PATRIOT EXCHANGE PROGRAM℠

MEDICAL INSURANCE FOR EDUCATIONAL OR CULTURAL EXCHANGE GROUPS

Amerigo Education

IMG®

Medical Summary

The following is a schedule of benefits for PEP Group. The plan covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts shown are in U.S. dollars. 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, and exclusions outlined in this summary. The certificate wording prevails over any information provided in this summary and is available upon request prior to purchase.*

Coverage Limit / Maximum Amount for Eligible Medical Expenses			
Certificate Period of Coverage	365 days		
Maximum Limit	$5,000,000		
Per Illness or Injury Limit	$500,000		
The per Illness or Injury limits accumulate towards the Maximum Limit.			
Area of Coverage	Worldwide excluding the Insured Person's Country of Residence		
Benefit Plan Features			
Benefit Levels	**United States In-Network**	**United States Out-Of-Network**	**International**
Deductible for Eligible Medical Expenses			
Deductible ▪ Per Illness or Injury	$0		
Coinsurance for Eligible Medical Expenses			
Coinsurance ▪ In addition to Deductible	Plan pays 100% Insured pays 0%	Plan pays 80% Insured pays 20%	Plan pays 100% Insured pays 0%
Out of Pocket Maximum	$0	Up to the Maximum Limit	$0
Student Health Center			
Copayment per Visit ▪ Not subject to the per Illness or Injury Deductible ▪ Copayment is not applicable if the Declaration states a $0 Deductible	$5		
Coinsurance	Plan pays 100% Insured pays 0%		

Precertification

- Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.
- Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Maximum Penalty: $1,000
- Deductible is taken after reduction.
- Coinsurance is applied to remainder of the reduced amount.
- Refer to the PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.

Pre-existing Conditions

Charges resulting directly or indirectly from or relating to any Pre-existing Condition that existed within 36 months prior to the Effective Date are excluded until the Insured Person has maintained 6 months of continuous coverage under this insurance.

- Maximum Limit: $50,000.

Inpatient or Outpatient Services 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	**In-Network**	**Out-of-Network**	**International**
Eligible Medical Expenses	100%	80%	100%
Physician Visits / Services ▪ Maximum Visits per Day:1 (Unless visit is for a different medical/surgical specialty)	100%	80%	100%
Urgent Care ▪ Not subject to Deductible ▪ Copayment: $20 ▪ Copayment is not applicable if the Declaration states a $0 Deductible	100%	80%	100%
Walk-in Clinic ▪ Not subject to Deductible ▪ Copayment: $20 Copayment is not applicable if the Declaration states a $0 Deductible	100%	80%	100%
Teladoc Consultation	▪ Not subject to Deductible and Coinsurance ▪ Mental or Nervous Disorders are not covered ▪ Coverage for a Teladoc 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 Teladoc 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		
Hospital Emergency Room ▪ Injury: Subject to a $400 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission. ▪ Illness: Subject to a $400 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission.	100%	80%	100%
Hospitalization / Room & Board ▪ Average semi-private room rate ▪ Includes nursing, miscellaneous and Ancillary Services	100%	80%	100%
Intensive Care	100%	80%	100%
Bedside Visit		No Coverage	
Outpatient Surgical / Hospital Facility	100%	80%	100%
Laboratory	100%	80%	100%
Radiology / X-ray	100%	80%	100%
Pre-admission Testing	100%	80%	100%
Surgery	100%	80%	100%
Reconstructive Surgery ▪ Surgery is incidental to or follows Surgery that was covered under the Plan	100%	80%	100%
Assistant Surgeon ▪ 20% of the primary surgeon's eligible fee	100%	80%	100%

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.

Inpatient or Outpatient Services 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	**In-Network**	**Out-of-Network**	**International**
Anesthesia	100%	80%	100%
Durable Medical Equipment	100%	80%	100%
Chiropractic Care ▪ Medical order or Treatment plan required	100%	80%	100%
Physical Therapy ▪ Maximum Visits per Day: 1 ▪ Medical order or Treatment plan required.	100%	80%	100%
Extended Care Facility ▪ Upon direct transfer from acute care Hospital	100%	80%	100%
Home Nursing Care ▪ Provided by a Home Health Care Agency ▪ Upon direct transfer from an acute care Hospital	100%	80%	100%

Prescription Drugs and Medication 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	
Benefit	**Coverage**
The following Prescription Drugs and Medication Period of Coverage limit accumulates toward the Maximum Limit	
International Prescription Drugs and Medication ▪ Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits ▪ Dispensing maximum for Retail Pharmacy: 90 days per prescription	Period of Coverage Maximum: $2,500 100%
United States Retail Pharmacy ▪ Not subject to deductible and coinsurance ▪ Copayments are per 30-day supply ▪ Dispensing maximum per prescription: 90 days ▪ Prescriptions $500 and higher will require Universal RX (URX) to obtain prior authorization from the company ▪ Period of Coverage Maximum: $2,000	Universal RX (URX) prescription drug card MUST be utilized for all outpatient prescription drugs in the United States. Retail pharmacy copayments: Generic $30 Higher cost generic and brand $60 Non-preferred brand name $60

Mental or Nervous / Substance Abuse 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			
Benefit	**In-Network**	**Out-of-Network**	**International**
Inpatient Mental or Nervous / Substance Abuse ▪ Maximum Limit: $10,000 ▪ Not covered if incurred at the Student Health Center	100%	80%	100%
Outpatient Mental or Nervous / Substance Abuse ▪ Maximum Limit per Day: $50 ▪ Maximum Limit: $15,000 ▪ Not covered if incurred at the Student Health Center	100%	80%	100%

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Emergency Services 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			
Benefit	**In-Network**	**Out-of-Network**	**International**
Emergency Local Ambulance ▪ Subject to Deductible ▪ Injury ▪ Illness resulting in a Hospitalization admission	100%	100%	100%
Emergency Medical Evacuation ▪ Maximum Limit: $100,000 ▪ Must be approved in advance and coordinated by the Company	100%	100%	100%
Emergency Reunion		No Coverage	
Interfacility Ambulance Transfer ▪ Up to the per Injury or Illness limit ▪ Services rendered in the United States ▪ Transfer must be a result of an Inpatient Hospitalization	100%	100%	100%
Political Evacuation and Repatriation		No Coverage	
Repatriation for Medical Treatment ▪ Maximum Limit: $100,000 ▪ Approved in advance and coordinated by the Company ▪ Refer to the REPATRIATION FOR MEDICAL TREATMENT provision for further details	100%	100%	100%
Return of Mortal Remains ▪ Maximum Limit: $25,000 ▪ Local Burial / Cremation at place of death » Maximum Limit: $5,000 ▪ Return of Insured Person's Mortal Remains to Country of Residence ▪ Must be approved in advance by the Company	100%	100%	100%

Other Services 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	
Benefit	**Coverage**
Accidental Death & Dismemberment	No Coverage

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Other Services 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			
Benefit	**In-Network**	**Out-of-Network**	**International**
Dental Treatment ▪ Period of Coverage Limit: $350 (Treatment due to Unexpected pain to sound, natural teeth) ▪ Period of Coverage Limit per Injury: $500 (Non-emergency Treatment by a Dental Provider due to an Accident)	100%	80%	100%
Traumatic Dental Injury ▪ Subject to Deductible and Coinsurance ▪ Up to the Maximum Limit ▪ Treatment at a Hospital Facility due to an Accident ▪ Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%	100%	80%	100%
Incidental Trip ▪ Maximum Days: 14 ▪ Insured Person's Country of Residence is not the United States ▪ Refer to the INCIDENTAL TRIP provision for further details	100%	80%	100%
Terrorism ▪ Maximum Limit: $50,000	100%	100%	100%
Preventative Care ▪ Maximum per Period of Coverage: $250	100%	100%	100%

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Add On Rider

If the Insured Person has elected to acquire the add-on coverage under this Rider, the Insured Person will be entitled to the benefits listed below. Additional premium is noted in the rate table above.

Limited High School and College Sports 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	**Coverage**
Interscholastic Athletics, Intramural Sports and Club Sports ▪ Up to the Maximum Limit ▪ Refer to the EXCLUSIONS and DEFINITIONS provisions for further details and restrictions.	100%

Baggage, Legal Assistance, and Personal Liability NOT Subject to Deductible unless otherwise noted Eligible Medical Expenses are subject to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Benefit	**Coverage**
Baggage ▪ Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements. ▪ Lost or Stolen Baggage Period of Coverage Limit: $250 ▪ Lost or Stolen Personal Papers Period of Coverage Limit: $250	100%
Legal Assistance ▪ Attorney Binder Fee Period of Coverage Limit: $500 ▪ When the Insured Person receives a legal summons, threat of lawsuit, or other notice of a third-party claim regarding a personal Injury or property damage liability ▪ For initial consultation ▪ Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements.	100%
Personal Liability ▪ Secondary to any other insurance; refer to the OTHER INSURANCE provision in the Certificate ▪ Injury to a Third Person Per Injury Deductible: $100 Period of Coverage Limit: $2,000 ▪ Damage to Third Person's Property Per damage Deductible: $100 Period of Coverage Limit: $500 ▪ Not Eligible for Coverage: Injury to a related third party Damage to related third person's property ▪ Refer to the BAGGAGE, LEGAL ASSISTANCE, AND PERSONAL LIABILITY provision for further details and requirements.	100%

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Medical Services for Participants

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. The clinical staff at IMG consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. IMG has international medical experience, providing services in more than 170 countries worldwide.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, IMG is there for you. We are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

Locating and Accessing Providers

Whenever or wherever you travel within the U.S., it's comforting to know that the extensive Preferred Provider Organization (PPO) Network is there to serve you. The independent PPO includes hundreds of thousands of established, highly qualified physicians and hospitals, including some of the most well-recognized university medical centers and transplant facilities in the U.S.

Additionally, if you are seeking treatment outside the U.S., we provide you access to our International Provider Access℠ (IPA), a database that includes more than 17,000 highly qualified physicians and facilities that encompass a comprehensive array of specialties to handle any health care emergency.

You can instantly access a list of providers and facilities within the PPO and IPA network online at www.imglobal.com and through MyIMG. The directories allow you to search by physician or facility name, specialty, or location. Our goal is to provide quality medical coverage wherever you may be. The PPO and our IPA enable us to do just that, and our online directories put the information at your fingertips - anytime, anywhere.

Claims Procedures

Precertification

Prior to receiving treatment you may need to contact IMG to precertify your treatment and/or for verification of benefits. Precertification means calling IMG's Utilization Management and Review company to receive a determination of medical necessity for the proposed treatment or services. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. Precertification may be undertaken by you, the doctor, a hospital administrator or a relative.

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