



Coverage Summary



Standard Plan - Australia
Group/Certificate Number: EECPP00270116

IMG 24-hour Assistance:
Toll-free: (855) 731-9445 or Direct Dial: + 1 (317) 927-6806
or via email at: CustomerCare@IMGGlobal.com

Using Your Insurance

If you need to seek medical treatment, please be sure to seek care appropriately for the condition/situation that you are experiencing. Choosing the correct medical provider will make your experience much better, and it will make the billing and payment process much smoother. Here are some guidelines for choosing appropriate medical care.



Non-Emergency Care

If you do not have a medical emergency, you **SHOULD** go to a walk-in clinic or local doctor who can assist you with your medical needs. You **SHOULD NOT** go to the Emergency Room (ER). You can call IMG prior to receiving any treatment and they will assist in locating a medical provider, or you can visit the online provider search tool in your student zone. Examples of non-emergency care include cold, flu, minor injuries and sickness.



Emergency Care

The Emergency Room (ER) is designed for medical emergencies. If you need emergency care for any reason, please get to the nearest Emergency Room (ER) or call the emergency services (911 in the USA) for immediate treatment. It is also important to make sure you contact IMG as soon as possible if you have been hospitalized.

As with anything, we ask you to use your judgment with a situation. If you feel you need immediate emergency attention, please do not delay and go straight to the Emergency Room. However if you are unsure, or your condition is not severe, then either call the emergency services for assistance or visit a local doctor, urgent care center or walk-in clinic in your area.

Please Note – an additional \$250 deductible will apply for use of the emergency room for an illness and no admission to hospital. Injuries are not subject to the deductible.



ID Card

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



Providers

Whether inside or outside the USA you have the freedom of choice to visit any provider you wish, however you are strongly encouraged to visit medical providers who are part of the insurance plan network. This will allow direct billing and can remove the need for you to pay up front for medical expenses.

Inside the USA, you can search for a network providers online and either call for an appointment or for urgent care clinics, just walk up for treatment.

Outside the USA, you can still search for providers online or find the nearest provider to you, seek treatment and pay for those expenses up front. You can then claim these back at a later time.

To search for providers, please visit your Student Zone.



Pre-Certification

The following must always be pre-certified: (a) Chemotherapy, (b) Extended Care Facility, (c) Home Nursing Care, (d) Inpatient Hospitalization, (e) Interfacility Ambulance Transfer, (f) Radiation Therapy, (g) Surgery or Surgical procedure, (h) Medical Evacuation and (i) Return of Mortal Remains. To pre-certify, please contact IMG as soon as possible and before any treatment or services have been obtained. Failure to pre-certify will see a 50% reduction in benefits, with a maximum penalty of \$1,000.

Claims

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

Inside the USA - If you sought treatment from an in-network provider, and provided your insurance ID card at the time of treatment, they should be able to bill the IMG claims team directly with no payment up front.

If you have received any medical bills after treatment or paid for any services up front to a provider, please complete a claim form and email these documents to the claims email for processing.

Outside the USA - When outside the USA, please seek treatment from a provider that is nearest to you, pay for the services upfront and then submit a claim for reimbursement.

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

Claim Forms

You can download a copy of the claim form from the Student Zone and submit it with your receipts to:

Email - CustomerCare@IMGGlobal.com
(recommended)

Fax: (+1) 317 655 4505

International Medical Group
Claims Department
PO Box 88500
Indianapolis, IN 46208-0500, USA

Claims Update

MyIMG in your Student Zone will allow you to login and view all your claims activity and contact the claims team directly with any questions. You can also email the claims team at CustomerCare@IMGGlobal.com for an update on any claims that have been submitted.

Benefit Summary

Plan Benefits	Coverage
Maximum Limit	\$5,000,000
Maximum Limit per injury/illness	\$100,000
Deductible	\$150 per injury/illness
Coinsurance	After the deductible, the plan pays 100%
	Inpatient and Outpatient Services Subject to the deductible - unless stated
Physician/ Specialist Visit	100% coverage/ 1 visit per day (unless visit is for a different medical/surgical specialty)
Urgent Care/ Walk-in Clinics	100% coverage
Hospital Emergency Room	100% coverage/ \$250 additional deductible for illness with no hospital admission
Intensive Care	100% coverage
Prescriptions	100%/ 90 day dispensing maximum
Outpatient Surgical	100% coverage
Hospitalization/ Room & Board	100% coverage
Surgery	100% coverage
	Emergency Services Not Subject to the deductible - unless stated
Emergency Medical Evacuation	\$100,000 Maximum Limit
Return of Mortal Remains	\$100,000 Maximum Limit
Repatriation for Medical Treatment	\$100,000 Maximum Limit
Interfacility Ambulance Transfer	100% coverage/ Only Available in the USA
Emergency Local Ambulance (subject to deductible)	100% coverage for injuries/ 100% for illness with direct hospital admission
	Other Services Not Subject to the deductible - unless stated
Accidental Death & Dismemberment	\$15,000 Principal Sum
Adventure Sports (subject to deductible)	\$100,000 Maximum Limit - Please see certificate for full list of covered sports.
Dental Treatment	Accident - \$500 Maximum Limit Unexpected Pain - \$200 Maximum Limit
Lost or Stolen Baggage	\$250 Maximum Limit
Interscholastic Athletics, Intramural and College Club Sports (subject to deductible)	100% coverage
Personal Liability	Injury to Third Party - \$2,000 Maximum Limit (subject to \$100 deductible) Damage to Third Person's Property - \$500 Maximum Limit (Subject to \$100 deductible)
Legal Assistance	Up to \$500 Maximum Limit

Student Zone

The Student Zone is your one-stop resource for information, advice and assistance with your insurance plan.

It includes:

 Video Overviews

 Healthcare Tips

 Seeking Treatment

 Provider Search

 Claim Forms

 MyIMG

 MyDocuments

Your Student Zone is accessible at:

egi.zone/ccusa-img/

24-hour Assistance

IMG are available 24-hours a day to assist you with your insurance needs, including pre-certification, claims, emergency evacuation and much more.

You can contact IMG at:

Toll-free: (855) 731-9445

Direct Dial: + 1 (317) 927-6806

CustomerCare@IMGGlobal.com



Please note: This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the student zone for a copy of your insurance certificate which includes the full plan wording and exclusions.

Plan Exclusions

Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Insured Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto), services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor:

1. War; Military Action
2. Terrorism
3. Pre-existing Conditions
4. Maternity and Newborn Care
5. Mental or Nervous Disorders
6. Preventative Care
7. Charges for any Treatment or supplies that are:
 - 7.1. not incurred, obtained or received by an Insured Person during the Period of Coverage
 - 7.2. not presented to the Company for payment by way of a completed Proof of Claim within one hundred eighty (180) days from the date such Charges are incurred
 - 7.3. not administered or ordered by a Physician
 - 7.4. not Medically Necessary for the diagnosis, care or Treatment of the physical or mental condition involved. This also applies when and if they are prescribed, recommended or approved by the attending Physician
 - 7.5. provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
 - 7.6. in excess of Usual, Reasonable, and Customary
 - 7.7. related to Hospice care
 - 7.8. related to Physical Therapy
 - 7.9. incurred by an Insured Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Insured Person had knowledge of his/her HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. This exclusion includes Charges for any Treatment or supplies relating to or arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Illness, ARC Syndrome, AIDS and/or any other Illness arising or resulting from any complications or consequences of any of the foregoing conditions
 - 7.10. provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
 - 7.11. performed or provided by a Relative of the Insured Person
 - 7.12. not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
 - 7.13. provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
 - 7.14. required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply excluded from coverage or which is otherwise not covered under this insurance
 - 7.15. for Congenital Disorders and conditions arising out of or resulting therefrom
8. Charges incurred for failure to keep a scheduled appointment
9. Telemedicine consultations through an established Telemedicine protocol system will be considered individually based on medical necessity and appropriateness as determined by the Company under the plan
10. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
11. Charges incurred related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy
12. Charges incurred for testing that attempts to measure aspects of an Insured Person's mental ability, intelligence, aptitude, personality and stress management. Such testing may include but is not limited to psychometric, behavioral and educational testing
13. Charges incurred for Custodial Care
14. Charges incurred for Educational or Rehabilitative Care that specifically relates to training or retraining an Insured Person to function in a normal or near-normal manner. Such care may include but is not limited to job or vocational training, counseling, occupational therapy and speech therapy
15. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof, including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling
16. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Insured Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof)
17. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and/or follows a Surgery which was covered under this insurance
18. Elective Surgery or Treatment of any kind
19. Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception, insemination (natural or otherwise) or birth, including but not limited to: artificial insemination; oral contraceptives; Treatment for infertility or impotency; vasectomy, or reversal of vasectomy; sterilization; reversal of sterilization; surrogacy or abortion
20. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
21. Any Illness or Injury sustained while taking part in, practicing or training for: Amateur Athletics (except as otherwise expressly provided for in this insurance); Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority including the National Collegiate Athletic Association, any other collegiate sanctioning or Governing Body or the International Olympic Committee
22. Any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; bobsledding; bungee jumping; canyoning; hot air ballooning; jungle zip lining; parachuting; paragliding; parasailing; rappelling; skydiving; and wildlife safaris
23. Any Illness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering above elevation of 4500 meters from ground level; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving or sub aqua pursuits below a depth of 50 meters; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class V and higher difficulty; and wingsuit flying
24. Any Illness or Injury sustained while taking part in snow skiing, snowboarding or snowmobiling where the Insured Person is in violation of applicable laws, rules or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas
25. Any Illness or Injury sustained while taking part in backcountry skiing
26. Any Illness or Injury sustained while taking part in skiing off-piste
27. Any Illness or Injury sustained while taking part in athletic or recreational activities where the Insured Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities
28. Any Illness or Injury sustained while taking part in Collision Sports
29. Any Illness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the sport or activity
30. Any Illness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider
31. Any Injury or Illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician but not for the Treatment of Substance Abuse
32. Any Injury or Illness sustained while operating a moving vehicle after consumption of intoxicating liquor or drugs in excess of the applicable blood/alcohol legal limit, other than drugs taken in accordance with Treatment prescribed and directed by a Physician. For purposes of this exclusion, "vehicle" shall include motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required
33. Any willfully Self-inflicted Injury or Illness
34. Any sexually transmitted or venereal disease
35. Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
36. Any Illness or Injury resulting from or occurring during the commission of a violation of law by the Insured Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
37. Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy
38. Orthoptics, visual therapy or visual eye training
39. Any non-surgical Illness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses or toenails; except as otherwise expressly set forth
40. Hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician

41. Any sleep disorder, including without limitation sleep apnea
42. Any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician
43. Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
44. Any organ or tissue or other transplant or related services, Treatment or supplies
45. Any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
46. Any efforts to keep a donor alive for a transplant procedure
47. Any Illness or Injury incurred in the Destination Country as a result of epidemics, pandemics, public health emergencies, Natural Disasters, or other disease outbreak conditions that may affect a person's health when, prior to the Insured Person's entry into the Destination Country, any of the following were issued regarding the Destination Country
 - 47.1. the World Health Organization had issued an Emergency Travel Advisory
 - 47.2. the United States Centers for Disease Control & Prevention had issued a Warning Level 3 (avoid nonessential travel)
 - 47.3. a similar governmental agency of the Insured Person's Country of Residence had published, communicated or issued a Travel Warning or Emergency Travel Advisory restriction or official declaration informing the public about such health issues before the Insured Person traveled to the Destination Country
48. Charges incurred for eyeglasses, contact lenses, hearing aids or hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
49. Charges incurred for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism
50. Charges incurred for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery or splints
51. Charges incurred in the Insured Person's Country of Residence, except as otherwise expressly provided for in this insurance
52. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
53. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician
54. Charges and all costs related to or arising from or in connection with all trips to the Destination Country undertaken for the purpose of securing medical Treatment or supplies
55. Charges incurred for Dental Treatment, except as specifically provided for hereunder
56. Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies
57. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
58. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
59. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
60. Charges incurred for massage therapy
61. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
 - 61.1. bodily or mental infirmity, Illness or disease
 - 61.2. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

Please note: This document is being provided for informational purposes only and does not supersede in any way the terms in the governing documents for your insurance plan. Please visit the student zone for a copy of your insurance certificate which includes the full plan wording and exclusions.