



INTERNATIONAL  
STUDENT  
INSURANCE

TALK English Schools  
HEALTH INSURANCE  
BROCHURE



Committed  
to you!

# USING YOUR INSURANCE PLAN

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



## NON-EMERGENCY SITUATIONS

When you need to seek non-emergency care, such as a cold, the flu or minor injuries and sickness, please visit a local doctor, urgent care treatment center or walk-in medical clinic. They will be best placed to assist you in a timely manner, and you will likely pay less out of pocket. To locate a doctor or clinic, use the online search tool in your student zone or call IMG for appropriate in-network providers in your area.



## EMERGENCY SITUATIONS

If you need to seek emergency care, please go to the nearest hospital emergency room or call the emergency services (911 in the USA) for immediate assistance. Examples of emergency care include serious accidents or sickness, and any condition that requires an ambulance.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However, if you are unsure, or your condition is not severe, then either call the assistance service included with your insurance plan or visit a local doctor, urgent care center or walk-in clinic in your area first.

**Please Note** – use of the emergency room will be subject to an **\$250** deductible.



## ID-CARD

It is extremely important that you carry your insurance ID card with you at all times and provide this to the doctor, clinic or hospital at the time of treatment. Failure to do this will result in bills being sent directly to you for payment. Your insurance ID card will be provided to you prior to traveling, and you can download a new copy in your student zone.



## DOCTOR/HOSPITAL SEARCH

Whether inside or outside the USA you have the freedom of choice to visit any doctor, clinic or hospital you wish, however you are **strongly encouraged** to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Providers can be located online by visiting:

<https://www.internationalstudentinsurance.com/network/img/uhc.php>



## CLAIMS PROCESS

When seeking medical care please use the following guidelines to submit your claims to the insurance company:

### Inside the USA

- At the providers' office, give them your insurance ID card.
- Pay your deductible/ copay (if you have one).
- In-network providers will bill directly to IMG, out of network providers will require you to pay upfront.
- Complete a claim form and submit that to IMG via email

### Prescription Medications

You will need to pay for all your medications upfront and then either submit a claim form, with your receipts, or add them to your existing claims.

### Outside the USA

- Call IMG directly before you seek treatment, they will help you locate a provider and will assist in setting up direct billing.
- Otherwise, please seek treatment from any provider you wish, pay for services up front and then submit a claim for reimbursement.

### Claim Submission

Claim forms can be obtained in your student zone, and should be submitted electrically to:

[customercare@imglobal.com](mailto:customercare@imglobal.com)



## TRAVEL ASSISTANCE SERVICES

If you need help or assistance during your insurance coverage period, help is a phone call away for items such as:

- Provider Listings
- Claims Update
- Emergency Assistance
- Medical Monitoring



USA Toll Free 1 (800) 628-4664

International +1 (317) 655-4500

Email: [customercare@imglobal.com](mailto:customercare@imglobal.com) (24 business hour response time)

## STUDENT ZONE

For more detailed information about your insurance plan, including full policy conditions and exclusions, a copy of your insurance ID card and useful information about your insurance plan, please visit:

<https://administrators.internationalstudentinsurance.com/zones/talkinternational>

# INSURANCE PLAN BENEFITS

Benefit	Limit
Overall Maximum Limit	\$5,000,000
Maximum Limit per Illness or Injury	\$100,000
Deductible per Injury/Illness	\$50
Student Health Center Copayment -Not subject to the per Illness/Injury Deductible	\$5
Urgent Care Copayment -Not subject to Deductible	\$50. Copayment is not applicable if the Declaration states a \$0 Deductible
Walk-in Clinic -Not subject to Deductible	\$20. Copayment is not applicable if the Declaration states a \$0 Deductible
ER Deductible per Injury/Illness	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 a direct Hospital admission.
Coinsurance	100% after the Deductible, up to the Maximum Limit
<b>Inpatient or Outpatient Services</b> Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Pre-existing Conditions	Maximum Limit: \$1,500. Period of Coverage Limit (after 12 months): \$500
Eligible Medical Expenses	100%
Physician Visits / Services	Maximum Visits per day: 1, unless visit is for a different medical/surgical specialty
Hospital Room and Board	100%. Average Semi-Private Room Rate, including nursing services. Includes nursing, miscellaneous and Ancillary Services
Intensive Care	100%
Bedside Visit -Not subject to deductible	Maximum Limit: \$1,500
Outpatient Surgical / Hospital Facility	100%
Laboratory	100%

Radiology / X-ray	100%
Pre-admission Testing	100%
Surgery	100%
Reconstructive Surgery -Surgery is incidental to and follows Surgery that was covered under the plan	100%
Assistant Surgeon	20% of the primary surgeon's eligible fee
Anesthesia	100%
Durable Medical Equipment	100%
Chiropractic Care Medical order or Treatment plan required	100%
Physical Therapy Medical order or Treatment plan required	Maximum Visits per day: 1
Extended Care Facility Upon direct transfer from acute care Hospital	100%
Home Nursing Care	100%. Provided by a Home Health Care Agency. Upon direct transfer from an acute care Facility
Prescriptions	100%. Dispensing Day Maximum: 90
<b>Mental or Nervous / Substance Abuse</b> Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Inpatient Mental or Nervous / Substance Abuse -Not covered if incurred at the Student Health Center	\$10,000
Outpatient Mental and Nervous / Substance Abuse - Not covered if incurred at the Student Health Center	Maximum Limit per day: \$50. Maximum Limit: \$500
<b>Emergency Services</b> NOT Subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Emergency Local Ambulance -Subject to Deductible	100% for Injury. 100% for Illness resulting in a hospitalization admission
Emergency Medical Evacuation -Must be approved in advance and coordinated by the company	\$50,000
Emergency Reunion -Must be approved in advance and coordinated by the company	\$15,000 – 15 days maximum

Interfacility Ambulance Transfer -Services rendered in the United States	100%. Transfer must be a result of an Inpatient Hospital admission
Political Evacuation and Repatriation -Must be approved in advance and coordinated by the company	\$10,000
Return of Mortal Remains -Must be approved in advance and coordinated by the company	Up to \$25,000. Local Burial/Cremation: \$5,000.
<b>Other Services</b> NOT subject to Deductible unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Accidental Death & Dismemberment	Principal Sum Maximum: \$25,000
Dental Treatment due to Unexpected Pain -Not subject to coinsurance	Period of Coverage Limit: \$350 Treatment
Non-emergency Dental Treatment due to an Accident -Not subject to deductible	Period of Coverage Limit per Injury: \$500 Treatment at a Dental Provider
Traumatic Dental Injury -Subject to Deductible and Coinsurance	100%
Incidental Trip	Maximum days: 14
Terrorism	Maximum limit: \$50,000

**Please note:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions.

## Eligibility

If an insured person is not eligible, this certificate is void ab initio and all premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements:

1. Be an active participant, spouse of the participant, or children traveling with the participant and residing outside his/her primary country of residence for a temporary period of time, and if destination country is the United States, insured person must hold one of the following visa types: f1/f2, j1/j2, m1/m2 or a1/a2
2. Be at least thirty-one (31) days old but not yet sixty-five (65) years old
3. On the effective date and on subsequent renewal dates, be physically and legally residing in the destination country with the intent to reside there for at least thirty (30) days
4. Not be pregnant, hospitalized or disabled on the initial effective date
5. Not be HIV+ on the initial effective date

## Pre-certification requirements

Pre-certification is a general determination of medical necessity only, and all such determinations are made by the company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the insured person and/or his/her relatives, guardians and/or healthcare providers at the time of pre-certification. The company reserves the right to challenge, dispute and/or revoke a prior determination of medical necessity based upon subsequent

information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that treatment or supplies are pre-certified by the company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. The company's consideration and determination of a pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the terms of this insurance, including exclusions for pre-existing conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be usual, reasonable and customary. Any consideration or determination of a pre-certification request shall not be deemed or considered as the company's approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of treatment. Neither the company nor the plan administrator (nor anyone acting on their respective behalves) has any authority or obligation to select physicians, hospitals, or other healthcare providers for the insured person, or to make any diagnosis or medical treatment decisions on behalf of the insured person, and all such decisions must be made solely and exclusively by the insured person and/or his/her family members or guardians, treating physicians and other healthcare providers. If the insured person and his/her healthcare providers comply with the pre-certification requirements of the master policy and this certificate, and the treatment or supplies are pre-certified as medically necessary, the company will reimburse the insured person for eligible medical expenses up to the amount shown in the benefit summary incurred in relation thereto, subject to all terms of this insurance. Eligibility for and payment of benefits are subject to all of the terms of this insurance.

### Specific requirements

The following must always be pre-certified for medical necessity by the company through the plan administrator before admission or receiving the treatments and/or supplies:

- a. Chemotherapy
- b. Extended care facility
- c. Home nursing care
- d. Inpatient hospitalization
- e. Interfacility ambulance transfer
- f. Radiation therapy
- g. Surgery or surgical procedure.

### General requirements

To comply with the pre-certification requirements of this insurance for the treatments and/or supplies or services listed in the specific requirements provision, above, the insured person or his/her physician or healthcare provider must perform all of the following:

- a. Contact the company through the plan administrator at the contact information below and on the insured person's id card, as soon as possible and before the treatment or supply is to be obtained.  
inside the united states: +1.800.628.4664  
outside the united states: +1.317.655.4500 (collect if necessary)  
e-mail: [acm@imglobal.com](mailto:acm@imglobal.com)  
website: [www.imglobal.com/member/precertification](http://www.imglobal.com/member/precertification)
- b. Comply with the instructions of the company and submit any information or documents required by the company.
- c. Notify all physicians, hospitals and other healthcare providers that this insurance contains pre-certification requirements and ask them to fully cooperate with the company.

### Loss of coverage / benefits for non-compliance of pre-certification requirements

If the insured person or his/her healthcare providers do not comply with the pre-certification requirements for the treatment or supplies identified in the specific requirements subparagraphs above, or if such treatment or supplies are not pre-certified:

- a. Eligible medical expenses incurred with respect to said treatment and/or supplies will be reduced by the amount shown in the benefit summary.
- b. The deductible will be subtracted from the remaining amount.
- c. Coinsurance will be applied.

## Loss of coverage / benefits for non-compliance of pre-certification requirements

If the insured person or his/her healthcare providers do not comply with the pre-certification requirements for the treatment or supplies identified in the specific requirements subparagraphs above, or if such treatment or supplies are not pre-certified:

- a. Eligible medical expenses incurred with respect to said treatment and/or supplies will be reduced by the amount shown in the benefit summary
- b. The deductible will be subtracted from the remaining amount
- c. Coinsurance will be applied.

## Emergency pre-certification

In the event of an emergency hospital admission, pre-certification must be completed within forty-eight (48) hours after the admission, or as soon as is reasonably possible.

## Eligible medical expenses

Subject to the terms of this insurance, and the insurance plan shown in the declaration, the company will reimburse the insured person up to the amount shown in the benefit summary for the following costs, charges and expenses incurred by the insured person during the period of coverage with respect to an illness or injury suffered or sustained by the insured person during the period of coverage and while this certificate is in effect, so long as the illness or injury is covered under this certificate, charges are usual, reasonable and customary and are incurred for treatment or supplies that are medically necessary ("eligible medical expenses"):

1. Charges incurred at a hospital for:
  - a. Daily room and board, nursing services, and ancillary services not to exceed the average semi-private room rate. A private room will be considered when no semi-private room is available or if medical necessity warrants this type of room. The private room rate is not to exceed the average private room rate.
  - b. Daily room and board, nursing services, and ancillary services in an intensive care unit.
  - c. Use of operating, treatment or recovery room.
  - d. Services and supplies which are routinely provided by the hospital to persons for use while an inpatient.
  - e. Emergency treatment of an injury, even if hospital confinement is not required.
  - f. Emergency treatment of an illness; however, an additional deductible (as shown in the benefit summary) will be required unless the insured person is directly admitted to the hospital as inpatient for further treatment of that illness.
2. Charges incurred for surgery at an outpatient surgical facility, including services and supplies.
3. Charges by a physician for professional services rendered, including surgery; provided, however, that charges by or for an assistant surgeon will be limited and covered at the rate of up to twenty percent (20%) of the usual, reasonable and customary charge of the primary surgeon; and provided, further, that the standby availability of a physician or surgeon will not be deemed to be a professional service and is not eligible for coverage.
4. Charges incurred for:
  - a. Dressings, sutures, casts or other supplies which are medically necessary.
  - b. Diagnostic testing using radiology, ultrasonography or laboratory services. Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services.
  - c. Implant devices that are medically necessary; however, any implants provided outside the ppo network are limited to a payment of no more than one hundred fifty percent (150%) of the established invoice price and/or list price for that item.
  - d. Basic functional artificial limbs, eye or larynx or breast prostheses, but not the replacement or repair thereof.
  - e. Reconstructive surgery when the surgery is incidental to and follows surgery which was covered hereunder.
  - f. Radiation therapy or treatment, and chemotherapy.
  - g. Hemodialysis for the treatment of acute renal failure only and the charges by a hospital for processing and administration of blood or blood components.
  - h. Oxygen and other gases and their administration.



- i. Anesthetics and their administration by a physician.
  - j. Drugs which require prescription by a physician for treatment of illness or injury, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of ninety (90) days of any one (1) prescription.
  - k. Care in a licensed extended care facility upon direct transfer from an acute care hospital.
  - l. Home nursing care in bed by a qualified licensed professional, provided by a home health care agency upon direct transfer from an acute care hospital.
  - m. Emergency local ambulance transport necessarily incurred in connection with:
    - (i) an injury
    - (ii) an illness resulting in hospital confinement as an inpatient.
  - n. Interfacility ambulance transfer must be a result of an inpatient hospital admission, medically necessary and from one licensed health care facility to another licensed health care facility via air or land ambulance.
  - o. Treatment of mental or nervous disorders and substance abuse provided such treatment is not incurred at a student health center.
  - p. Chiropractic services prescribed by a physician and performed by a professional chiropractor, and necessarily incurred to continue recovery from a covered injury or covered illness; services include manipulations, x-rays and laboratory tests ordered by the chiropractor.
  - q. Physical therapy prescribed by a physician and performed by a professional physical therapist, and necessarily incurred to continue recovery from a covered injury or covered illness.
  - r. Durable medical equipment, as defined herein, deemed to be medically necessary.
5. Charges incurred for treatment at an urgent care clinic.
  6. Charges incurred for treatment at a walk-in clinic.
  7. Charges for treatment of an injury to the foot due to an accident covered hereunder.
  8. Charges for treatment of an illness for which foot surgery is medically necessary and determined to be the only appropriate method of treatment.
  9. Charges for dental treatment as follows up to the amount shown in the benefit summary:
    - a. Charges for treatment following traumatic dental injury from a covered accident that resulted in physical injury to the insured person
    - b. Charges for necessary dental treatment of unexpected pain to sound natural teeth
    - c. Charges incurred for non-emergency dental treatment necessary due to an accident covered hereunder
  10. Charges for value-added tax (vat) or like tax incurred on eligible medical expenses.

## Accidental death and dismemberment

Except as expressly provided for in the benefit summary, all charges, costs, expenses and/or claims incurred by the insured person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, claims, treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

## Accidental death

Subject to the terms of this insurance, and in the event the insured person has an accident during the period of coverage which results in death during the period of coverage, the company will pay an accidental death benefit in the amount of the principal sum shown in the benefit summary. The insured person's death must occur within ninety (90) days of the accident and result, directly and independently of all other causes, from an accidental bodily injury which is unintended, unexpected, and unforeseen. The bodily injury must be evidenced by a visible contusion or wound, except in the case of accidental drowning. The bodily injury must be the sole cause of death. The company will pay the benefit owed upon proper application therefor, in the following order:

- a. To the beneficiary designated in writing by the insured person; or
- b. To the insured person's closest surviving relative; or

- c. The insured person's estate; or
- d. To a claimant entitled to payment under applicable small estate affidavit laws.

## Dismemberment

Subject to the terms of this insurance and if the insured person has an accident during the period of coverage which results in a loss identified in the benefit summary within ninety (90) days from the date of the accident and during the period of coverage, the company will reimburse the insured person the applicable loss/dismemberment shown in the benefit summary.

The maximum benefit payable for all dismemberments or losses resulting from any one (1) accident or injury shall not exceed the principal sum shown in the benefit summary for accidental death.

The loss of a hand or foot means the complete severance at or above the wrist or ankle joint. The loss of sight means the entire and irrecoverable loss of sight. The insured person's dismemberment must result, directly and independently of all other causes, from an accidental bodily injury which is unintended, unexpected, and unforeseen. The bodily injury must be evidenced by a visible contusion or wound. The bodily injury must be the sole cause of dismemberment.

## Bedside visit

Subject to the applicable maximum limit set forth in the benefit summary, and the other terms of this insurance, including the exclusions provision and if the insured person is hospitalized as an inpatient in the intensive care unit of a hospital for a covered life-threatening injury or illness during the period of coverage, the company will reimburse the cost of a round-trip economy commercial airline ticket for one (1) relative from the airport nearest to the location of the relative at the time of the insured person's inpatient intensive care hospitalization to the airport serving the area where the insured person is hospitalized.

## Emergency medical evacuation

1. Subject to the applicable maximum limit set forth in the benefit summary, and the other terms of this insurance, including the exclusions provision and the conditions and restrictions subparagraph below, the company will reimburse the insured person for the following transportation costs, when the company or plan administrator arranges such transportation and expenses incurred by the insured person arising out of or in connection with an emergency medical evacuation occurring while this certificate is in effect and during the period of coverage:
  - a. Emergency air transportation to a suitable airport nearest to the hospital where the insured person will receive treatment
  - b. Emergency ground transportation necessarily preceding emergency air transportation and from the destination airport to the hospital where the insured person will receive treatment
  - c. Return ground and air transportation, upon medical release by the attending physician, to the country where the evacuation initially occurred or to the insured person's country of residence, at the insured person's option.

## Conditions and restrictions:

To be eligible for coverage for emergency medical evacuation benefits, the insured person must be in compliance with all terms of this insurance. The company will provide emergency medical evacuation benefits only when the condition, illness, injury or occurrence giving rise to the emergency medical evacuation is covered under the terms of this insurance. The company will provide emergency medical evacuation benefits only when all of the following conditions and restrictions are met:

- a. Medically necessary treatment cannot be provided locally
- b. Transportation by any other means or methods would result in loss of the insured person's life or limb within twenty-four (24) hours, based upon a reasonable medical certainty
- c. Emergency medical evacuation is recommended by the attending physician who certifies to the matters in subparagraphs (a) and (b), above
- d. Emergency medical evacuation is agreed to by the insured person or a relative of the insured person

- e. Emergency medical evacuation is provided by designated, licensed, qualified, professional emergency personnel acting within the scope of such license and approved in advance and all arrangements are coordinated by the company
- f. The condition, illness, injury or occurrence giving rise to the need for the emergency medical evacuation:
  - i. occurred outside the insured person's country of residence suddenly, unexpectedly, and spontaneously, and without: (1) advance warning, or (2) advance treatment, diagnosis or recommendation for treatment by a physician, or (3) prior manifestation of symptoms or conditions which would have caused a reasonably prudent person to seek medical attention prior to the onset of the emergency
  - ii. was not a pre-existing condition.
- g. the company will cover reimbursement for the above-described costs and expenses and will arrange emergency medical evacuation only to the nearest hospital that is qualified to provide the medically necessary treatment to prevent the insured person's loss of life or limb.

The insured person may select a different hospital in his/her country of residence at his/her option, but in such event the insured person shall be solely responsible for all costs and expenses in excess of the amounts that would have been incurred had the insured person used the nearest qualified hospital. If a hospital other than the nearest qualified hospital is selected by the insured person, then the attending physician, insured person, or a relative of the insured person shall certify to the company the insured person's understanding and acknowledgement of such responsibility for excess costs and expenses in addition to the matters set forth in the conditions and restrictions subparagraph, above. In all cases the company will make the necessary arrangements for the emergency medical evacuation and will use its best efforts to arrange with independent, third-party contractors any emergency medical evacuation within the least amount of time reasonably possible.

By acceptance of this certificate and request for emergency medical evacuation benefits hereunder, the insured person understands, acknowledges and agrees that the timeliness, duration, occurrences during, and outcome of an emergency medical evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of the company, including but not limited to: the availability, limitations, physical condition, reliability, maintenance and training schedules and procedures, and performance or non-performance of competent transportation equipment, supplies and/or staff of such third-party contractors; delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes, and/or other travel, geographical or weather conditions; and other acts of god and unforeseeable and/or uncontrollable occurrences.

The insured person agrees to release and to hold the company, the plan administrator and their agents and representatives harmless from, and agrees that the company, the plan administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further injuries or illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the company, the plan administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above.

The insured person further agrees that upon seeking an emergency medical evacuation, he or she will cooperate fully as required by the conditions and general provisions, cooperation provision. Failure to so cooperate and/or failure to use or accept emergency medical evacuation once it has been arranged by the company or plan administrator will require the insured person to reimburse the company for costs incurred for any emergency medical evacuation that was arranged, but not used, by the insured person. Furthermore, the insured person may be required to arrange for payment of any subsequent emergency medical evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent emergency medical evacuation.

## Emergency reunion:

Subject to the terms of this insurance, including without limitation the conditions and restrictions subparagraph below, emergency reunion expenses will be reimbursed to an insured person as outlined in the benefit summary, in cases where there has been an emergency medical evacuation covered under the terms of this insurance. Subject to the applicable deductible and coinsurance and other limits and sub-limits as specified in the benefit summary, and subject to the conditions and restrictions subparagraph below, the following costs and expenses incurred in respect of travel by a relative or friend of the insured person will be reimbursable to the insured person upon the recommendation and prior approval of the company:

- a. The cost of a round-trip economy commercial airline ticket for one (1) relative or friend from the airport nearest to the location of the relative or friend at the time of the emergency to the airport serving the area where the insured person is hospitalized as a result of the emergency or is to be hospitalized as a result of the emergency medical evacuation (to be determined pursuant to the terms of the conditions and restrictions subparagraph, below), and return from whichever of such locations is actually selected to the point of the original departure
- b. Reasonable and necessary travel costs, meals (up to the amount shown in the benefit summary), transportation and accommodation expenses incurred in relation to the emergency reunion (but excluding entertainment).

## Conditions and restrictions:

The allowable maximum coverage for the emergency reunion shall not exceed fifteen (15) days, including travel days, and all costs and expenses incurred beyond such period of coverage shall be retained for the sole account and responsibility of the insured person, relative, or friend

- a. The emergency reunion must be due to an emergency medical evacuation covered under the terms of this insurance
- b. The insured person must be so seriously ill that the attending physician deems it necessary and recommends the presence of a relative or friend at either the location where the insured person is being evacuated from or the destination of the emergency medical evacuation, whichever is considered by the attending physician and the company to be the more reasonable
- c. All emergency reunion travel, transportation and accommodation arrangements and benefits must be approved in advance by the company in order to be eligible for coverage under this insurance
- d. The insured person, relative and/or friend must submit to the company upon completion of the emergency reunion travel legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses so incurred for which reimbursement is sought.

## Incidental trip

As an accommodation and supplemental benefit and subject to the terms of this insurance, the insured person will be covered under this insurance during incidental return trips to his/her country of residence up to the number of days shown in the benefit summary during the period of coverage beginning with the date the insured person first arrives back in his/her country of residence provided that:

1. The insured person has departed his/her country of residence prior to any incidental trip
2. The insured person has timely paid applicable premium for at least thirty (30) days of continuous coverage
3. The country of residence is not the united states
4. The intention or purpose of the insured person's return trip to the country of residence is not to receive treatment for an illness or injury incurred or sustained while traveling outside of his/her country of residence
5. The insured person's return trip to the country of residence does not result in receiving treatment for an illness or injury incurred or sustained while traveling outside of his/her country of residence.

## Political evacuation and repatriation

If the united states department of state, bureau of consular affairs or similar government organization of the insured person's country of residence orders the evacuation of all non-emergency government personnel from the destination country, due to political unrest, that becomes effective on or after the insured person's date of

arrival in the destination country, the company will reimburse up to the amount shown in the benefit summary for transportation to the nearest place of safety or for repatriation to the insured person's country of residence provided that all of the following conditions are met:

- a. The insured person contacts the company within ten (10) days of the United States Department of State, Bureau of Consular Affairs or similar government organization of the insured person's country of residence issuing the evacuation order
- b. The evacuation order pertains to persons from the same country of residence as the insured person
- c. Political evacuation and repatriation is approved by the company
- d. In no event will the company pay for a political evacuation if there is a travel warning or emergency travel advisory in effect on or within six (6) months prior to the insured person's date of arrival in the destination country. This coverage will provide the most appropriate and economical means of travel consistent under the circumstances of the insured person's health and safety.

### Return of mortal remains

In the event of the death of the insured person during the period of coverage as a result of an illness or injury covered under this insurance while the insured person is outside of his/her country of residence, the company will reimburse the authorized personal representative or the estate of the insured person up to the amount shown in the benefit summary for the costs and expenses incurred to return the insured person's mortal remains to his/her country of residence and thereafter to the place of burial or other final disposition (but not including any costs of burial or other disposition); provided, however, that the company must approve all costs and expenses related to the return of the insured person's mortal remains in advance as a condition to the availability of this benefit; or up to the amount shown in the benefit summary for preparation, local burial or cremation of the insured person's mortal remains at the place of death in accordance with the commonly accepted cultural and religious beliefs practiced by the insured person. Coverage is not provided for burial and cremation costs incurred for religious practitioners, flowers, music, food or beverages.

# INSURANCE

## PLAN EXCLUSIONS

Except as expressly provided for in the benefit summary, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. **Economic Sanctions:** Notwithstanding any other Terms under this insurance, the Company shall not provide coverage or make any payments or provide any service or benefit to any Insured Person, beneficiary, or third party who may have any rights under this insurance to the extent that such coverage, payment, service, or benefit would violate any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or the United States of America.
2. **War; Military Action**

The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Illness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences:

  - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war
  - b. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power
  - c. Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type
  - d. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege
  - e. Any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism).

Any claim, Charges, Illness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under the Master Policy or this Certificate, except to the extent that the Insured Person shall prove that such claim, Charges, Illness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.

3. **Terrorism.** The Company shall not be liable for and will not provide coverage or benefits in excess of the amount shown in the BENEFIT SUMMARY for any claim or Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
  - a. The Insured Person's active and voluntary planning or coordination of or participation in any act of Terrorism

- b. Any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Insured Person's date of arrival in said location, post, area, territory or country
  - c. Any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Insured Person's date of arrival in said location, post, area, territory or country, and the Insured Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
4. Pre-existing Conditions. Charges resulting directly or indirectly from or relating to any Pre-existing Condition, (whether physical or mental, regardless of the cause of the condition) are excluded from coverage under this insurance until the Insured Person has maintained coverage under this insurance plan continuously for at least twelve (12) months.
5. Maternity and Newborn Care. Charges for pre-natal care, delivery, post-natal care, and care of Newborns, including complications of Pregnancy, miscarriage, complications of delivery and/or of Newborns are excluded from this insurance.
6. Preventative Care. Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance.
7. Charges for any Treatment or supplies that are:
  - a. Not incurred, obtained or received by an Insured Person during the Period of Coverage.
  - b. Not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred.
  - c. Not administered or ordered by a Physician.
  - d. Not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician.
  - e. Provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable.
  - f. In excess of Usual, Reasonable, and Customary.
  - g. Related to Hospice care.
  - h. Incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions.
  - i. Provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician.
  - j. Performed or provided by a Relative of the Insured Person.
  - k. Not expressly included in the ELIGIBLE MEDICAL EXPENSES provision.
  - l. Provided by a person who resides or has resided with the Insured Person or in the Insured Person's home.
  - m. Required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply excluded from coverage or which is otherwise not covered under this insurance.
  - n. Nor Congenital Disorders and conditions arising out of or resulting therefrom.
8. Charges incurred for failure to keep a scheduled appointment.
9. Telemedicine consultations through an established Telemedicine protocol system will be considered individually based on medical necessity and appropriateness as determined by the Company under the plan.
10. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes.
11. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and

prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy.

12. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing.
13. Charges incurred for Custodial Care.
14. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy.
15. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling.
16. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof).
17. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and/or follows a Surgery which was covered under this insurance.
18. Elective Surgery or Treatment of any kind.
19. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion.
20. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction.
21. Any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority including the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee.
22. Any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; whitewater kayaking or whitewater rafting in water less than Class V difficulty; wildlife safaris; and windsurfing.
23. Any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from ground level; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 50 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class V and higher difficulty; and wingsuit flying.
24. Any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas.
25. Any Illness or Injury sustained while taking part in backcountry skiing.
26. Any Illness or Injury sustained while taking part in skiing off-piste.
27. Any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities.
28. Any Illness or Injury sustained while taking part in Collision Sports.



29. Any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity.
30. Any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider.
31. Any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse.
32. Any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
33. Any willfully Self-inflicted Injury or Illness.
34. Any sexually transmitted or venereal disease.
35. Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
36. Any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
37. Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
38. Orthoptics, visual therapy or visual eye training.
39. Any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails; except as otherwise expressly set forth.
40. Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician.
41. Any sleep disorder, including without limitation sleep apnea.
42. Any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician.
43. Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s).
44. Any organ or tissue or other transplant or related services, Treatment or supplies.
45. Any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
46. Any efforts to keep a donor alive for a transplant procedure.
47. Any Illness or Injury incurred in the Destination Country as a result of epidemics, pandemics, public health emergencies, Natural Disasters, or other disease outbreak conditions that may affect a person's health when, prior to the Insured Person's entry into the Destination Country, any of the following were issued regarding the Destination Country..
  - a. The World Health Organization had issued an Emergency Travel Advisory.
  - b. The United States Centers for Disease Control & Prevention had issued a Warning Level 3 (avoid nonessential travel).
  - c. A similar governmental agency of the Insured Person's Country of Residence had published, communicated or issued a Travel Warning or Emergency Travel Advisory restriction or official declaration informing the public about such health issues before the Insured Person traveled to the Destination Country.
48. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason.
49. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism.

50. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints.
51. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance.
52. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
53. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician.
54. Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies.
55. Charges incurred for Dental Treatment, except as specifically provided for hereunder.
56. Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies.
57. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office.
58. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays.
59. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law.
60. Charges incurred for massage therapy.
61. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
  - a. Bodily or mental infirmity, Illness or disease.
  - b. Infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

**Please note:** This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the [Student Zone](#) for a copy of your insurance certificate which includes the full plan wording and exclusions. IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.