance</li> <li>In-network copayment: \$15</li> <li>Out-of-network copayment: \$25</li> </ul>	100%	100%
<b>CareClix Consultation</b> <ul style="list-style-type: none"> <li>Not subject to deductible and coinsurance</li> <li>CareClix consultations will not support a diagnosis for mental or nervous disorders</li> <li>Coverage for a CareClix consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a CareClix consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this certificate of insurance</li> </ul>	100%	100%
<b>Hospital Emergency Room</b> <ul style="list-style-type: none"> <li>Injury: not subject to emergency room deductible</li> <li>Illness: subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	75%	60%
<b>Hospitalization/Room &amp; Board</b> <ul style="list-style-type: none"> <li>Average semi-private room rate</li> <li>Includes nursing services</li> </ul>	75%	60%
<b>Intensive Care</b>	75%	60%

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**Benefit**

**Coverage**

<b>Inpatient or Outpatient Services</b> <i>Subject to deductible and coinsurance unless otherwise noted</i> <i>Eligible medical expenses are limited to usual, reasonable, and customary</i> <i>Limits per period of coverage unless stated as maximum limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico	United States (Out-of-Network)
<b>Hospital Ancillary Services</b>		
<ul style="list-style-type: none"> <li>Maximum limit: \$40,000</li> <li>Includes laboratory, x-rays, drugs, and miscellaneous services</li> </ul>	75%	60%
<b>Outpatient Surgical/Hospital Facility</b>	75%	60%
<b>Laboratory</b>	75%	60%
<b>Radiology/X-ray</b>	75%	60%
<b>Pre-Admission Testing</b>	75%	60%
<b>Surgery</b>	75%	60%
<b>Reconstructive Surgery</b>		
<ul style="list-style-type: none"> <li>Surgery is incidental to and follows surgery that was covered under the plan</li> </ul>	75%	60%
<b>Assistant Surgeon</b>		
<ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>	75%	60%
<b>Anesthesia</b>	75%	60%
<b>Durable Medical Equipment</b>	75%	60%
<b>Chiropractic Care</b>		
<ul style="list-style-type: none"> <li>Medical order or treatment plan required</li> </ul>	75%	60%
<b>Physical Therapy</b>		
<ul style="list-style-type: none"> <li>Inpatient and outpatient</li> <li>Medical order or treatment plan required</li> </ul>	75%	60%
<b>Extended Care Facility</b>		
<ul style="list-style-type: none"> <li>Upon direct transfer from an acute care facility</li> </ul>	75%	60%
<b>Home Nursing Care</b>		
<ul style="list-style-type: none"> <li>Provided by a home health care agency</li> <li>Upon direct transfer from an acute care facility</li> </ul>	75%	60%

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## Benefit

## Coverage

<b>Prescription Drugs</b> <i>Subject to deductible and coinsurance unless otherwise noted                      Eligible medical expenses are limited to usual, reasonable, and customary                      Limits per period of coverage unless stated as maximum limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico	United States (Out-of-Network)
<b>Outpatient Prescription Drugs</b>	75%	60%
<b>Emergency Services</b> <i>NOT subject to deductible and coinsurance unless otherwise noted                      Eligible medical expenses are limited to usual, reasonable, and customary                      Limits per period of coverage unless stated as maximum limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico	United States (Out-of-Network)
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>Subject to deductible and coinsurance</li> <li>Injury</li> <li>Illness resulting in an inpatient hospital admission</li> </ul>	75%	60%
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>Maximum limit: \$25,000</li> <li>Approved in advance and coordinated by the company</li> </ul>	100%	100%
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>Maximum limit: \$100,000</li> <li>Maximum days: 15</li> <li>Meal maximum per day: \$25</li> <li>Reasonable and necessary travel costs and accommodations</li> <li>Approved in advance by the company</li> </ul>	100%	100%
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>Transfer must be a result of an inpatient hospital admission</li> </ul>	100%	100%
<b>Return of Minor Children</b> <ul style="list-style-type: none"> <li>Maximum limit: \$100,000</li> <li>Approved in advance by the company</li> </ul>	100%	100%
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$25,000</li> <li>Local burial/cremation maximum limit: \$5,000</li> <li>Return of insured person's mortal remains to country of residence</li> <li>Approved in advance by the company</li> </ul>	100%	100%

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**Benefit**

**Coverage**

**Other Services**  
*NOT subject to deductible and coinsurance unless otherwise noted  
 Eligible medical expenses are limited to usual, reasonable, and customary  
 Limits per period of coverage unless stated as maximum limit*

Benefit Levels	United States (In-Network), Canada, Mexico	United States (Out-of-Network)															
<p><b>Accidental Death &amp; Dismemberment</b></p> <ul style="list-style-type: none"> <li>■ Principal sum maximum limit: \$25,000</li> <li>■ Death must occur within 90 days of the accident</li> </ul>	<b>Accidental Death: 100% of Principal Sum</b>																
	<p><b>Dismemberment:</b></p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Accidental Loss</u></th> <th style="text-align: right;"><u>Percent of Principal Sum</u></th> </tr> </thead> <tbody> <tr> <td>Sight of one eye</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand or one foot</td> <td style="text-align: right;">50%</td> </tr> <tr> <td>One hand and the loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One foot and the loss of sight of one eye</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>One hand and one foot</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Both hands or both feet</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Sight of both eyes</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>		<u>Accidental Loss</u>	<u>Percent of Principal Sum</u>	Sight of one eye	50%	One hand or one foot	50%	One hand and the loss of sight of one eye	100%	One foot and the loss of sight of one eye	100%	One hand and one foot	100%	Both hands or both feet	100%	Sight of both eyes
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Sight of both eyes	100%																

**Dental Treatment**

- Subject to deductible and coinsurance
- Limit: \$300  
(Unexpected pain or treatment due to an accident)

75%

75%

**Traumatic Dental Injury**

- Subject to deductible and coinsurance
- Treatment at a hospital due to an accident
- Additional treatment for the same injury rendered by a dental provider will be paid at 100%

75%

60%



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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

BE There.



UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.



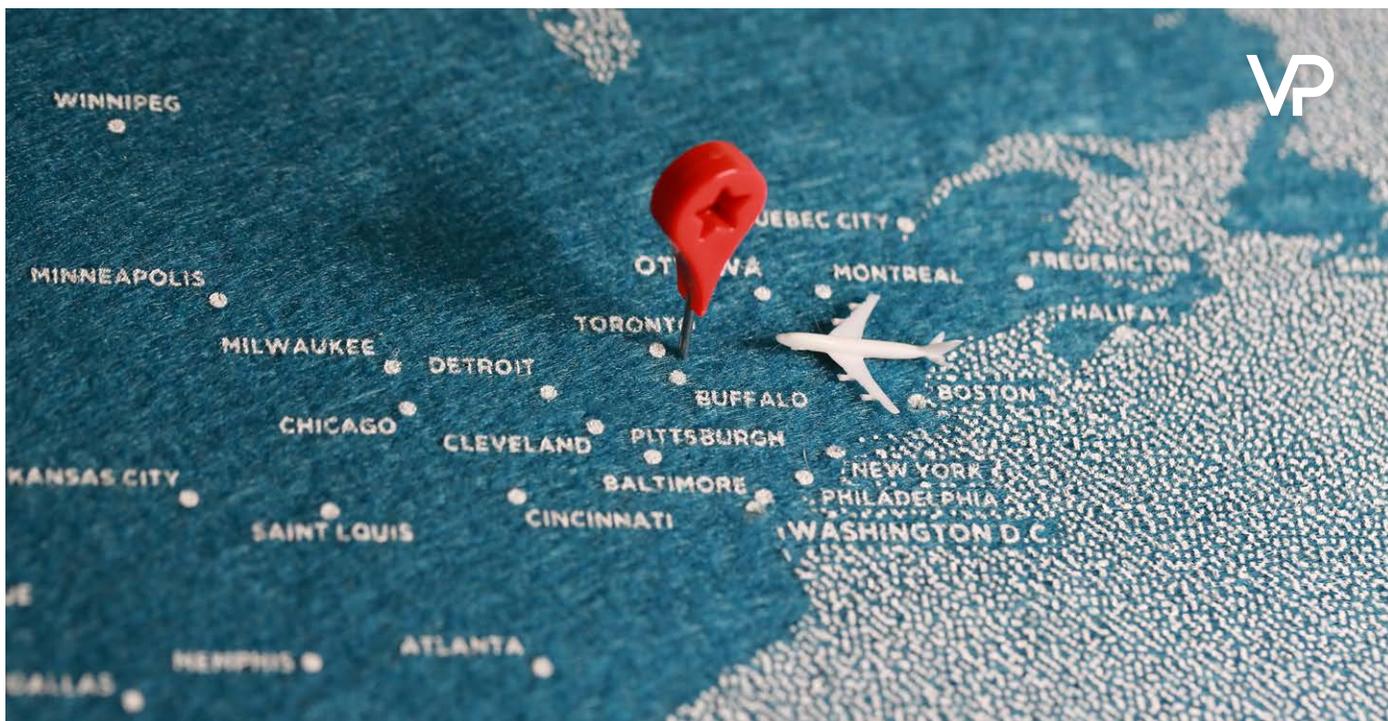


## HOW TO GET COVERED

- 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 your dependents on one application.
- 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!



**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).



Temporary medical insurance with coverage for pre-existing conditions.

# VISITORS PROTECT



## Producer Contact Information

[Redacted area for Producer Contact Information]



*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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