

A full-page background image of the Golden Gate Bridge at night. The bridge is illuminated with warm orange lights, and its reflection is visible in the dark water below. The San Francisco city skyline is visible in the distance under a deep blue twilight sky.

# CHOICEAMERICA™

| *Travel medical insurance for non-U.S. citizens and non-U.S. permanent residents traveling to the United States, Mexico, or Canada.*

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**VisitorsCoverage®**

INSURANCE FOR THE WAY YOU TRAVEL



## KEY FEATURES OF YOUR CHOICEAMERICA™ PLAN

- Medical benefits you may require during your travels at an affordable cost
- Coverage area: North American continent (U.S., Mexico, & Canada)
- Coverage if your entry to the U.S. is denied for a covered reason (please refer to Certificate of Insurance)
- COVID-19 covered as any other medical condition as per the policy

### Benefits that can be purchased for an additional premium:

- Limited pre-existing condition coverage
- Limited dental and vision coverage
- Adventure sports and amusement park injury coverage

WORRY LESS.  
*experience more.*



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## YOUR NO. 1 CHOICE

International travel can quickly turn into a frightening situation if you're not prepared for a medical emergency. Most travelers assume they will be covered by their standard medical plan, but that isn't always the case. While traditional plans may offer adequate domestic coverage, they are not designed for international travel. Without even realizing it, you may be putting your health at risk.

Don't let your medical coverage be an uncertainty. Travel with ChoiceAmerica™ so you can spend more time enjoying your international experience and less time worrying about medical coverage.

Designed with the needs and budget considerations of international travelers in mind, ChoiceAmerica™ offers short-term medical coverage for non-U.S. citizens traveling to North America, including the United States, Mexico and Canada. The plan is designed to provide benefits you may require during your travels at an affordable and competitive cost. It is a limited coverage plan that provides benefits up to a maximum amount for each type of service or treatment. Be sure to review the plan benefits and limits of coverage in the Certificate of Insurance, which is available upon request. Contact VisitorsCoverage if you need any help understanding the coverage of this plan, and to ensure ChoiceAmerica™ is right for you.

## A PARTNERSHIP OF EXCELLENCE

VisitorsCoverage® has partnered with International Medical Group® (IMG®) to bring you world-class benefits backed by unparalleled services. IMG, a leading administrator of international insurance products, has developed a reputation of excellence in the industry. Serving millions of members in almost every country, IMG is committed to being there for its international clients, wherever life takes them.

## ELIGIBILITY AND COUNTRY RESTRICTIONS

The following conditions (among others) apply to all persons applying for and/or enrolling in the ChoiceAmerica™ plan:

- ChoiceAmerica™ is travel medical insurance for non-U.S. citizens and non-U.S. permanent residents traveling to the United States, Mexico, or Canada.
- To qualify for coverage you must not be a citizen or permanent resident of the host country you are traveling to (the United States, Mexico, or Canada).

## INTERNATIONAL TRAVEL TIME COVERAGE

ChoiceAmerica™ provides coverage during international travel time as long as the dates of travel are included on your declaration page. Coverage begins as soon as you are outside of your home country.

## COVERAGE DATES

You will choose the certificate's start date and end date during the application process. The start date can be as early as the day after your purchase. The plan will cover a period of 5 days up to a maximum period of 12 continuous months. The certificate will begin on the selected start date at 12:01 a.m. EST and will end on the selected end date at 12:01 a.m. EST.

## EXTENSION

Your ChoiceAmerica™ policy may be extended in increments with minimum of five (5) days up to the maximum coverage period of 12 continuous months. If applicable, certificate can be extended online. Each extension is subject to a \$5 extension fee.

## CANCELLATION AND REFUND

If you are not pleased with your ChoiceAmerica™ coverage for any reason, you may submit a written request to International Medical Group® (IMG®) prior to your start date, for cancellation and full refund of your premium. After the certificate's start date, you may submit a written request for cancellation as long as no claims have been submitted, but the following conditions will apply: 1) You will be required to pay a \$20 cancellation fee and 2) You will receive a refund of the premium amount covering time periods after cancellation. If you or a service provider have filed claims, your premium is non-refundable.

## DOCTORS AND HOSPITALS

ChoiceAmerica™ is part of the First Health PPO network. When going to the doctor, hospital, or urgent care facility, show your ID card and state that the policy is a travel medical insurance policy that belongs to the First Health PPO network. **Depending on the billing process of the facility you go to, you may be required to make a payment, for which you can file a claim.**

## BILLING

Depending upon the medical facility you choose, you may be required to pay for your medical expenses up-front. If this occurs, you should request reimbursement of your expenses subject to your plan benefits by submitting a claim form to International Medical Group® (IMG®). Please note, however, that this is a claim reimbursement policy, which means that even if the facility does not require you to make an up-front payment and instead bills IMG directly, you will still be required to submit a claim form.

## CLAIM FILING PROCESS

To file a claim, please use IMG's MyIMG member portal at [myimg.imglobal.com](http://myimg.imglobal.com) and submit it electronically. Alternatively, you may complete the paper claim form available at [visitorscoverage.com](http://visitorscoverage.com) and mail it to: Claims Department, International Medical Group, PO Box 240429 Apple Valley, MN 55124 USA. In both instances, you must provide supporting documents, including copies of any bills, receipts, and all stamped pages of your passport. Additional documentation may be needed, in which case IMG will contact you to request it. Claims must be presented to IMG for payment within 60 days from the date the claim was incurred.

## CLAIMS PAYMENTS

Upon approval, the claims will be paid by check to the insured's mailing address. Direct reimbursements can be wired to an international bank account upon request.

## PRECERTIFICATION

Each proposed hospital admission, inpatient or outpatient surgery, or other procedures as noted in the Certificate of Insurance must be precertified for medical necessity. This means you or your attending medical practitioner must communicate with an IMG representative at the number listed on the IMG ID card prior to admission to a hospital, performance of a surgery or other procedures.

In case of an emergency admission, the precertification call must be made within 48 hours of admission, or as soon as reasonably possible. If a hospital admission, a surgery or

anything else requiring precertification is not precertified, eligible claims and expenses will be reduced by 50 percent.

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. All medical expenses eligible for reimbursement must be for medically necessary care and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate of Insurance as defined for full details of the precertification requirements. You must follow precertification instructions carefully. Failure to do so may invalidate your claim, or in certain circumstances, result in a loss or reduction of coverage.

**Note:** You may begin the precertification process through MyIMG. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, we will review the information provided and respond to you or the provider. Please note that this online service will only initiate the precertification process, and it should not be used to precertify emergency admissions, procedures, or evacuations.

## PRE-EXISTING CONDITIONS

Pre-existing conditions are not covered by most travel medical insurance plans, including ChoiceAmerica, due to the short-term nature of the plans. However, **ChoiceAmerica™ offers an optional pre-existing condition rider**, which provides limited and basic coverage for eligible pre-existing conditions that existed at or prior to the effective date. Pre-existing conditions are any medical conditions that you have had before the certificate effective date. This coverage can be added at the time of enrollment for a qualifying application. It is important to review the coverage available under this rider. A complete description of benefits is available in the Certificate of Insurance, which is available upon request from your agent or from IMG. Please note that all diagnoses are determined by the attending physician.

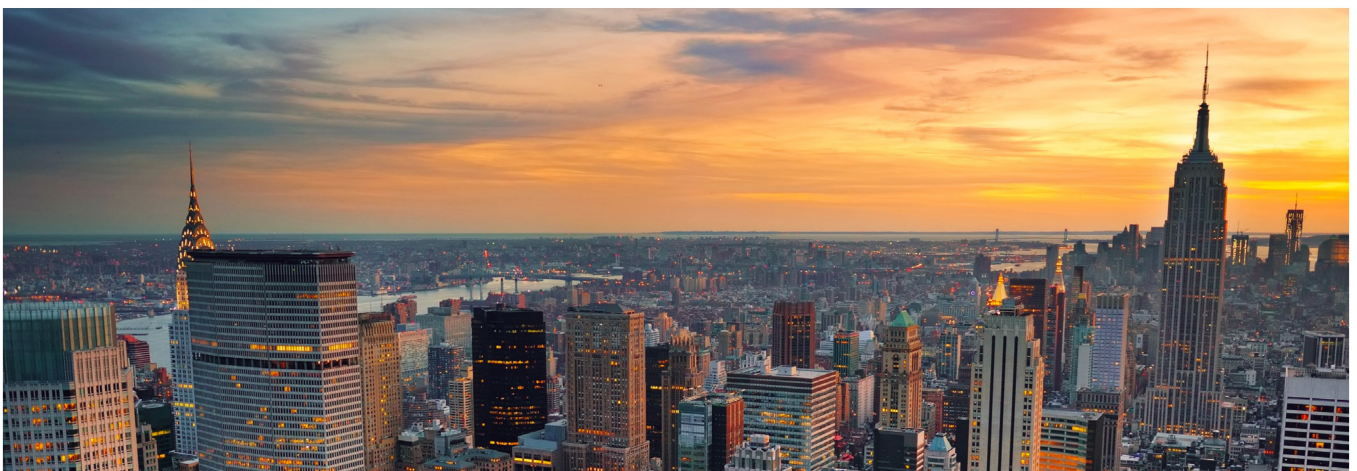
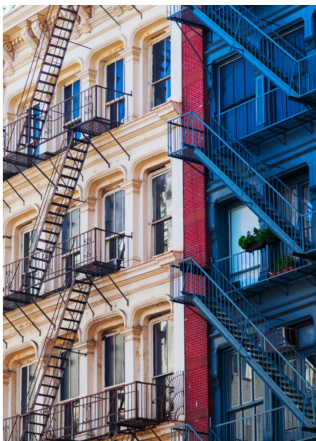
## PASSPORT AND TRAVEL DOCUMENT LOSS

You are reimbursed expenses for replacing a lost or stolen passport or travel document up to \$100 as long as you provide proper proof of loss, including a police report.





CHOICEAMERICA™





# BENEFIT SUMMARY

	PLAN A	PLAN B	PLAN C
Maximum	\$50,000 per certificate period	\$100,000 per certificate period	\$150,000 per certificate period
Deductible ( <i>\$0 deductible not available for ages 70-79</i> )	\$0, \$50, or \$100 per certificate period	\$0, \$50, or \$100 per certificate period	\$0, \$50, or \$100 per certificate period

## INPATIENT TREATMENT

Inpatient Physician Visits	Up to \$75 per visit, 30 visits per certificate period	Up to \$90 per visit, 30 visits per certificate period	Up to \$120 per visit, 30 visits per certificate period
Specialist Consultation	Up to \$450 per consultation	Up to \$500 per consultation	Up to \$650 per consultation
Hospital Room & Board	Up to \$1,400 per day, 30-day maximum certificate period	Up to \$2,000 per day, 30-day maximum per certificate period	Up to \$3,000 per day, 25-day maximum per certificate period
Intensive Care	Up to an additional \$700 per day, 8-day maximum per certificate period	Up to an additional \$1,000 per day, 8-day maximum per certificate period	Up to an additional \$1,500 per day, 8-day maximum per certificate period
Private Duty Nurse	Up to \$550 per certificate period	Up to \$550 per certificate period	Up to \$700 per certificate period
Surgeon	Up to \$4,000 per surgical session	Up to \$6,000 per surgical session	Up to \$7,500 per surgical session

## OUTPATIENT TREATMENT

Outpatient Physician Visits ( <i>Includes Urgent Care Clinics and Walk-in Clinics</i> )	Up to \$75 per visit, 10 visits per certificate period	Up to \$90 per visit, 10 visits per certificate period	Up to \$130 per visit, 10 visits per certificate period
Pre-Admission Testing	Up to \$1,100 per certificate period	Up to \$1,100 per certificate period	Up to \$1,500 per certificate period
Diagnostic Laboratory & Radiology	Up to \$1,000 per certificate period	Up to \$1,250 per certificate period	Up to \$1,500 per certificate period
Hospital Emergency Room	Up to \$400 per visit	Up to \$600 per visit	Up to \$800 per visit
Surgical Facility	Up to \$900 per surgical session	Up to \$1,000 per surgical session	Up to \$1,500 per surgical session
Surgeon	Up to \$4,000 per surgical session	Up to \$4,500 per surgical session	Up to \$8,000 per surgical session
Physical Therapy	Up to \$60 per visit per day, 15 visits per certificate period	Up to \$60 per visit per day, 15 visits per certificate period	Up to \$60 per visit per day, 15 visits per certificate period
Extended Care Facility	Up to \$200 per day, 15 day maximum per certificate period	Up to \$250 per day, 15 day maximum per certificate period	Up to \$250 per day, 15 day maximum per certificate period
Prescriptions	Up to \$350 per certificate period	Up to \$350 per certificate period	Up to \$350 per certificate period

All coverages, benefits, and premium amounts are in U.S. dollars. Charges are reimbursed at usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Application, Master Policy and other governing documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



# BENEFIT SUMMARY

	PLAN A	PLAN B	PLAN C
MISCELLANEOUS INPATIENT & OUTPATIENT TREATMENT			
Assistant Surgeon	Up to \$825 per surgical session	Up to \$1,375 per surgical session	Up to \$1,800 per surgical session
Anesthesia	Up to \$825 per surgical session	Up to \$1,375 per surgical session	Up to \$1,800 per surgical session
EMERGENCY SERVICES			
Common Carrier Accidental Death	Up to \$5,000 per insured or \$25,000 maximum per family per certificate period	Up to \$5,000 per insured or \$25,000 maximum per family per certificate period	Up to \$5,000 per insured or \$25,000 maximum per family per certificate period
Emergency Local Ambulance	Up to \$650 per certificate period	Up to \$650 per certificate period	Up to \$650 per certificate period
Emergency Medical Evacuation	Up to \$50,000 per evacuation	Up to \$50,000 per evacuation	Up to \$100,000 per evacuation
Return of Mortal Remains to Home Country	Up to \$7,500 maximum or \$5,000 for local burial or cremation	Up to \$7,500 maximum or \$5,000 for local burial or cremation	Up to \$7,500 maximum or \$5,000 for local burial or cremation
OTHER SERVICES			
COVID-19/SARS-CoV-2 Treatment	Up to the period of coverage maximum limit	Up to the period of coverage maximum limit	Up to the period of coverage maximum limit
Border Entry Protection	Cost of a return airline ticket (one-way economy class common carrier airline ticket to country of origin); commercial airline change fee; \$550 maximum limit	Cost of a return airline ticket (one-way economy class common carrier airline ticket to country of origin); commercial airline change fee; \$550 maximum limit	Cost of a return airline ticket (one-way economy class common carrier airline ticket to country of origin); commercial airline change fee; \$550 maximum limit
Dental Accident or unexpected pain to natural teeth	Up to \$700 per certificate period	Up to \$700 per certificate period	Up to \$700 per certificate period
Influenza (flu) Vaccination	Up to \$50 per certificate period Deductible: \$25 (plan deductible waived) Available only in the United States	Up to \$50 per certificate period Deductible: \$25 (plan deductible waived) Available only in the United States	Up to \$50 per certificate period Deductible: \$25 (plan deductible waived) Available only in the United States
Lost or Stolen Passport	Up to \$100 per certificate period	Up to \$100 per certificate period	Up to \$100 per certificate period
Terrorism	Up to \$50,000 per certificate period	Up to \$50,000 per certificate period	Up to \$50,000 per certificate period
OPTIONAL COVERAGES			
Dental & Vision Rider	Acute only: Dental - 1 exam up to \$100. Tooth removal: \$200 per certificate period Vision - 1 exam up to \$150 per certificate period	Acute only: Dental - 1 exam up to \$100. Tooth removal: \$200 per certificate period Vision - 1 exam up to \$150 per certificate period	Acute only: Dental - 1 exam up to \$100. Tooth removal: \$200 per certificate period Vision - 1 exam up to \$150 per certificate period
Adventure Sports Rider	Up to \$50,000 per certificate period (Maximum limit varies by age)	Up to \$50,000 per certificate period (Maximum limit varies by age)	Up to \$50,000 per certificate period (Maximum limit varies by age)
Pre-Ex Rider	Additional \$50 deductible per incident Physician visit: \$150 per visit, 3 visits maximum Lab & X-ray: \$1,000 Emergency room & hospitalization: \$1,500 Prescription: \$100	Additional \$50 deductible per incident Physician visit: \$150 per visit, 3 visits maximum Lab & X-ray: \$1,000 Emergency room & hospitalization: \$1,500 Prescription: \$100	Additional \$50 deductible per incident Physician visit: \$150 per visit, 3 visits maximum Lab & X-ray: \$1,000 Emergency room & hospitalization: \$1,500 Prescription: \$100

All coverages, benefits, and premium amounts are in U.S. dollars. Charges are reimbursed at usual, reasonable and customary charges. Subject to deductible and coinsurance where applicable. Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Application, Master Policy and other governing documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



# RATES AND PLAN INFORMATION

## \$50,000 MAXIMUM BENEFIT PER LIFE OF PLAN

PLAN A		Option 1 - \$0 Deductible Per Period of Coverage	Option 2 - \$50 Deductible Per Period of Coverage	Option 3 - \$100 Deductible Per Period of Coverage
	Age	Daily	Daily	Daily
	2 weeks - 18	\$1.30	\$1.08	\$1.00
	19 - 29	\$1.30	\$1.08	\$1.00
	30 - 39	\$1.33	\$1.11	\$1.03
	40 - 49	\$1.38	\$1.19	\$1.08
	50 - 59	\$1.93	\$1.66	\$1.51
	60 - 69	\$2.37	\$1.95	\$1.80
	70 - 79	N/A	\$3.74	\$3.44
	Dependent Child	\$1.22	\$1.05	\$0.96

## \$100,000 MAXIMUM BENEFIT PER LIFE OF PLAN

PLAN B	Option 1 - \$0 Deductible Per Period of Coverage		Option 2 - \$50 Deductible Per Period of Coverage		Option 3 - \$100 Deductible Per Period of Coverage	
	Age	Daily	Daily	Daily		
	2 weeks - 18	\$1.74	\$1.45	\$1.34		
	19 - 29	\$1.74	\$1.45	\$1.34		
	30 - 39	\$1.83	\$1.53	\$1.42		
	40 - 49	\$1.88	\$1.59	\$1.51		
	50 - 59	\$2.69	\$2.24	\$2.10		
	60 - 69	\$3.16	\$2.65	\$2.54		
	70 - 79	N/A	\$5.15	\$4.92		
	Dependent Child	\$1.67	\$1.39	\$1.28		

## \$150,000 MAXIMUM BENEFIT PER LIFE OF PLAN

PLAN C

	Option 1 - \$0 Deductible Per Period of Coverage	Option 2 - \$50 Deductible Per Period of Coverage	Option 3 - \$100 Deductible Per Period of Coverage
Age	Daily	Daily	Daily
2 weeks - 18	\$2.25	\$1.86	\$1.73
19 - 29	\$2.25	\$1.86	\$1.73
30 - 39	\$2.24	\$1.87	\$1.74
40 - 49	\$2.32	\$1.96	\$1.84
50 - 59	\$3.48	\$2.89	\$2.72
60 - 69	\$4.08	\$3.43	\$3.28
70 - 79	N/A	\$9.22	\$8.46
Dependent Child	\$2.14	\$1.77	\$1.65

IMG reserves the right to issue the most current rates in the event these expire, are modified or replaced with a newer version. Rates include surplus lines tax where applicable. A dependent child is your child shown on the Application Form over 14 days and under 18 years of age, traveling with you, and for whom premium has been paid.



## OPTIONAL COVERAGE RATE FACTORS

(Multiply the factor by the rates from the table above.)

OPTIONAL RIDERS	Dental & Vision Rider	1.3
	Adventure Sports Rider	1.2
	Pre-Ex Rider	1.38

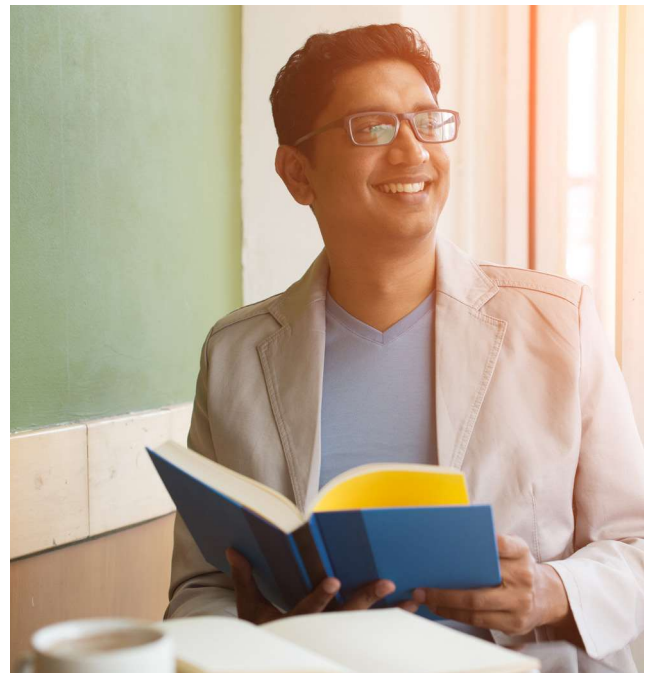
## CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the applicable deductible and scheduled limits and sub-limits, and all other terms, conditions and exclusions of the ChoiceAmerica™ plan as contained in the Insurance Contract.
2. Coverage under the plan is secondary to any other available coverage or benefits.
3. Coverage and benefits are for medically necessary, and usual, reasonable, and customary charges only.
4. Treatment must be administered or ordered by a physician.
5. Charges must be incurred during the certificate period.

## PHARMACY BENEFITS

If you purchase medication at a pharmacy, IMG will reimburse you according to the amount listed in the schedule of benefits. You must submit the expense as a claim along with an eligible receipt that contains the name of the patient, medication, dosage, name of prescribing doctor, date of purchase, cost of the medication, and mode of payment.

**Prescription Pharmacy Discount Savings:** This discount savings program allows you to purchase prescriptions at one of more than 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Prescription contract price or **2)** The pharmacy regular retail price. *This program is not insurance coverage; it is purely a discount program.*



**The ChoiceAmerica brochure is marketing material that is provided for information purpose only and covers only the plan highlights. This brochure should not be viewed as a complete description of coverage. Nothing in this brochure can replace or override what is defined in the Insurance Contract. Please review the Certificate of Insurance for a detailed description of coverage benefits, limitations and exclusions. Only the Insurance Contract is binding. A complete description of coverage is available in PDF version at [www.VisitorsCoverage.com/ChoiceAmerica](http://www.VisitorsCoverage.com/ChoiceAmerica). You can also request a sample Certificate of Insurance by contacting [insurance@ImGlobal.com](mailto:insurance@ImGlobal.com) or [ChoiceAmerica@visitorsCoverage.com](mailto:ChoiceAmerica@visitorsCoverage.com).**



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[WWW.VISITORScoverage.COM](http://WWW.VISITORScoverage.COM)

*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 as defined. 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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