Purchasing US Health Insurance for your Temporary Visit to Fermilab

Prepared by Fermilab's Visa Office
in collaboration with Fermilab's Benefits Office

Agenda

- Overview
- Definitions
- Understanding Medical Insurance Coverage
  - Know Before You Buy
  - Plan Description
  - Definitions
  - How Medical Expenses are Covered by the Insurance
  - Limits on the Medical Insurance
    - Excluded Medical Expenses
    - Pre-existing Conditions
- Selecting Your Insurance Paperwork
  - Considerations
  - Checklist
- The Insurance Paperwork

OVERVIEW

Overview

- Visitors to Fermilab, including Summer Interns employed by Fermilab, must show that they are covered by medical insurance.
  - The medical insurance must cover incidents happening AT Fermilab.
  - The medical insurance must cover all time spent at Fermilab.
    - We strongly recommend it also covers all time spent physically in the U.S. – from the moment you get off the airplane, to the moment you board the airplane to return home.
- This presentation is intended to help visitors unfamiliar with the US medical system to decide whether to buy health insurance from a US insurance company.

- NOTE:
  - This presentation is for informational purposes only. It is not intended as advice or instruction.
  - It is an overview of some, but not all, of the possible issues that you might face.
  - The Visa Office are not specialists on medical and/or healthcare insurance issues. We therefore cannot give advice on these issues.
  - If you have specific questions about your situation, please contact your chosen healthcare insurance provider.

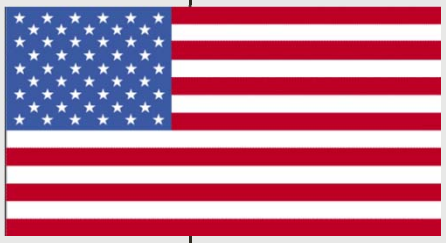
Choices

- You may be insured by a health insurance company in your home country.
  - Your coverage must include events that happen ***IN*** the United States.

OR

- You may choose a US health insurance company.
  - US health insurance is expensive.
  - Most “full service” health insurance plans assume that part of the cost will be carried by a U.S. employer.
  - Visitors (users) to Fermilab cannot purchase Fermilab’s employee medical insurance plan.
  - Most other “full service” health insurance plans will not accept individual participants, or are too expensive to be reasonable options.
  - The only type of U.S. health insurance plan available to most users, therefore, is “temporary” medical insurance.

Choices

Non-US Medical Insurance Plans	US "Full-Care" Medical Insurance Plans	US Temporary Medical Insurance Plans
		
You likely will be familiar with the coverage provided by the insurance. Be sure to determine whether coverage is "full" or "emergency" only.	You will need to research the coverage provided by the insurance.	You will need to research the coverage provided by the insurance. Coverage will be extremely limited – emergencies only, not wellness coverage.
Claims process likely will require translations from English to your native language	Claims process will not require translations	
US medical providers might not communicate efficiently with non-US insurance companies. This might delay claims processing.	Medical providers likely will be familiar with insurance company and know claims process. This will increase efficiency of claims processing.	
Payment to the insurance company will be local and probably easy for you to complete	Payment to the insurance company will be online and likely require a credit card	

This Presentation

- This presentation discusses **short-term (temporary) medical insurance plans**, issued by *US* insurance companies to foreign visitors temporarily in the United States.
  - IMG / Gateway Insurance
  - Seven Corners
  - Many more!

- **It does NOT discuss:**
  - Insurance provided by non-U.S. insurance companies.
  - Insurance provided by Fermilab to employees.
  - Insurance plans that provide “full coverage” “long-term” or “wellness” care.

DEFINITIONS

Medical Insurance

- Also called:
  - Medical Plan
  - Benefit Plan
  - Health Plan

- This is a legal contract with a company by which certain medical expenses will either be
  - Paid (in part or in whole) to the person or company that provided the healthcare service to you, or
  - Reimbursed to you (in part or in whole), after you pay the expense.

- **Because it is a legal contract, it is important to understand the terms of the contract -- if possible, before you agree to those terms by purchasing it!**

Providers and Networks

Provider

- Each professional who provides medical services:
  - Doctors
  - Pharmacists
  - Occupational , Physical or other therapists
  - Technicians running medical tests
    - Blood tests, MRIs, CT scans, x-rays, etc.
  - Ambulance services

Network Providers

- All the providers who have agreed to provide services at negotiated rates to all individuals who have insurance through your insurance company.
- If your insurance company has Network providers, your cost will be lower if you use them.
- Not all temporary insurance plans use Networks
  - IMG and Gateway have Networks.
  - Seven Corners does not.

Co-Payment versus Co-Insurance

Co-Payment

- Amount you pay at time of service *before* you receive a medical service
  - Example: $25
- Listed on your insurance card or certificate
- Many temporary insurance plans do not have "co-payments"

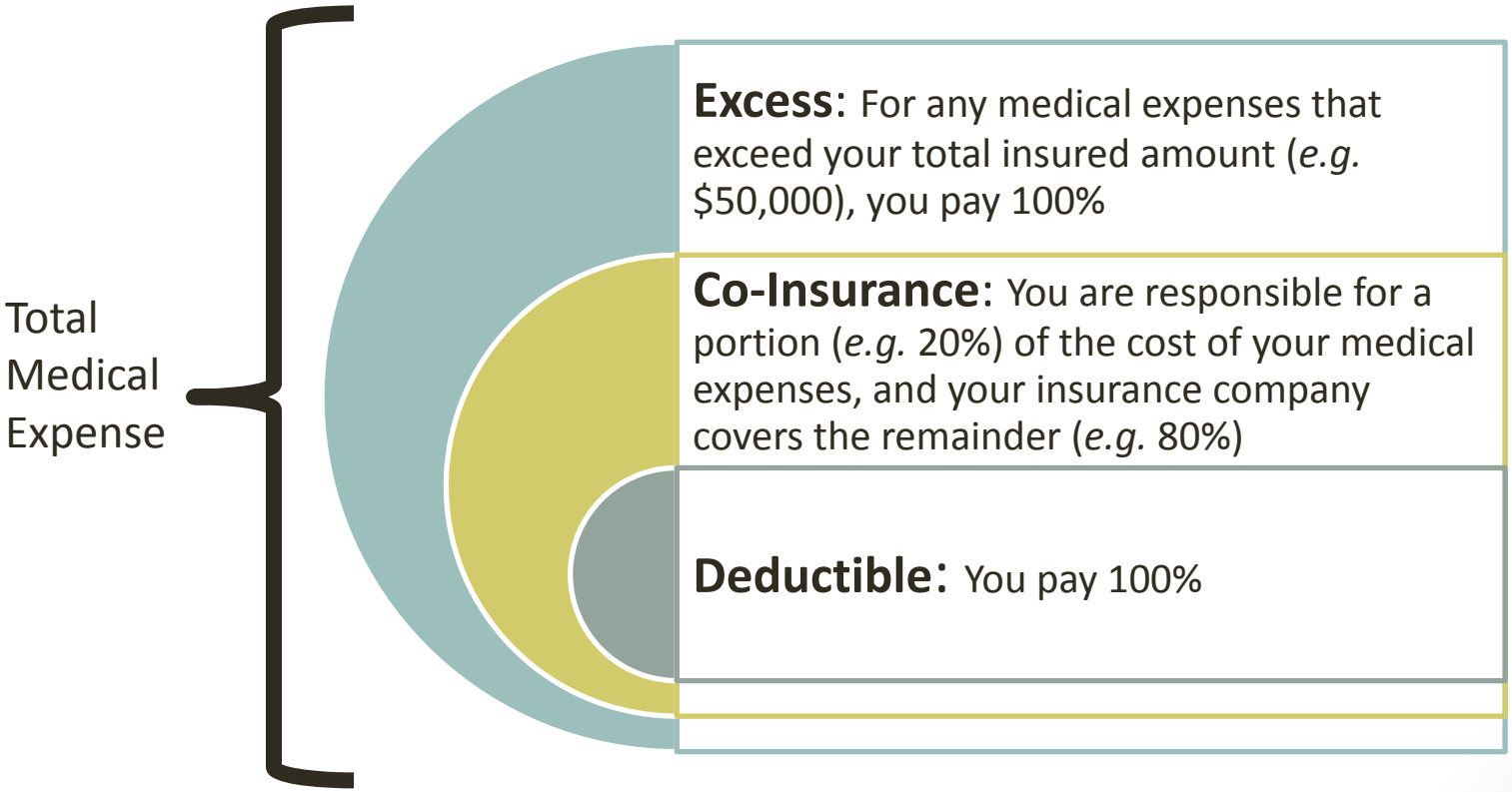
Co-Insurance

- The proportion of the provider's fees or charges for which you are responsible
- The proportion is set by the insurance plan
- For example, if the insurance plan states that it will pay for 80% of medical expenses, this means that you are responsible for 20% of the expenses.
- Most temporary insurance plans are "co-insurance" plans

Deductible

- The amount of medical expenses that must be paid by YOU, before the insurance company will cover any expenses.
- Usually is a fixed amount.
- Must be paid before the *benefits* of the policy can apply.
- Usually, the higher the deductible, the lower the amount you paid to *purchase* the insurance (called a “premium”) and vice versa.

Co-Insurance and Deductibles



Example

Insurance Plan with a deductible of $150, and coinsurance of 80% / 20%:

- Pat goes to a doctor. The doctor charges $350 for the visit. Pat must pay the entire amount immediately. Pat then files a "claim" with the insurance company, using the company's Claim Forms and the itemized receipt from the doctor.

- The deductible is $150. This does not ever get refunded to Pat.
  - $350 (the medical expense) - $150 (the plan deductible) = $200

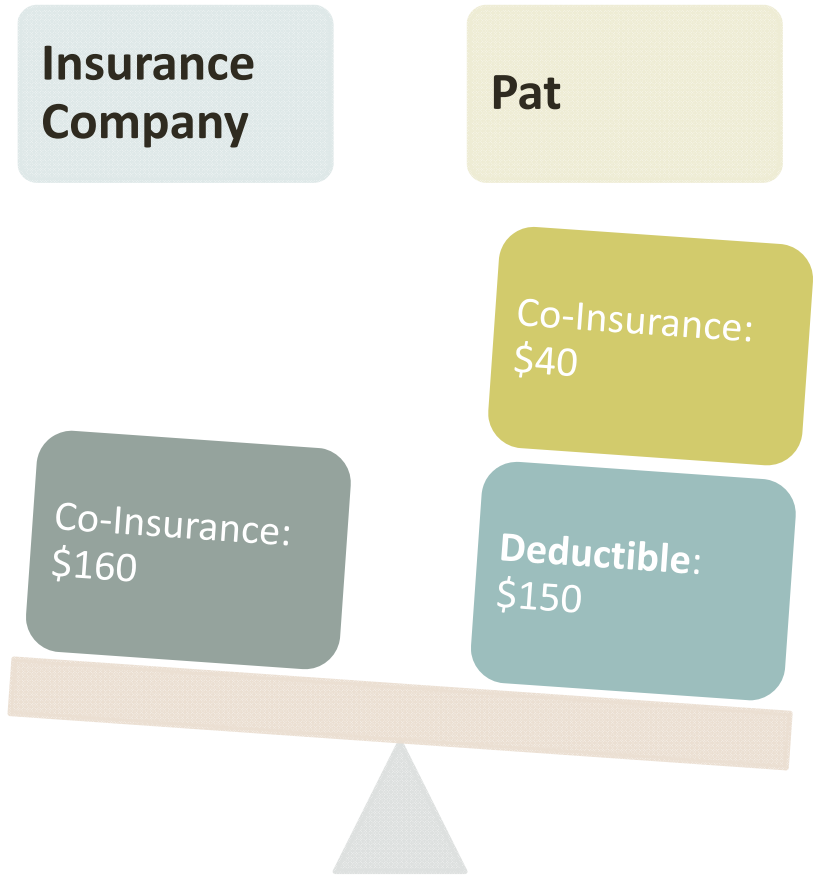
- Co-Insurance of "*80% / 20%*" means that Pat pays 20%, and the insurance company will pay 80% of the doctor's charge.
  - Co-insurance% *x* [expense – deductible] = reimbursement amount.
    - 80% of $200 = $160 (the Insurance company's responsibility).
    - 20% of $200 = $40 (Pat's responsibility).

- In a few months, Pat receives a check in the amount of $160, as his total reimbursement.
  - The remainder of Pat's payment to the doctor ($150 + $40 = $190) will not be reimbursed.
  - Pat's payment of $190 is the Deductible ($150) + his 20% Co-Insurance ($40).

- But the next time Pat seeks a medical service, he will not have a deductible to pay to his insurance company. The insurance company will reimburse him for a 80% of the medical expense.

Breakdown of Payment for $350 Medical Charge

Total Medical Expense: $350



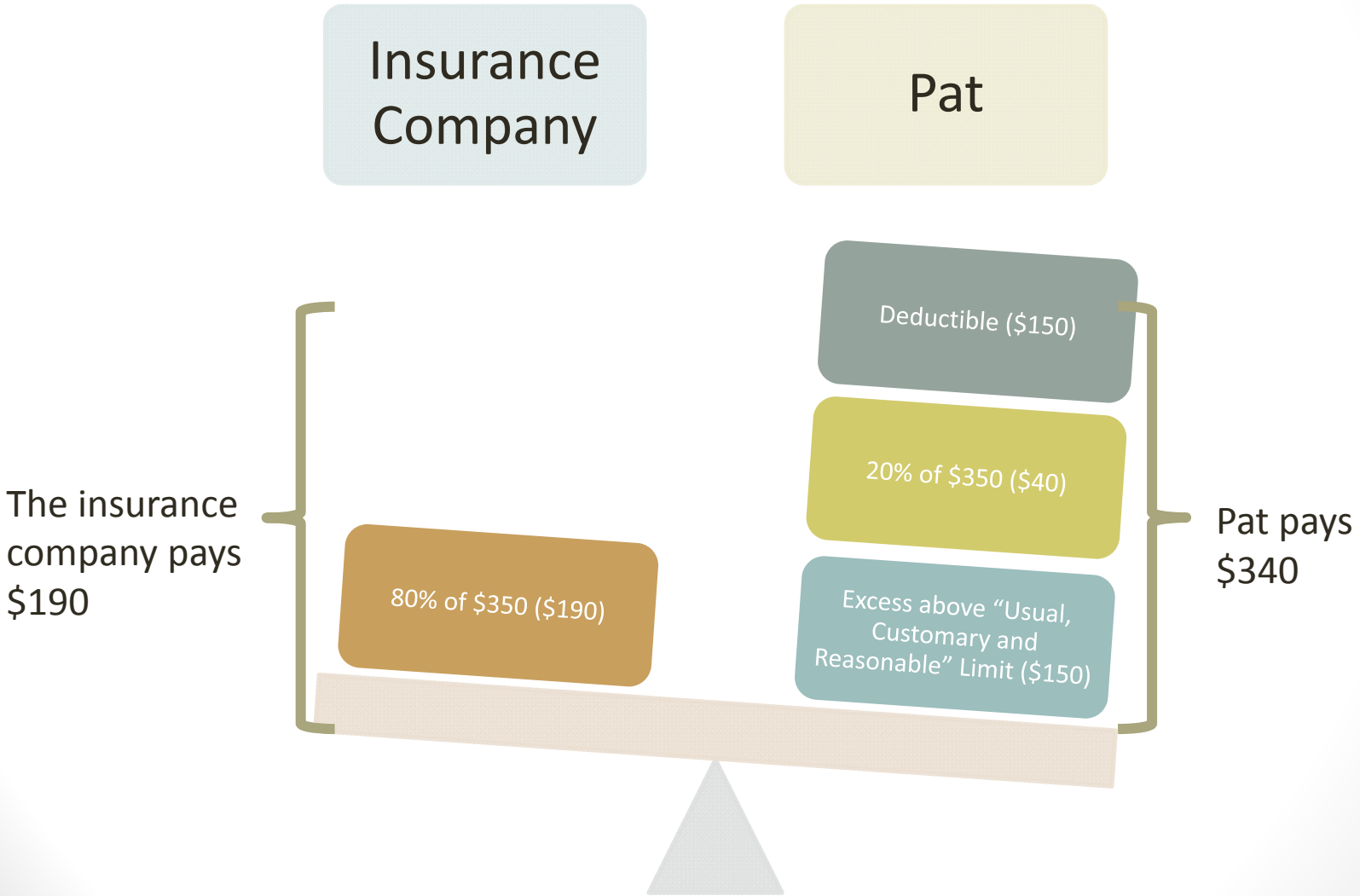
Usual, Customary & Reasonable

- Insurance companies will only pay up to the "usual, customary and reasonable" maximum expense for any given service.

- When Pat went to the doctor, the doctor charged Pat $350 for the examination.
  - $350 is a "usual, customary and reasonable" charge for a basic visit to a physician.
  - This means that the bill for your provider is ***approximately*** what ***most*** doctors in the area might change for a ***similar*** service.

- ***You*** are responsible for paying any charges that exceed the "Usual, Customary and Reasonable" amount.
- Suppose Pat's doctor charges $500 instead of $350.
  - The *Usual, Customary and Reasonable* limit for a doctor's visit is $350.
  - The insurance company would base all its calculations on $350.
    - The insurance company is responsible for 80% of $200 (which is $350 – the deductible).
    - Pat is responsible
      - For the deductible ($150) + 20% of $350 ($40), ***AND***
      - For the difference between the doctor's charge ($500) and the "Usual, Customary and Reasonable" limit ($350) – which would be $150.

Breakdown of Payment for $500 Medical Charge



Usual, Customary & Reasonable

- You often will not know that a provider has charged more the "Usual, Customary and Reasonable" amount until ***after*** the service has been provided.
  - You might only find out when the insurance company declines to pay a portion of the provider's bill.

- **Using insurance plans with *networks* avoid this pitfall.**
  - Providers who are "in Network" have agreed to set fees for each type of service they offer, as part of participating in the Network.

UNDERSTANDING MEDICAL INSURANCE COVERAGE

Know Before You Buy

- **All medical insurance plans are not the same.**
- When you look into different medical plans, click on the "Terms of Coverage" or similar information online.
  - Read the information provided, to understand what it is you will get from the medical insurance.
  - Know what your key concerns are ahead of time, and ensure those concerns are addressed by the insurance you choose.
- There are common features to most short-term or "travel" insurance, for visitors coming to the U.S. temporarily. And there are common places to look to find these details.
- As noted above, the most common form of U.S. medical insurance available to visitors to Fermilab is "temporary" insurance.
  - Also called "Travel" Insurance.
- This is ***not*** **intended to maintain wellness**. It is intended to **prevent catastrophe**.

Know Before You Buy

- Most insurance plans list the details about coverage online.
- Go to the insurance company website and look for "Highlights", "FAQs", "Insurance Plan Details" or other links to look for your information.
- Read the details about the plan BEFORE you purchase the plan.

gateway

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Overview | Highlights | FAQ | Contacts

Gateway USA Highlights

Designed Expressly for International Exchange Activities

You have enough to worry about when you're traveling. Don't let your medical coverage be an uncertainty. As a solution, Gateway USA offers a complete package of international benefits available 24 hours a day. Gateway USA provides coverage for non-U.S. citizens traveling outside their home country for a minimum of 90 days up to a maximum of two years.

Trip Interruption	Up to $5,000
Lost Luggage	Up to $50 per item of personal property; maximum of $250 per Period of Coverage

Services

Worldwide Medical and Travel Assistance: Included

How the Medical Insurance Works

- Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
- Coverage under this plan is secondary to any other coverage.
- Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
- Charges must be administered or ordered by a physician.
- Charges must be incurred during the Period of Coverage or the Benefit Period.
- Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

Evacuation Plus Rider

Provides coverage for emergency medical evacuations for medical conditions that are non-life threatening and evacuations as a result of a natural disaster. Patriot Platinum Non-Life-threatening Medical Evacuation - Up to a maximum of $50,000. Disaster Evacuation - Up to a maximum of $10,000. Requirements: Up to age 65. Available with a minimum of 3 months of coverage regardless of the minimum number of days being traveled.

Exclusions

1. A Pre-existing Condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS-related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Injury sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded unless the Adventure Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding,

Individuals

Apply Now

For Questions Call:
1-877-808-7434

Examples of Key Features of Insurance

Item	Example of Coverage
Time period covered	6 months only
Area where covered	In U.S., Canada, Bahamas, Mexico only
Deductible	$150
Physician, Hospital & Lab Charges	After deductible, 80% up to $5,000 in "reasonable & customary" charges, then 100%
Prescription Drugs	After deductible, 80% up to $5,000, then 100%
Physician Choice	No restrictions, as long as M.D., licensed in U.S.
Hospital Choice	No restrictions
Pre-existing Conditions	Not covered

Plan Description

The source of all your medical insurance information!

Where to Find Your Key Information

Once you purchase your insurance, the "Plan Description" (or "Terms and Conditions") sets out all the terms, limits and charges that will apply.

Gateway USA

Policy No. [redacted]
Policyholder: The AIG Life Trust

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
A CAPITAL STOCK COMPANY
INCORPORATED 1794
Philadelphia, Pa.

Administered by:
Gateway Plan Administrator

PLAN DESCRIPTION

The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the attached Declaration of Coverage page, subject to all of the exceptions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by this Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the Declaration of Coverage page for the insurance requested on such Application and for which the specified premium has been paid.

NOTE: All coverages, benefits and premiums are in U.S. Dollar amounts.

PART I - INDIVIDUAL INSURANCE PROVISIONS

Eligibility

Any citizen of a country other than the U.S., who is visiting the U.S. for the primary purpose of participating in sponsored or planned international exchange activities, and their dependents, for whom Application has been made and accepted by the Company. Dependents are the Insured Person's Spouse and natural or legally adopted unmarried children over 14 days and under 18 years of age.

Term of Insurance

A Term of Insurance starts on the Effective Date of insurance and ends on the Expiration Date of insurance.

Effective Date of Individual Insurance

Once the Administrator receives and accepts your Application and premium, individual coverage will become effective upon the latest of the following: (a) the moment of arrival in the United States; (b) the date the Application and premium are received; or (c) the date requested in the Application.

Expiration Date of Individual Insurance

Individual coverage will end upon the earlier of the following: (a) the date shown on the Declaration of Coverage page; or (b) the moment the Insured Person leaves for a location outside of the United States, Canada, The Bahamas, Bermuda or Mexico.

Renewal of Individual Insurance

Insurance can be renewed provided the Insured Person's initial enrollment in the Plan is for a Term of Insurance of 3 or more consecutive months, he/she continues to meet the Plan's eligibility requirements, and the Administrator receives the request for renewal and premium payment prior to or on the Expiration Date of the current Term of Insurance.

The minimum renewal term is 3 months; maximum renewal term is 12 months. Insurance may be renewed up to a maximum total of 36 consecutive months, at the current premium rate in force at the time of renewal.

Request for renewal of insurance received after the Expiration Date of the current Term of Insurance will require a new Application. Such insurance, issued to person(s) whose Application has been accepted by the Administrator on behalf of the Company, will be considered a new and separate Term of Insurance subject to limitations and exclusions as set forth herein.

Refund of Premium

Full refund of premium is made if written request is received by the Administrator prior to the Effective Date of insurance. Premium is considered fully earned and is not refundable for any Term of Insurance issued for 6 months or less. For terms of insurance issued for 7 or more consecutive months, unused premium for remaining whole months exclusive of the first 6 months will be refunded from the date written notice is received to the Expiration Date as shown on the Declaration of Coverage page, if the Insured Person must return to his/her Home Country/Country of Residence earlier than expected.

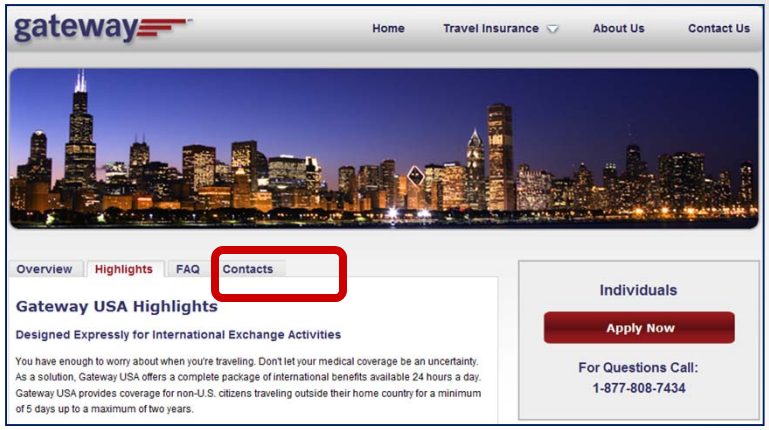
PART II - DESCRIPTION OF COVERAGE

Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury and subject to the limitations contained in PART IV - EXCLUSIONS, provided that (a) such loss occurs within 365 days after the date of accident causing such loss; and (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in the Table of Losses, and the Principal Sum stated therein shall be the amount stated as the Principal Sum in the Declaration of Coverage page, as applicable to such person and this Coverage; and (c) if more than one loss stated in the Table of Losses is sustained as the result of one accident, only one of the amounts, the largest, shall be payable.

Where to Find Your Key Information

- You can find out the same information about the terms and conditions of the medical insurance coverage, **before** you purchase the insurance, by looking online.
- It is YOUR responsibility to understand your insurance plan.
- It is YOUR responsibility to understand the limits and conditions of your insurance!



Trip Interruption	Up to $5,000
Lost Luggage	Up to $50 per item of personal property; maximum of $250 per Period of Coverage

Services

Worldwide Medical and Travel Assistance: Included

How the Medical Insurance Works

- Coverage and benefits are subject to the deductible and coinsurance, and all terms of the certificate of coverage and Master Policy.
- Coverage under this plan is secondary to any other coverage.
- Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
- Charges must be administered or ordered by a physician.
- Charges must be incurred during the Period of Coverage or the Benefit Period.
- Claims must be presented to IMG for payment within the Period of Coverage, Benefit Period or during the three months immediately following the Period of Coverage.

Evacuation Plus Rider

Provides coverage for emergency medical evacuations for medical conditions that are non-life threatening and evacuations as a result of a natural disaster. Patriot Platinum Non-Life-threatening Medical Evacuation - Up to a maximum of $50,000. Disaster Evacuation - Up to a maximum of $10,000. Requirements: Up to age 65. Available with a minimum of 3 months of coverage regardless of the minimum number of days being traveled.

Exclusions

1. A Pre-existing Condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3. War, military action, terrorism, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS-related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Injury sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded unless the Adventure Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding,

Definitions

- The insurance plan will define certain things, such as who is a physician and what a hospital is. Many of the definitions might be found in a section called "Definitions". Other definitions will be spread through the insurance plan.
- Pay attention to the definitions. Sometimes they are surprising.

The term "hospital" shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing services and medical supervision.

The term "physician" shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "injury" shall mean bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

The term "Home Country" shall mean the country from which the Insured Person holds a passport.

The term "Country of Residence" shall mean the country where the Insured Person maintains his or her primary permanent residence.

Expiration Date of Individual Insurance

Individual coverage will end upon the earlier of the following: (a) the date shown on the Declaration of Coverage page; or (b) the moment the Insured Person leaves for a location outside of the United States, Canada, The Bahamas, Bermuda or Mexico.

The minimum renewal term is 3 months; maximum renewal term is 12 months. Insurance may be renewed up to a maximum total of 36 consecutive months, at the current premium rate in force at the time of renewal.

Plan Information

The insurance company also will explain the, precisely, what portion of which types of expenses for which the insurance company will be responsible, and how Deductibles and Co-Insurance payments might be applied.

This usually is found online in a section that might be called “Plan Information,” “Highlights,” “How the Medical Insurance Works,” or “Schedule of Benefits”.

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Benefits | Exclusions

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PLAN INFORMATION	
Deductible	**Your choice of $0, $100, $250, $500, $1,000 or $2,500**

On the Application Form, you will be asked to circle your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

Coinsurance	**As described below**

For treatment received outside the U.S. & Canada: No coinsurance

For treatment received within the U.S. & Canada:
In the PPO Network: The plan pays 90% of eligible expenses up to $5,000, then 100% up to the Policy Maximum
Outside the PPO Network: The plan pays 80% of eligible expenses up to $5,000, then 100% up to the Policy Maximum

Benefit Period	**Six months**

If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the six-month Benefit Period may provide continued coverage. When the certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the Period of Coverage expired, benefits for the covered injury or illness will continue subject to the Policy Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

ADDITIONAL BENEFITS	
Home Country Coverage	**As described below**

Incidental Home Country Coverage - During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to: **a.** The insured person must have left their home country, **b.** The total Period of Coverage must be for a minimum of 30 days, and **c.** The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

End of Trip Home Country Coverage - For every five months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please check the appropriate box on the Application Form, and calculate your premium to include the additional month(s).

Natural Disaster	**$100 per day for five days**

This benefit is available in the event an insured person is required to depart his/her destination due to an evacuation order issued by prevailing authorities in connection with a Natural Disaster. Natural Disaster is defined as widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

Trip Interruption	**Up to $5,000**

If, during a covered trip, there is a death of an immediate family member (spouse, child, parent or sibling) or the substantial destruction of the insured's principal residence, each Patriot plan will pay to return the insured to the area of principal residence. The plan will pay for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

Lost Luggage	**Up to $50 per item of personal property; maximum of $250 per Period of Coverage**

This benefit will be paid in the event that the Common Carrier permanently loses an insured person's checked luggage. This coverage is secondary to any other available coverage, including the Carrier's.

Common Carrier Accidental Death	**$50,000 to Beneficiary; maximum of $250,000 per family**

If accidental death should occur while traveling on a commercial Common Carrier, $50,000 will be paid to the designated beneficiary, to a maximum of $250,000 per family.

Sports & Activities Coverage	**Up to Policy Maximum for basic sports Coverage as described below**

Each Patriot plan covers injuries incurred during amateur athletic activities which are non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition.

The following hazardous activities are excluded unless the Extreme Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, wind-surfing and whitewater rafting.

Racing of any kind, BASE jumping, mountaineering, climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, rodeo activity, ski jumping, whitewater rafting exceeding Class V difficulty; and/or extreme sports not expressly covered hereunder are excluded regardless of which plan or rider is selected.

Internet | Protecte

How Medical Expenses Are Paid

An explanation of how the medical expenses are repaid also will be found in the Plan Description or Terms, after you purchase the insurance.
Read the explanation carefully. Call the company and ask questions if you do not understand the explanation.

For injury or illness occurring during the Term of Insurance, the Company will pay 80% of reasonable and customary charges for Covered Medical Expenses resulting from a disablement, up to the coinsurance payment limit and after the payment of the Deductible amount identified on the Declaration of Coverage page. Thereafter, the Company will pay 100% of reasonable and customary charges for Covered Medical Expenses up to the Medical Expense Maximum selected. The Medical Expense Maximum is applied to Covered Medical Expenses for each separate, distinct and unrelated condition. Each Insured Person must meet the Deductible. The Deductible and co-insurance are applied once during each new Term of Insurance. For Term of Insurance that is extended by renewal, the Deductible and co-insurance are applied once during every 12-month period from the original Effective Date of insurance. In no event shall the Company's maximum liability exceed the Medical Expense Maximum identified in the Declaration of Coverage page. The Deductible is an amount of Covered Medical Expenses for which no benefit is paid.

Coverage is limited to Covered Medical Expenses incurred and subject to the limitations contained in PART IV - EXCLUSIONS and PART III - DEFINITIONS. The term "disablement," as used with respect to medical expenses, shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this Plan Description. Initial treatment of an injury must occur within 60 days of the accident.

Limits on the Medical Insurance

The Plan Description or Terms will mention, in several places, that the insurance company will pay or reimburse only for ***certain*** kinds of medical expenses arising from ***certain*** types of injuries or illnesses.

Coverage is limited to Covered Medical Expenses incurred and subject to the limitations contained in PART IV - EXCLUSIONS and PART III - DEFINITIONS. The term "disablement," as used with respect to medical expenses, shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this Plan Description. Initial treatment of an injury must occur within 60 days of the accident.

The term "injury" shall mean bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Medical Expenses

For injury or illness occurring during the Term of Insurance, the Company will pay 80% of reasonable and customary charges for Covered Medical Expenses resulting from a disablement, up to the coinsurance payment limit and after the payment of the Deductible amount identified on the Declaration of Coverage page. Thereafter, the Company will pay 100% of reasonable and customary charges for Covered Medical

Covered Medical Expenses

For the purpose of this section, only such expenses incurred as the result of a covered injury or illness and that are incurred within the Maximum Coverage Period (52 weeks from the date of such injury or onset of such illness) which are specifically enumerated in the following list of charges and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Medical Expenses:

"…during the policy"

The insurance policy has to be in force, which means if you make it effective on the day you arrive in the U.S., ***anything that happens before you physically set foot in the U.S. will not be covered***.

Coverage is limited to Covered Medical Expenses incurred and subject to the limitations contained in PART IV - EXCLUSIONS and PART III - DEFINITIONS. The term "disablement," as used with respect to medical expenses, shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this Plan Description. Initial treatment of an injury must occur within 60 days of the accident.

The term "injury" shall mean bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Medical Expenses

For injury or illness occurring during the Term of Insurance, the Company will pay 80% of reasonable and customary charges for Covered Medical Expenses resulting from a disablement, up to the coinsurance payment limit and after the payment of the Deductible amount identified on the Declaration of Coverage page. Thereafter, the Company will pay 100% of reasonable and customary charges for Covered Medical

Covered Medical Expenses

For the purpose of this section, only such expenses incurred as the result of a covered injury or illness and that are incurred within the Maximum Coverage Period (52 weeks from the date of such injury or onset of such illness) which are specifically enumerated in the following list of charges and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Medical Expenses:

It therefore is strongly recommended that your healthcare policy period runs from the day you are scheduled to arrive in the U.S., to the day you are scheduled to leave - NOT just the dates of your program at Fermilab.

"Covered, not Excluded"

- The insurance company also will limit its payments or reimbursements to certain kinds of medical expenses.
  - Must be ***"covered"*** by the insurance contract, ***and***
  - Cannot be a type of medical expense, or a type of illness or injury, that is specifically ***excluded*** by the insurance contract

Coverage is limited to Covered Medical Expenses incurred and subject to the limitations contained in PART IV - EXCLUSIONS and PART III - DEFINITIONS. The term "disablement," as used with respect to medical expenses, shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this Plan Description. Initial treatment of an injury must occur within 60 days of the accident.

The term "injury" shall mean bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Medical Expenses

For injury or illness occurring during the Term of Insurance, the Company will pay 80% of reasonable and customary charges for Covered Medical Expenses resulting from a disablement, up to the coinsurance payment limit and after the payment of the Deductible amount identified on the Declaration of Coverage page. Thereafter, the Company will pay 100% of reasonable and customary charges for Covered Medical

Covered Medical Expenses

For the purpose of this section, only such expenses incurred as the result of a covered injury or illness and that are incurred within the Maximum Coverage Period (52 weeks from the date of such injury or onset of such illness) which are specifically enumerated in the following list of charges and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Medical Expenses:

Covered Medical Expenses

Covered Medical Expenses are the only kind of "medical expense" for which the insurance company will pay or reimburse. Whatever is not listed specifically as a "covered medical expense" will ***NOT*** be covered by the insurance. Those types of expenses will not be reimbursed!

The list of "Covered Medical Expenses" must be read in combination with the "Exclusions" listed in another part of the paperwork.

List of "Covered Medical Expenses":

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation or intensive care when medically necessary;
2. Charges made for diagnosis, treatment and surgery by a physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions and medical treatment;
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.

Covered Medical Expenses

Which expenses are “covered” and which are “excluded” are listed

- **online**, before you purchase the insurance, and
- **in the Plan Description,** after you purchase the medical insurance.

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EXCLUSIONS

Charges for the following services, treatments and/or conditions, among others, are excluded from coverage under the Patriot plans.

1. A Pre-existing Condition is defined as any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date, including any subsequent, chronic or recurring complications or consequences related thereto or arising therefrom.
2. Treatment or surgeries which are elective, investigational, experimental or for research purposes.
3.War, military action, terrorism, political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
4. Immunizations and routine physical exams.
5. Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance.
6. Venereal disease, AIDS virus, AIDS-related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
7. Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
8. Injury sustained while participating in amateur or professional sports or other athletic activity which is organized and/or sanctioned, or which involves regular or scheduled practices, games or competition. The following hazardous activities are excluded unless the Extreme Sports Rider is purchased: abseiling, aviation (except when traveling as a passenger in a commercial aircraft), BMX, bobsleigh, bungee jumping, canyoning, caving, high diving, hang gliding, heli-skiing, hot air ballooning, inline skating, jet skiing, kayaking, mountain biking, paragliding, parascending, rappelling, rock climbing, sky diving, snow skiing, snowboarding, snowmobiling, spelunking, surfing, trekking, wind-surfing and whitewater rafting.

Racing of any kind, BASE jumping, mountaineering, climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, rodeo activity, ski jumping, whitewater rafting exceeding Class V difficulty; and/or extreme sports not expressly coverd hereunder are excluded regardless of which plan or rider is selected.

9. Vision or ear tests and the provision of visual or hearing aids.
10 Vocational, recreational, speech or music therapy.
11. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
12. Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
13. Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction.
14. Injury and/or illness resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs. 15. Willful self-inflicted injury or illness.
16. Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate.
17. Any services or supplies performed or provided by a relative of the Insured or provided at no cost to Insured.
18. Treatment for mental and nervous disorders.
19. Organ or tissue transplants or related services.
20. Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
21. Treatment incurred as a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).

This web page contains only a consolidated and summary description of all current Patriot Travel Medical Insurance benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. 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.

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Excluded Medical Expenses

Excluded Medical Expenses are expenses that arise from injuries or illnesses caused by certain circumstances.

Even if the medical expense is "covered" (*e.g.* hospital room and board charges), if the reason you are in the hospital is because (for example) you are pregnant, then the medical expense is will not be reimbursed to you because the circumstance is "excluded."

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - **Treatment for which another insurance policy might pay**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - **Pregnancy and related conditions**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
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5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - **Routine physicals or "wellness" exams**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - Routine physicals or "wellness" exams
  - **Mental or nervous disorders, which might include panic attacks or other common conditions**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - Routine physicals or "wellness" exams
  - Mental or nervous disorders, which might include panic attacks or other common conditions
  - **Dental care and vision care**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - Routine physicals or "wellness" exams
  - Mental or nervous disorders, which might include panic attacks or other common conditions
  - Dental care and vision care
  - **Certain sports or athletics activities**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
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5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - Routine physicals or "wellness" exams
  - Mental or nervous disorders, which might include panic attacks or other common conditions
  - Dental care and vision care
  - Certain sports or athletics activities
  - **Medical treatment that is not approved by a physician – such as certain homeopathic or alternate healthcare treatments.**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Excluded Medical Expenses

- Read the exclusions carefully. They usually will include:
  - Treatment for which another insurance policy might pay
  - Pregnancy and related conditions
  - Routine physicals or "wellness" exams
  - Mental or nervous disorders, which might include panic attacks or other common conditions
  - Dental care and vision care
  - Certain sports or athletics activities
  - Medical treatment that is not approved by a physician – such as certain homeopathic or alternate healthcare treatments.
  - **Pre-Existing Conditions…**

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's Effective Date of insurance.
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing or piloting an aircraft; or e) Commission of a felony;
4. Expenses for: a) Pregnancy, childbirth or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental and nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) Alcoholism or drug addiction or use of any drug or narcotic agent; or i) Treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

Pre-Existing Conditions

- Most insurance plans only cover those injuries or illnesses that arise or occur ***for the first time*** during time of coverage.
- Insurance plans very often do ***not*** cover injury or illness that are due to, part of, or relate to, "conditions" you had before you had the insurance.
- Common examples are
  - Asthma, Allergies
  - Back problems or disc problems
  - Carpel tunnel, "tennis elbow", *etc.*
  - Heart disease, high blood pressure, diabetes
  - Problems that relate to or arise from old injuries, even if those injuries occurred while you were a child
  - Infections that you contracted before you arrived in the US:
    - Flu, pink eye, colds, bladder infections, etc.

Pre-Existing Conditions

- Sometimes, in the effort to be helpful, you might give an inaccurate impression that your current illness or injury relates to a prior condition.

- Tell the doctors and other providers only the information you KNOW. Don't guess.
- Be careful about creating *inaccurate* impressions about your medical history.

- A mistake might result in the insurance company refusing to pay the medical expenses for the current illness or injury.

SELECTING YOUR INSURANCE PLAN

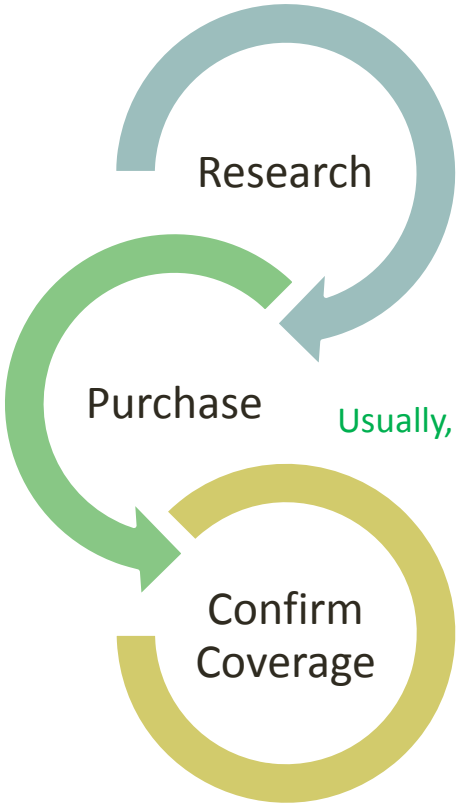
Considerations

- WHO will be covered?
  - Your medical history and needs
  - Your spouse's medical history and needs
  - Your children's medical history and needs
- WHAT can you afford?
  - What you pay for coverage influences the services that are covered. A less expensive plan may provide benefits for fewer services.
- Other considerations?
  - Reimbursement procedures
  - Specific types of coverage (.e.g. vision, dental, etc.)
  - Flexible renewal options…
  - Network versus no network?

MORE Considerations for J-1 Visa Holders

- **<u>If you hold J-1 visa status</u>**, then there are additional limits on what insurance you may obtain.
  - The insurance must provide each family member:
    - Medical benefits of at least $50,000 per person
    - Deductible of less than $500 per accident/illness
    - At least $7,500 for repatriation of remains (provided by Fermilab)
    - Medical evacuation expenses of at least $10,000 (provided by Fermilab)

  AND
  - The insurance company must satisfy one of the following conditions:
    - Be backed by the full faith and credit of the J Visitor's home country; <u>OR</u>
    - Hold one of the following ratings:
      - A.M. Best rating of "A-" or above.
      - Standard & Poor's "Financial Strength" rating of "A-" or above.
      - Weiss Research, Inc. rating of "B+" or above.
      - INS. Solvency Intl., Ltd. rating of "A-I" or above.
  - These limits are based on the laws governing J visas.
  - See http://wdrs.fnal.gov/visas/required_medical.html for more information.



- Ask friends about experiences.
- READ online:
  - What the Plan covers
  - What the maximum limits on coverage are, and
  - What the Plan excludes.
- Think about possible health needs while visiting the U.S.
  - Pre-existing conditions
  - Possible future ailments
- Consider the costs of purchasing the medical insurance plan, *versus* the cost of a significant medical expense during your visit (See Slides #74 & 75)

Usually, you can purchase policies online using bank or credit cards.

- Submitting your payment does not guarantee coverage!
- You must receive a Certificate or Declaration of Coverage!
- The Certificate or Declaration will arrive with more paperwork that relates to how you are reimbursed.
- Failure to follow the company's rules might mean that expenses will not be reimbursed at all.
- READ all the paperwork!

Checklist of Considerations When Purchasing a Temporary Medical Insurance Plan

Item	Your Notes	
Insurance Company Name / Plan Name		
Maximum Coverage Limit		
Includes coverage for:	❑ Medical ❑ Dental ❑ Vision	❑ Wellness Visits ❑ Prescriptions / Medicine ❑ Other:
Excludes:	❑ Pre-existing conditions ❑ Sporting or athletic activities	❑ Vision / Dental ❑ Mental or emotional conditions ❑ Other:
Are "riders" available to include coverage for any of the exclusions?	❑ Yes	❑ No
My "pre-existing" health issues	❑ Asthma / allergies ❑ Vision ❑ Dental issues	❑ Heart / blood pressure ❑ Diabetes ❑ Other:
Does the plan use a Network?	❑ Yes	❑ No
Minimum extension period		
Is the Plan limited to USA?	❑ Yes	❑ No
Might I travel to countries other than the USA?	❑ Yes Where:	❑ No
Where else does it cover:		
Cost per month		
When does it start? (become effective)	❑ The day you arrive in the U.S. ❑ A specific calendar day (i.e. May 12, 2012)	
When does it end?	❑ The day you depart the geographic area of coverage ❑ A specific calendar day (i.e. November 12, 2012)	
Are there any other "conditions" for coverage?		

Feel free to print this page)

THE INSURANCE PAPERWORK

Insurance Documents

Certificate or Declaration of Coverage

- Verifies that you have medical insurance
  - A confirmation of submission of an application, or confirmation of receipt of payment, does NOT verify coverage.
- Shows WHERE you are insured:
  - Example: *"United States, Canada, Bahamas, Bermuda, Mexico."*
- Describes the coverage:
  - Example: *"After deductible, benefits are paid at 80% up to $5,000 of covered expenses…"*
- Is information for YOU.
  - It does not help a medical provider at all.

Insurance Identification Card

- Evidence that you have medical insurance.
- Provides key information about the insurance plan that providers (doctors, pharmacists, etc.) need:
- Insured person's name
- Customer Number
- Policy Number
- Plan Group Number
- How to contact insurance company
- How to file a claim for reimbursement of expenses

Sample Declaration of Coverage

Your name and address

Identifying Information about the specific insurance plan you purchased

Overview of the maximum limits on your coverage

Overview of how your medical benefits are paid

Overview of how you must submit claims for reimbursement of medical expenses

GatewayConnexions

MARSH Global Consumer
Gateway Plan Administrator
Date Printed: 05/13/2010

Gateway USA Insurance Plan

DECLARATION OF COVERAGE

Insured Person:
[redacted]
Pine St & Kirk Road
PO Box 500, MS 103
Batavia, IL 60510
United States of America

Dependents Covered:

Customer No. [redacted]
Policy No. [redacted]
Effective Date: 05/20/2010
Expiration Date: 08/20/2010

Schedule of Benefits:

AD&D Principal Sum	$25,000
Optional AD&D	
Maximum Medical Benefit	$100,000
Deductible	$150
Emergency Medical Evacuation	$50,000
Repatriation of Remains	$20,000

Additional Coverages:

Medical Expense Benefit: After Deductible, and subject to policy limitations and exclusions, benefits are paid at 80% up to $5,000 of covered expenses. Thereafter, benefits are paid at 100% of Covered expenses up to the Maximum Medical Benefit amount selected. Refer to the Plan Description form which contains important information about your coverage, including details on covered expenses, exclusions and plan limitations.

EMERGENCY MEDICAL EVACUATION AND REPATRIATION: Arrangements must be made by American International Assistance Services, Inc. Call (800)626-2427. Identify yourself as an Insured enrolled under Group No. 883 and give the Certificate No. and Policy No. shown above.

SUBMIT CLAIMS TO: Gateway Claims
PO Box 14485
Des Moines, IA 50306-3485

TO ENSURE TIMELY CLAIM PROCESSING, A COMPLETED CLAIM FORM OR OTHER CLAIM DOCUMENTATION MUST INCLUDE THE POLICY AND CERTIFICATE NUMBER ABOVE.

For general information concerning your policy, or claims inquiries contact the Plan Administrator at the address below or call (800) 282-4495 or (515) 365-6565.

GatewayConnexions Plan Administrator
P.O. Box 14468
Des Moines, IA 50306-3468

Sample Insurance Identification Card

Identifying Information about the medical plan

How to contact the insurance company

How to submit a claim

GatewayConnexions

MARSH Global Consumer
Gateway Plan Administrator
Date Printed: 05/13/2010

Gateway USA Insurance Plan
Insurance Identification Card

Insured person's name: [redacted]
Customer number: [redacted]
Policy Number: [redacted]
Plan Group Number: [redacted]

Important information

Carry this card with you at all times.

For general correspondence and coverage verification, contact the GatewayConnexions Plan Administrator during the hours of 8:00 a.m. to 4:00 p.m. US Central Time (Monday – Friday)

Outside U.S. call 515-365-6565
In the U.S. or Canada call 800-225-2265
Email: mmcgateway@marshpm.com

To submit a claim, include completed Gateway claim form (including but not limited to - name, mailing address, telephone number, certificate number, and policy number) and any other necessary documentation as indicated on the claim form. Mail claim to:

Gateway Claims Administrator, P.O. Box 14485, Des Moines, IA 50306-3485

To medical providers: Multiple preferred networks may be utilized.

For worldwide assistance including arrangements for medical evacuation/repatriation and medical or travel assistance, you must contact AIGAssist. Contact their 24 hour worldwide assistance services. Provide AIGAssist with Insured Person's name, plan Group Number and Certificate number.

Outside U.S. call 713-267-2525 collect.
In the U.S. or Canada call 800-626-2427

This is a major medical plan. Please consult plan description for verification of benefits.

Conclusion

- The Visa Office cannot help you select an insurance plan.
- The information in this presentation is intended to help you make your decision, based on your funding and your situation.
- Once you select a health insurance plan, please upload a copy of the Declaration of Coverage to the online Visa Portal.
- Interns must provide documentation of insurance coverage before the Visa Office can issue the final visa paperwork (the DS-2019).