Carrier	IMG
	Option #1
Network	In Network / Out of Network
Policy Year Maximum per illness/injury	$500,000
Out of Pocket Max	$0 / Up to the max limit
Deductible	$0 per Period per illness/injury
Coinsurance	100% / 80% of the Allowed Amount
Physician Office Visit	100%/80% (limited to 1 visit per day per issue)
Urgent Care	100%/80%
Emergency Room	100% (if admitted)/ 80% (if admitted); $400 if not admitted
Hospitalization	100%/80%
Surgery	100%/80%
Laboratory	100%/80%

Carrier	
	Option #1
Prescriptions	Tier 1: $30 copay; Tier 2: $60 copay; Tier 3: $60 copay $2,500 max (prior auth required if Rx if over $500)
Preexisting Conditions	6 month waiting period then up to $50,000 max (proof of creditable coverage accepted)
Inpatient Mental/Nervous	100%/80%; $10,000 max
Outpatient Mental/Nervous	100%/80%; $50 max limit per day; $10,000 max
Mental Telehealth	100%
Medical Telehealth	100%
Local Ambulance	100% (illness must result in hospitalization)
Physical Therapy	100%/80% - max visits/day: 1
Routine Preventative Care	100%/100% ($250 max)
Immunizations	Covered as part of Routine Preventative Care benefit
Interscholastic & Intramural Sports	100%/80%
Emergency Dental	100%/80% - $500 max (injury); $350 max (pain)
Emergency Medial Evacuation	100% of covered expenses ($100,000 max)
Repatriation of Remains	100% up to $25,000 Max
Coverage for dual and non-resident US citizens	Yes

Notes:

All benefits based on Allowed Amount.

Some medical procedures may not be covered such as experimental medical procedures.

This is only a summary of proposed benefits and coverage. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, andexclusions outlined in the summary. The Certificate Wording prevails over any information provided in this summary and is available upon request.

OMNI INTERNATIONAL INSURANCE SERVICES