

Exclusions

The following is a summary of the main plan exclusions, please refer to the full policy certificate for the full exclusion list and wording.

- (1) War; Military Action
- (2) Terrorism
- (3) Pre-existing Conditions
- (4) Maternity and Newborn Care
- (5) Charges for Treatment of Mental or Nervous Disorders; and
- (6) Charges for any Treatment or supplies that are:
 - (a) not incurred, obtained or received by an Insured Person during the Period of Coverage; and/or
 - (b) not presented to the Company for payment by way of a complete PROOF OF CLAIM within ninety (90) days of the date such Charges are incurred; and/or
 - (c) not administered or ordered by a Physician; and/or
 - (d) not Medically Necessary; and/or
 - (e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable; and/or
 - (f) in excess of Usual, Reasonable, and Customary; and/or
 - (g) incurred by an Insured Person who was HIV + on or before the Effective Date of this insurance relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related illness, ARC Syndrome, AIDS; and/or
 - (h) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician; and/or
 - (i) performed or provided by a Relative of the Insured Person; and/or
 - (j) not expressly included as Eligible Medical Expenses; and/or
 - (k) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home; and/or
 - (l) 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; and
 - (m) for any Congenital Disorders and conditions; and
- (7) Charges incurred for telephone consultations except Telemedicine consultations through an established Telemedicine protocol system as determined by the Company under the plan; and
- (8) Charges incurred due to a failure to keep a scheduled appointment; and
- (9) Charges incurred for Surgeries or Treatment or supplies which are:
 - (a) Investigational, Experimental, or for research purposes, and/or
 - (b) related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures; and
- (10) Charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care; and
- (11) Charges incurred for any Surgery, Treatment or supplies relating to, arising from or in connection with, for, or as a result of:
 - (a) weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity; and/or
 - (b) 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; and/or
 - (c) cosmetic or aesthetic reasons; and/or
 - (d) any Illness or Injury sustained while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee, and adventure sports and activities, including, without limitation the following (including any combination or derivative of the following): abseiling; mountaineering activities where specialized climbing equipment, ropes or guides are normally or reasonably should have been used; athletic or sporting activities (except for activities that are non-contact, non-collision and engaged in by the Insured Person solely for recreational, entertainment or fitness purposes); aviation (except when travelling solely as a passenger in a commercial aircraft); BMX; BASE jumping; bobsledding; bungee jumping; canyoning; caving; hang gliding; heli-skiing; high diving; hot air ballooning; inline skating; jet skiing; jungle zip lining; kiteboarding; kayaking; luge; motocross (MOTO-X); mountain biking; parachuting; paragliding; parasailing; rappelling; racing of any kind including without limitation by horse, motor, motorcycle, automobile, or any other motorized or non-motorized vehicle of any type or other means; rock climbing; any rodeo activity; ski jumping; sky diving; snow skiing except for recreational downhill and/or cross country snow skiing (provided that there is no coverage for any Illness or Injury sustained while skiing in violation of applicable laws, rules or regulations; away from prepared and marked in-bound territories; and/or against the advice of the local ski school or local authoritative body); snowboarding; snowmobiling; spelunking; surfing; trekking; whitewater rafting; windsurfing; wildlife safaris; and sub-aqua pursuits involving underwater breathing apparatus below a depth of 30 meters. Practice or training in preparation for any excluded activity which results in Illness or Injury will be considered as activity while taking part in such activity; and/or

- (e) 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; and/or
- (f) 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; and/or
- (g) 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; and/or
- (h) any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician; and/or
- (i) any willfully Self-inflicted Injury or Illness; and/or
- (j) any sexually transmitted or venereal disease; and/or
- (k) any testing for the following: HIV, seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome, AIDS; and/or
- (l) 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; and/or
- (m) any Substance Abuse except as otherwise expressly set forth; and/or
- (n) speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy; and/or
- (o) orthotics, visual therapy or visual eye training; and/or
- (p) any Illness or Treatment of the feet, however claims for Treatment or supplies for the feet may be eligible for coverage under this insurance at the sole option of the Company and subject to all other Terms of this insurance when related to:
 - (i) an Injury to the foot arising from an Accident covered hereunder; and/or
 - (ii) an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of Treatment; and/or
 - (q) hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth; and/or
 - (r) any sleep disorder, including without limitation sleep apnea; and/or
 - (s) any exercise program; and/or
 - (t) any exposure to any non-medical nuclear or atomic radiation; and/or
 - (u) any organ or tissue or other transplant or related services; and/or
 - (v) any artificial or mechanical devices designed to replace human organs; and/or
 - (w) any efforts to keep a donor alive for a transplant procedure; and/or
 - (x) any Illness or Injury resulting from or sustained after entering the Host Country as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak; and
- (12) Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception or birth; and
- (13) Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction; and
- (14) Charges incurred for Dental Treatment, except as expressly set forth;
- (15) Charges incurred for eyeglasses, contact lenses, hearing aids, hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason; and
- (16) Charges incurred for eye Surgery; and
- (17) Charges incurred for Treatment of the temporomandibular joint, TMJ syndrome, and chronic TMJ pain; and
- (18) Charges incurred while in the Insured Person's Home Country, except as otherwise expressly provided for hereunder; and
- (19) Charges incurred for immunizations and/or routine physical examinations; and
- (20) Charges incurred for any travel, meals, transportation and/or accommodations, except as expressly provided for in this insurance; and
- (21) Any taxes, involuntary or forced contributions, assessments, charges, fees or surcharges imposed by any governmental agency or authority:
 - (a) arising out of or as a result of any Treatment or supplies received by the Insured Person, and/or
 - (b) based upon the Company's election hereunder, if any, to pay benefits directly to providers as an accommodation to the Insured Person, and/or
 - (c) for any other reason; and
- (22) Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; and
- (23) Charges and all costs related to or arising from or in connection with all trips to the Host Country undertaken to secure medical Treatment or supplies; and
- (24) Charges incurred for hospice care.
- (25) 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; or
 - (b) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.



Travel Medical Insurance Plan

Janus International

Plan Number: EPSWN00243917

 **Envisage**
Global Insurance

Plan Benefits

Plan Benefits	Coverage Amount
Policy Maximum	\$200,000
Deductible	\$100 per injury/illness (\$50 copayment only at Urgent Care Centers)
Emergency Room Deductible	\$200 for illness and not admitted Not subject to Injuries
Chronic Disease	60 days max treatment period
Injury/Illness	Up to policy maximum
Prescription Medication	Up to policy maximum
Ambulance	Up to policy maximum (Must result in inpatient hospitalization if illness)
Dental	Accident - Up to Policy Maximum Acute onset of pain - \$200
Medical Evacuation	\$100,000
Repatriation of Remains	\$50,000
Emergency Reunion	\$2,500
Trip Interruption	\$5,000
Accidental Death and Dismemberment	\$25,000 \$5,000 for those under 18
Sports Coverage	Contact Sports - \$5,000 Non-contact sports - Up to policy maximum
Pre-certification Penalty	50% reduction of eligible expenses
Travel Assistance	Included

Please note: this brochure is a consolidated summary of the plan benefits, the [official policy certificate](#) is available in your student zone and will be the overriding document for claims adjudication. Any discrepancies between this brochure and the policy certificate, the policy certificate will override this brochure.

ID Card

It is extremely important that you carry your insurance ID card with you at all times as this will identify to the provider treating you who your insurance is with. Your ID card will be given to you before you travel and should be kept with you at all times.

Student Zone

For more detailed information about your insurance plan, including full policy conditions and exclusions please visit: www.envisageglobalinsurance.com/student-zone/janus/

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 Care

When you need to seek non-emergency care, please visit a local doctor, urgent care treatment center or walk-in medical clinic, as they will be best placed to assist you and the cost will be reasonable. Use of the hospital emergency room for non-emergency care is not appropriate in many parts of the world. To locate a provider, use the online search tool described below or call IMG for appropriate in-network providers in your area. Examples of non-emergency care include cold, flu, minor injuries and sickness.

Emergency Care

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. Provide them with your insurance information at the time of treatment. 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.

Please Note – Charges for use of the emergency room for an illness will be subject to a \$200 Deductible unless the Member is directly admitted to the Hospital as an Inpatient for further treatment of that illness. Injuries will not be subject to the ER deductible.

Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider 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 found both inside and outside the USA online through our provider search tools. Inside the USA, you can either call the provider directly for an appointment or for urgent care clinics, just walk up for treatment. Outside the

USA, you can either seek treatment from any provider you wish, or please call IMG prior to any treatment and they will assist with locating the nearest provider and setting up direct billing.

www.envisageglobalinsurance.com/network/img.php

Claims

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

Inside the USA - When inside the USA, please visit a network provider. Give them your insurance ID card, pay your deductible/copay (if you have one) and the provider will be able to send all the bills direct to IMG for settlement. If you visit a provider outside of the network, you will need to pay upfront for the medical expenses and submit a claim form for reimbursement.

Outside the USA - When outside the USA, please 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.

Prescription Medications - Any medications that you have been prescribed will need to be paid for at the time of purchase and added to any claims you are submitting.

Claim Submission

Please note that you have up to 90 days from the date a claim is incurred with which to file a claim. Claims received after that time are subject to timely filing denials.

You can download a copy of the claim form from the student zone and submit it with your receipts to:
CustomerCare@IMGGlobal.com

or by mail or fax to:
International Medical Group
Claims Department
PO Box 88500
Indianapolis, IN 46208-0500
Fax: (+1) 317 655 4505

If you have any claims questions or need assistance, please call or email the assistance team for help.

Claims Update

MyIMG in your Student Zone will allow you to login and view all your claims activity, download your Explanation of Benefits (EOB's) and contact the claims team directly with any questions. For more information please [visit your Student Zone](#).