



# VISITORS PREFERRED



Temporary health insurance for non-U.S.  
residents traveling to the USA



## WHY VISITORS PREFERRED?

Traveling away from home can be exciting and rewarding, but it can quickly become a scary situation if you're not prepared for a medical emergency. Many travelers assume they're already covered by national health insurance plans when exploring other countries, but that isn't always the case. While domestic plans provide sufficient coverage at home, most are not designed to provide coverage and assistance required for international travel.

The Visitors Preferred plan is designed for individuals and families traveling outside their home country. This temporary medical insurance includes the medical coverage you expect for emergencies like hospitalizations and surgery, as well as coverage

for minor issues that may only require a telehealth appointment or a visit to a walk-in clinic. You can customize your plan with a variety of maximum limits and deductibles, giving you the power to decide which options are best for your trip.

Additionally, this plan offers various other benefits and services to meet your global needs. You'll have 24/7 access to highly qualified coordinators of emergency medical services and international treatment, who have experience working in many different time zones, languages, and currencies.



BE  
There.



## SERVICE *Help when and where you need it.*

Nobody wants to experience an emergency while traveling the world, but if you do, you'll want a team you can trust to have your back. IMG's expert staff is here for you 24/7. We're accustomed to working in multiple time zones, languages, and currencies, so rest assured we have the training to assist you—even in remote and hazardous locations. Our international and U.S. provider networks include more than one million physicians and facilities across the globe, giving you access to quality care while away from your primary care team. Our innovative technology allows you to manage your claims, your account, and search for providers through our online portal and mobile app around the clock.

## STRENGTH *A market leader you can trust.*

You can feel confident with IMG knowing our industry expertise has led us to serve millions of customers worldwide since 1990. Owned by SiriusPoint, a multi-billion-dollar insurance industry leader and rated "A-" by A.M. Best, an independent analyst of the insurance industry, IMG has a strong financial backing and vision to become the preeminent provider of travel and health safety solutions. With loyal customers ranging from Fortune 500 companies and universities, to individuals and other insurance companies, our personalized offerings allow us to meet the needs of nearly anyone traveling internationally.

## SAFETY SOLUTIONS *Products and services designed with your safety in mind.*



### PHYSICAL HEALTH

You can't plan when you get sick, and unfortunately, it can happen anytime and anywhere. Medical bills can be expensive, and IMG plans provide the cross-border medical coverage you need for unexpected medical care.



### CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a multilingual staff of nurses, doctors, and case managers that provide 24/7 assistance services to facilitate a response to urgent and emergency situations, such as evacuations.



### FINANCIAL PROTECTION

Costs can add up while seeking medical treatment. However, access to IMG's physician and provider networks and pharmacy discount programs can help you save on out-of-pocket medical expenses and prescription medications.



### PERSONAL PROPERTY

There are some belongings you know you can't live without. IMG has you covered and can reimburse costs if your essential items like a phone, camera, luggage, or important travel documents are lost, stolen, or damaged during your travels abroad.



# SUMMARY OF BENEFITS



PLAN DETAILS

Benefit		Coverage
Coverage Limit/Maximum Amount for Eligible Medical Expenses		
Period of Coverage	5 days up to 12 months	
Period of Coverage Limit <ul style="list-style-type: none"><li>As indicated on the declaration</li></ul>	<ul style="list-style-type: none"><li>Through age 69: \$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000,</li><li>Ages 70 to 79: \$50,000 or \$100,000</li><li>Ages 80 and older: \$10,000</li></ul>	
Area of Coverage	Worldwide Excluding the Insured Person's Country of Residence	
Deductible for Eligible Medical Expenses		
Deductible	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per Insured Person, as indicated on the declaration	
Coinsurance for Eligible Medical Expenses		
Coinsurance <ul style="list-style-type: none"><li>In addition to deductible</li></ul>	Plan pays 100% Insured pays 0%	
Out of Pocket Maximum	\$0	
Precertification		
<ul style="list-style-type: none"><li>Interfacility ambulance transfer: no coverage if precertification requirements are not met.</li><li>Emergency medical evacuation: no coverage if not approved by the company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.</li><li>All other treatments &amp; supplies: 50% reduction of eligible medical expenses if precertification requirements are not met.</li><li>Deductible is taken after reduction.</li><li>Coinsurance is applied to remainder of the reduced amount.</li><li>Refer to the PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification.</li></ul>		
Pre-Existing Conditions		
<ul style="list-style-type: none"><li>Charges resulting directly or indirectly from or relating to any Pre-Existing Condition are excluded from coverage under this insurance.</li></ul>		
Acute Onset of Pre-Existing Conditions		
Acute Onset of Pre-Existing Conditions <ul style="list-style-type: none"><li>Insured Person must be under 70 years of age</li><li>Refer to the ACUTE ONSET OF PRE-EXISTINGCONDITIONS provision for further details and requirements</li></ul>	Up to the Period of Coverage limit	
Emergency Medical Evacuation <ul style="list-style-type: none"><li>Arises or results directly from a covered Acute Onset of a Pre-existing Condition</li><li>Insured Person must be under 70 years of age</li></ul>	Maximum limit: \$25,000	

PHYSICAL HEALTH

Inpatient or Outpatient Services	
Benefits	Coinsurance
Eligible Medical Expenses	100%
Physician Visits/Services	100%



# SUMMARY OF BENEFITS



PHYSICAL HEALTH

Benefit		Coverage
Inpatient or Outpatient Services		
Benefits	Coinsurance	
Telehealth Consultation	<b>Not subject to Deductible and Coinsurance</b> <ul style="list-style-type: none"> <li>Applicable in the United States</li> <li>Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is otherwise excluded under this Certificate of Insurance</li> </ul>	
<b>Urgent Care Clinic</b> <ul style="list-style-type: none"> <li>Not subject to deductible and coinsurance</li> <li>Copayment: \$15</li> <li>Copayment is not applicable if the Declaration states a \$0 deductible</li> </ul>	100%	
<b>Walk-in Clinic</b> <ul style="list-style-type: none"> <li>Not subject to deductible</li> <li>Copayment: \$15</li> <li>Copayment is not applicable if the Declaration states a \$0 Deductible</li> </ul>	100%	
<b>Hospital Emergency Room: International</b>	100%	
<b>Hospital Emergency Room: United States</b> <ul style="list-style-type: none"> <li>Injury: not subject to emergency room deductible</li> <li>Illness: subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	100%	
<b>Hospitalization/Room &amp; Board</b> <ul style="list-style-type: none"> <li>Average semi-private room rate</li> <li>Includes nursing services</li> </ul>	100%	
<b>Intensive Care</b>	100%	
<b>Bedside Visit</b> <ul style="list-style-type: none"> <li>Not subject to deductible</li> <li>Maximum limit: \$1,500</li> <li>Hospitalized in an Intensive Care Unit</li> <li>Refer to the BEDSIDE VISIT provision for further details.</li> </ul>	100%	
<b>Outpatient Surgical/Hospital Facility</b>	100%	
<b>Laboratory</b>	100%	
<b>Radiology/X-ray</b>	100%	
<b>Chemotherapy/Radiation Therapy</b>	100%	
<b>Pre-Admission Testing</b>	100%	
<b>Surgery</b>	100%	

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at usual, reasonable, and customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



# SUMMARY OF BENEFITS



Benefit		Coverage
PHYSICAL HEALTH	Inpatient or Outpatient Services	
	Benefits	Coinsurance
	<b>Reconstructive Surgery</b> <ul style="list-style-type: none"> <li>Surgery is incidental to and follows surgery that was covered under the plan</li> </ul>	100%
	<b>Assistant Surgeon</b> <ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>	100%
	<b>Anesthesia</b>	100%
	<b>Durable Medical Equipment</b>	100%
	<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Medical order or treatment plan required</li> </ul>	100%
	<b>Physical Therapy</b> <ul style="list-style-type: none"> <li>Medical order or treatment plan required</li> </ul>	100%
	<b>Extended Care Facility</b> <ul style="list-style-type: none"> <li>Upon direct transfer from an acute care facility</li> </ul>	100%
	<b>Home Nursing Care</b> <ul style="list-style-type: none"> <li>Provided by a home health care agency</li> <li>Upon direct transfer from an acute care facility</li> </ul>	100%
CRISIS SUPPORT	Prescription Drugs	
	Benefits	Coinsurance
	<b>Prescription Drugs and Medication</b> <ul style="list-style-type: none"> <li>Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits</li> <li>Dispensing maximum for Retail Pharmacy: 90 days per prescription</li> </ul>	100%  If the Certificate of Insurance Maximum Limit is \$10,000, \$50,000, \$100,000 or \$250,000, the Prescription Drugs and Medications limit is up to the plan Maximum Limit  If the Certificate of Insurance Maximum Limit is \$500,000 or \$1,000,000, the Prescription Drugs and Medications Maximum Limit is up to \$250,000 per Period of Coverage
	Emergency Services	
	Benefits	Coinsurance
	<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>Subject to deductible and coinsurance</li> <li>Injury</li> <li>Illness resulting in an inpatient hospital admission</li> </ul>	100%
	<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>Maximum limit: \$1,000,000</li> <li>Approved in advance and coordinated by the company</li> </ul>	100%



# SUMMARY OF BENEFITS



CRISIS SUPPORT

Benefit	Coverage
Emergency Services	
Benefits	Coinsurance
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>Maximum limit: \$100,000</li> <li>Maximum days: 15</li> <li>Meal maximum per day: \$25</li> <li>Reasonable and necessary travel costs and accommodations</li> <li>Approved in advance by the company</li> </ul>	100%
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>Transfer must be a result of an inpatient hospital admission</li> </ul>	100%
<b>Return of Minor Children</b> <ul style="list-style-type: none"> <li>Maximum limit: \$100,000</li> <li>Approved in advance by the company</li> </ul>	100%
<b>Natural Disaster Evacuation</b> <ul style="list-style-type: none"> <li>Maximum limit: \$25,000</li> <li>Approved in advance by the Company</li> </ul>	100%
<b>Political Evacuation and Repatriation</b> <ul style="list-style-type: none"> <li>Maximum limit: \$100,000</li> <li>Approved in advance by the Company</li> </ul>	100%
<b>Remote Transportation</b> <ul style="list-style-type: none"> <li>Maximum limit: \$20,000</li> <li>Limit: \$5,000</li> <li>Approved in advance by the company</li> </ul>	100%
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>Up to the Period of Coverage limit</li> <li>Local Burial / Cremation Maximum Limit: \$5,000</li> <li>Return of Insured Person's Mortal Remains to Country of Residence</li> <li>Approved in advance by the Company</li> </ul>	100%

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# SUMMARY OF BENEFITS



FINANCIAL PROTECTION

PHYSICAL HEALTH

Benefit		Coverage	
		Other Services	
Benefits		Coinsurance	
		Accidental Death: 100% of Principal Sum	
<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"><li>Principal sum maximum limit: \$50,000</li><li>Death must occur within 90 days of the accident</li></ul>		<b>Dismemberment:</b> <u>Accidental Loss</u>	<u>Percent of Principal Sum</u>
		Sight of one eye	50%
		One hand or one foot	50%
		One hand and sight of one eye	100%
		One foot and sight of one eye	100%
		One hand and one foot	100%
		Both hands or both feet	100%
		Sight of both eyes	100%
<b>Border Entry Protection</b> <ul style="list-style-type: none"><li>Maximum limit: \$500</li><li>Cost of a one-way economy class Common Carrier airline ticket to Country of Origin</li><li>Commercial Airline Change Fee</li><li>Refer to the BORDER ENTRY PROTECTION provision for further details and requirements</li></ul>		100%	
<b>Common Carrier Accidental Death</b> <ul style="list-style-type: none"><li>Maximum Limit per adult: \$100,000</li><li>Maximum Limit per Child: \$25,000</li><li>Maximum Limit per Family: \$250,000</li></ul>		100%	
<b>Dental Treatment</b> <ul style="list-style-type: none"><li>Subject to deductible and coinsurance</li><li>Limit: \$300 (Unexpected pain or treatment due to an accident)</li></ul>		100%	
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"><li>Subject to deductible and coinsurance</li><li>Treatment at a hospital due to an accident</li><li>Additional treatment for the same injury rendered by a dental provider will be paid at 100%</li></ul>		100%	
<b>Emergency Eye Examination</b> <ul style="list-style-type: none"><li>Subject to Coinsurance</li><li>Deductible per occurrence: \$50 (plan Deductible waived)</li><li>Limit: \$150</li><li>Loss or damage to prescription corrective lenses due to an Accident</li></ul>		100%	

# SUMMARY OF BENEFITS

Benefit		Coverage
Other Services		
Benefits		Coinsurance
<b>PHYSICAL HEALTH</b> <b>Hospital Indemnity</b> <ul style="list-style-type: none"> <li>Overnight limit: \$250</li> <li>Maximum nights: 10</li> <li>Outside Insured Person's Country of Residence and the United States</li> <li>Inpatient Hospitalization only</li> </ul>		100%
<b>Supplemental Accident Benefit</b> <ul style="list-style-type: none"> <li>Maximum limit per covered accident: \$300</li> </ul>		100%
<b>FINANCIAL PROTECTION</b> <b>Identity Theft</b> <ul style="list-style-type: none"> <li>Limit: \$500</li> </ul>		100%
<b>Incidental Trip</b> <ul style="list-style-type: none"> <li>Maximum days: 14</li> <li>Insured person's country of residence is not the United States</li> </ul>		100%
<b>Personal Liability</b> <ul style="list-style-type: none"> <li>Secondary to any other insurance</li> <li>No coverage for Injury to a related third party or damage to related third person's property</li> <li>Refer to the PERSONAL LIABILITY provision for further details and requirements</li> </ul>	<b>Combined Maximum Limit: \$25,000</b> <b>Injury to third person:</b> <ul style="list-style-type: none"> <li>Per Injury Deductible: \$100</li> </ul> <b>Damage to third person's property:</b> <ul style="list-style-type: none"> <li>Per damage Deductible: \$100</li> </ul>	
<b>Pet Return</b> <ul style="list-style-type: none"> <li>Limit: \$1,000</li> <li>For a pet cat or dog travelling with the Insured Person</li> </ul>		100%
<b>Small Pet Common Air Carrier Accidental Death Benefit</b> <ul style="list-style-type: none"> <li>Maximum Limit per pet: \$500</li> <li>For a pet cat or dog up to 30 pounds travelling with the Insured Person</li> </ul>		100%
<b>Return Travel</b> <ul style="list-style-type: none"> <li>Limit: \$10,000</li> </ul>		100%
<b>PERSONAL PROPERTY</b> <b>Lost Luggage</b> <ul style="list-style-type: none"> <li>Limit: \$500</li> <li>Limit: \$100 per item</li> </ul>		100%
<b>CRISIS SUPPORT</b> <b>Natural Disaster</b> <ul style="list-style-type: none"> <li>Limit per day: \$250</li> <li>Maximum days: 5</li> </ul>		100%
<b>Terrorism</b> <ul style="list-style-type: none"> <li>Maximum limit: \$50,000</li> </ul>		100%

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## EXPAND YOUR COVERAGE

It's easy to customize your coverage to best meet your needs while away from home. When submitting your application, simply add the optional coverage you need to the plan you've selected.

### PHYSICAL HEALTH

#### Adventure Sports Add-On

If you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Add-On provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your insurance policy.

#### Lifetime Maximum

Age 0-49: \$50,000

Age 50-59: \$30,000

Age 60-64: \$15,000

### PERSONAL PROPERTY

#### Device Protection Add-On\*

Cell phones are essential when traveling internationally to keep you safe, connect with friends and family back home, and to take photos of your travels. Device protection provides coverage for repair or replacement of your cell phone if it is lost, stolen, or accidentally damaged during your trip—so you can continue your trip uninterrupted and stay digitally connected wherever you are in the world.

*\*Add-on option is available on individual plans only.*

### FINANCIAL PROTECTION

#### Enhanced Accidental Death & Dismemberment Add-On (AD&D)\*\*

Accidents can happen—wouldn't you rather be prepared, especially when you're away from home? The AD&D add-on will pay you or your beneficiaries up to \$400,000 if your death or dismemberment is the direct result of an accident.

**Note:** Available to the primary insured only. Available with a minimum purchase of three months of medical and AD&D add-on coverage. Premium is charged in whole-month increments.

**\*\*Add-on option is available on individual plans only.**

GLOBAL  
*peace of mind*®





# INNOVATIVE TECHNOLOGY & MEMBER SERVICES



## Self-Service Capabilities



MyIMG<sup>SM</sup> provides service at your fingertips, giving you the information and tools to manage your IMG plans anytime, anywhere, through award-winning, easy-to-use technology. You'll have immediate access via our website and through IMG's mobile app to plan documents, claim management tools, Explanations of Benefits, and much more.

## U.S. Network Access



UnitedHealthcare provides travelers in the U.S. with direct access to one of the largest networks of providers in the U.S. that includes:

- » Over 1.4M physicians
- » 67,000 pharmacies
- » 6,797 hospitals
- » 1,800 convenience clinics
- » Over 45,000 clinics

## Pharmacy Discount Savings



Universal Rx is a discount savings program that allows you to purchase prescriptions from one of 35,000 participating pharmacies in the U.S. and receive the lower of **1)** Universal Rx contract price or **2)** the pharmacy regular retail price. This program is not insurance coverage; it is purely a discount program.

## International Provider Access<sup>SM</sup>



Travelers outside of the U.S. can also enjoy access to quality healthcare worldwide with our proprietary IPA network that includes:

- » Over 45,000 physicians and facilities
- » Direct billing arrangements that minimize time and upfront expense



UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.





## HOW TO GET COVERED

- 1 Step 1:**  
Contact your producer or apply online.
- 2 Step 2:**  
Complete your online application: If applying as a family, you may include yourself, your spouse, and dependents on one application. Please complete a group application if you have two or more primary insureds.
- 3 Step 3:**  
Receive a fulfillment kit that includes an identification card, declaration of insurance, and a Certificate of Insurance outlining the details of the plan. Welcome to the IMG family!



**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals, and certain U.S. residents to obtain PPACA-compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA-compliant coverage but do not do so. Eligibility to purchase, extend, or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including, without limitation, PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Patriot Travel Medical Insurance, please see IMG's Frequently Asked Questions at [www.imglobal.com/faq](http://www.imglobal.com/faq).





# VISITORS PREFERRED



*BE  
There.*

## Partner Contact Information

Visitor Insurance Services of America  
(VISOA)  
1073 Willa Springs Dr, Suite 1009  
Winter Springs, FL 32708  
Phone: 1-407-669-6400  
[info@visoa.com](mailto:info@visoa.com)  
<http://www.visoa.com>

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable.

Benefits are offered as described in the Insurance Contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the Insurance Contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

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