



ENVISAGE
GLOBAL INSURANCE

2021/2022 Study Abroad in
Korea Group Brochure
Group/Certificate Number: PGTII00516628



IMG 24-Hour Assistance

Toll-free: (855) 731-9445

Direct Dial: + 1 (317) 927-6806

or via email at: CustomerCare@IMGlobal.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 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.



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

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.

You can 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, (i) Return of Mortal Remains and (j) Emergency Reunion. 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:

Outside the USA Outpatient - 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.

Outside the USA Inpatient - If you need to be hospitalized, or have surgery or for any high-dollar medical bills please ask the provider to call IMG directly for assistance in setting up direct payment.

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

[Study Abroad in Korea Student Zone](#)

CustomerCare@IMGGlobal.com for an update on any claims that have been submitted.

Benefit Summary

Plan Benefits	Coverage
Period of Coverage Limit	Age 69 or under: \$3,000,000 Ages 70 to 79: \$50,000 Age 80 and older: \$10,000
Benefit Period	3 months
Deductible	\$0 per injury/illness
Coinsurance	After the deductible, the plan pays 100%
Inpatient and Outpatient Services Subject to the deductible and coinsurance - unless stated Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Eligible Medical Expenses	100% coverage
Physician / Specialist Visit	100% coverage
Urgent Care / Walk-in Clinic	100% coverage
Hospital Emergency Room	100% coverage
Hospitalization / Room & Board	100% coverage. Average semi-private room rate. Includes nursing services, miscellaneous and Ancillary services
Intensive Care	100% coverage
Outpatient Surgical / Hospital Facility	100% coverage
Laboratory, Radiology / X-Ray	100% coverage
Chemotherapy / Radiation Therapy	100% coverage
Pre-admission Testing	100% coverage
Surgery	100% coverage
Reconstructive Surgery	100% coverage. Surgery is incidental to and follows Surgery that was covered under the plan
Assistant Surgeon	20% of the primary surgeon's eligible fee
Anesthesia	100% coverage
Durable Medical Equipment	100% coverage <i>Exclusively the following items: a standard basic hospital bed and/or a standard basic wheel chair</i>
Chiropractic Care	100% coverage up to \$150 per visit, \$1,500 per period of coverage. Medical order or Treatment plan required
Physical Therapy	100% coverage up to \$150 per visit, \$1,500 per period of coverage. Medical order or Treatment plan required
Extended Care Facility	100% coverage. Upon direct transfer from an acute care Facility
Home Nursing Care	100% coverage. Provided by a Home Health Care Agency. Upon direct transfer from an acute care Facility
Prescriptions	100% coverage. 90 day dispensing maximum
Mental or Nervous Disorders Not Subject to the deductible and coinsurance- unless stated Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Inpatient Mental or Nervous	\$20,000
Outpatient Mental or Nervous	Limit: \$500. Limit: \$50 per visit

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 this link:

[**Student Zone**](#)

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



Plan Benefits	Coverage
Emergency Services Not Subject to the deductible and coinsurance - unless stated Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Emergency Local Ambulance	100% coverage (Illness covered when direct hospital admission, subject to deductible and coinsurance)
Emergency Medical Evacuation	\$50,000 Maximum Limit
Emergency Reunion	\$1,500 Maximum Limit. Maximum days: 15. Meal maximum per day: \$25. Reasonable and necessary travel costs and accommodations. Approved in advance by the Company
Interfacility Ambulance Transfer	100% coverage. Transfer must be a result of an Inpatient Hospital admission
Return of Mortal Remains	\$25,000 Maximum Limit. Local burial / Cremation Maximum Limit: \$5,000. Return of Insured Person's Mortal Remains to Country of Residence. Approved in advance by the Company
Other Services Not Subject to the deductible - unless stated Eligible Medical Expenses are limited to Usual, Reasonable and Customary Limits per Period of Coverage unless stated as Maximum Limit	
Accidental Death & Dismemberment	\$10,000 Principal Sum
Dental Treatment	Unexpected pain - \$200 limit. Treatment due to an Accident - \$500 limit. Subject to deductible and coinsurance
Traumatic Dental Injury	100% coverage. Treatment at a Hospital due to an Accident. Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%. Subject to deductible and coinsurance
Lost Luggage	Limit: \$250. Limit: \$50 per item
Trip Interruption	\$1,500
Personal Liability	Combined Maximum Limit: \$25,000 Injury to third person: - Per Injury Deductible: \$100 Damage to third person's property: - Per damage Deductible: \$100 Secondary to any other insurance. No coverage for Injury to a related third party or damage to related third person's property.

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. Economic Sanctions: The Company will not cover any person as an Insured Person if such cover would result in the Company being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or the United States of America.
2. War; Military Action
3. Terrorism
4. Pre-existing Conditions. Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.
5. Maternity and Newborn Care
6. Preventative Care
7. Charges for any Treatment or supplies that are:
 - (a) not incurred, obtained or received by an Insured Person during the Period of Coverage
 - (b) 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
 - (c) not administered or ordered by a Physician
 - (d) 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
 - (e) provided at no cost to the Insured Person or for which the Insured Person is not otherwise liable
 - (f) in excess of Usual, Reasonable, and Customary
 - (g) related to Hospice care
 - (h) 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
 - (i) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
 - (j) performed or provided by a Relative of the Insured Person
 - (k) not expressly included in the ELIGIBLE MEDICAL EXPENSES provision
 - (l) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
 - (m) 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
 - (n) for Congenital Disorders and conditions arising out of or resulting therefrom
8. Charges incurred for failure to keep a scheduled appointment
9. Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental, and for research purposes
10. 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
11. 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
12. Charges incurred for Custodial Care
13. 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
14. 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
15. 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)
16. 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
17. Elective Surgery or Treatment of any kind
18. 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
19. Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
20. 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
21. Any Illness or Injury sustained while taking part in activities designated as Adventure Sports, which are limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parasailing; rappelling; skydiving; spelunking; whitewater kayaking or whitewater rafting in water less than Class V difficulty; wildlife safaris; and windsurfing
22. 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; powerboating; 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
23. 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
24. Any Illness or Injury sustained while taking part in backcountry skiing
25. Any Illness or Injury sustained while taking part in skiing off-piste
26. Any Illness or Injury sustained while taking part in Collision Sports
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 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
29. 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
30. 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
31. 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
32. Any willfully Self-inflicted Injury or Illness
33. Any sexually transmitted or venereal disease
34. Any testing for the following when not Medically Necessary: HIV, seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome, AIDS
35. 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
36. Any Substance Abuse
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 Host Country/Destination Country, Affected Area or Home Country/Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance
This exclusion DOES NOT apply to Charges resulting from COVID-19/SARS-CoV-2.
 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, except as otherwise expressly provided for hereunder
 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 within the United States, except as otherwise expressly provided for hereunder
 53. Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
 54. 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
 55. Any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other Illness directly or indirectly arising therefrom, that occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Insured Person in a Hospital as an Inpatient
 56. 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
 57. Charges incurred for Dental Treatment, except as specifically provided for hereunder
 58. 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
 59. Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and treated in a dental office
 60. Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays
 61. Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
 62. Charges incurred for massage therapy
 63. Charges incurred for Personal Liability legal fees or out-of-pocket costs associated and/or related to the determination and/or settlement of a legal liability
 64. Accidental Death or Dismemberment when the Insured Person's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:
 - (a) bodily or mental infirmity, Illness or disease
 - (b) infection, other than infection occurring simultaneously with, and as a direct result of, the accidental Injury.

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