

## Coverage Summary | Certificate #EPASN00267688

This brochure is provided for informational purposes only and does not supersede the Insurance Contract, which consists of the application, policy, and any other governing documents, which are the only source of the terms, benefits, limitations and exclusions for this insurance. Please see the [certificate wording in your Student Zone](#) for benefits, terms and conditions, exclusions, and more.



Your insurance plan includes Teladoc, allowing you to meet with a doctor via phone, web or their mobile app! There is no charge to use the service, and your insurance deductible is waived when using Teladoc! Learn more and sign up for free today here: <https://cdn.envisageglobalinsurance.com/pdfs/egi/img/teladoc.pdf>

| Schedule of Benefits               | Coverage (\$USD)                                                                         |
|------------------------------------|------------------------------------------------------------------------------------------|
| Lifetime Maximum                   | \$500,000                                                                                |
| Per Injury/Illness Maximum         | \$100,000                                                                                |
| Deductible                         | \$50 per injury/illness                                                                  |
| Emergency Room (Illness)           | Additional \$350 without inpatient admission                                             |
| Coinsurance                        | 100% of Eligible Medical Expenses                                                        |
| Teladoc                            | See above: deductible waived<br>1 visit per day                                          |
| Hospital Room & Board              | Semi-private room rate, including nursing services                                       |
| Hospital Intensive Care            | URC                                                                                      |
| Ambulance Coverage                 | URC for injuries and illnesses                                                           |
| Physical Therapy                   | \$50 max per visit and \$1,000 maximum                                                   |
| Prescription Drugs                 | URC                                                                                      |
| Physician Visit                    | URC limited to 1 visit per day                                                           |
| Dental                             | Sudden unexpected pain: \$200 maximum<br>Accident: URC                                   |
| Emergency Medical Evacuation       | Up to \$50,000 Lifetime Maximum                                                          |
| Return of Mortal Remains           | \$25,000 maximum                                                                         |
| Accidental Death and Dismemberment | \$10,000 principal sum                                                                   |
| Sports Coverage                    | Leisure or recreational selected sports.<br>Please see the certificate for full details. |

URC = Usual, Reasonable and Customary Expenses

### Student Zone

You can visit your student zone for further details about your plan and how it works:

<http://egi.zone/aspire>

### Insurance ID Card

Keep a copy of your Insurance Identification Card with you at all times. In the event that you have lost your Insurance Identification Card please visit [your Student Zone](#) for a replacement.

### 24-hour Assistance

USA Toll Free (855) 731-9445  
USA Direct +1 (317) 927-6806  
or via email at: [CustomerCare@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com)

### Pre-Certification

For any inpatient treatment, surgeries or major events (such as medical evacuation) you will need to contact IMG directly as soon as possible to pre-certify.

### Provider Directory

Within the USA, the plan utilizes the UnitedHealthcare network (UHC) where providers can bill directly to the insurance company for payment. You can [search for providers online](#) in your student zone.

### Claims

In the event that a provider does not directly bill or the claims team needs a claim form to further process a claim, [download the Claim Form](#) from the Student Zone and submit the completed form to:

Email - [CustomerCare@IMGGlobal.com](mailto:CustomerCare@IMGGlobal.com)  
(recommended)  
Fax: (+1) 317 655 4505

International Medical Group  
Claims Department  
PO Box 9162  
Farmington Hills, MI 48333-9162

### 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.

## General Exclusions

- 1) Economic Sanctions
- 2) War; Military Action
- 3) Terrorism
- 4) Pre-existing Conditions, except as covered under medical stabilization
- 5) Maternity and Newborn Care
- 6) Charges for Routine Physical Examinations and immunizations are excluded from coverage under this insurance
- 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 complete Proof of Claim within one hundred eighty (180) days of the date such Charges are incurred
  - (c) not administered or ordered by a Physician
  - (d) not Medically Necessary
  - (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) incurred by an Insured Person who was HIV +, 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; 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
  - (h) provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician
  - (i) performed or provided by a Relative of the Insured Person
  - (j) not expressly included as Eligible Medical Expenses as defined in the ELIGIBLE MEDICAL EXPENSES provision
  - (k) provided by a person who resides or has resided with the Insured Person or in the Insured Person's home
  - (l) required or recommended as a result of complications or consequences arising from or related to any Treatment, Illness, Injury, or supply excluded from coverage or which is otherwise not covered under this insurance
  - (m) for Congenital Disorders and conditions arising out of or resulting there from
- 8) Charges incurred for failure to keep a scheduled appointment
- 9) Telehealth or Telemedicine services not considered Medically Necessary as determined by the Company under the plan
- 10) Charges incurred for Surgeries or Treatment or supplies which are Investigational, Experimental, or 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, drugs, recombinant adeno-associated virus vector-based gene therapy, and other medication Treatments associated with diagnoses related to genetic testing and discovery, 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 while confined primarily to receive Custodial Care, Educational or Rehabilitative Care
- 14) Charges incurred for any Surgery, Treatment or supplies relating to, arising from or in connection with, for, or as a result of:
  - (a) weight modification, modifications of the physical body or the Treatment of obesity
  - (b) 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)
  - (c) cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance
  - (d) Except as specifically provided for in the SPORTS provision, any Illness or Injury sustained while taking part in, practicing or training for: Hazardous or Extreme sports, Amateur Athletics; Professional Athletics; or athletic activities that are sponsored by any Governing Body or Authority or the International Olympic Committee
  - (e) 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
  - (f) any willfully Self-inflicted Injury or Illness
  - (g) any sexually transmitted or venereal disease
  - (h) any testing for the following: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS
  - (i) 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
  - (j) any Substance Abuse
  - (k) speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy
  - (l) orthoptics, visual therapy or visual eye training
  - (m) any 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;
  - (n) hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician
  - (o) any sleep disorder, including without limitation sleep apnea
  - (p) any exercise program and/or equipment, whether or not prescribed or recommended by a Physician
  - (q) any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s)
  - (r) any organ or tissue or other transplant or related services, Treatment or supplies
  - (s) any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status
  - (t) any efforts to keep a donor alive for a transplant procedure
  - (u) any Illness or Injury incurred in the Destination Country, Affected Area or 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
- 15) Charges incurred for any Treatment or supply that either promotes or prevents or attempts to promote or prevent conception or birth; including but not limited to: artificial insemination; oral contraceptives, Treatment for infertility or impotency; vasectomy or reversal of vasectomy; sterilization or reversal of sterilization; surrogacy or abortion
- 16) Charges incurred for any Treatment or supply that either promotes, enhances or corrects or attempts to promote, enhance or correct impotency or sexual dysfunction
- 17) Charges incurred for Dental Treatment, except as specifically provided for hereunder
- 18) 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
- 19) Charges incurred for eyeglasses, contact lenses, hearing aids, hearing implants and Charges for any Treatment, supply, examination or fitting related to these devices, or for eye refraction for any reason
- 20) 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
- 21) 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
- 22) Charges incurred while in the Insured Person's Home Country, except as otherwise expressly provided for hereunder
- 23) Charges incurred for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance
- 24) 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
- 25) Charges and all costs related to or arising from or in connection with all trips to the Host Country undertaken for the purpose of securing medical Treatment or supplies
- 26) Charges incurred for hospice care
- 27) Charges for massage therapy
- 28) Charges for Treatment of an Illness or Injury for which payment is made or available through a workers' compensation law or a similar law
- 29) 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.

# Aspire Work & Travel Insurance - Covered Activities for Certificate #EPASN00267688

The following activities **ARE COVERED** under your plan (subject to policy provisions, conditions, and exclusions):

- Aerobics
- Power Boat (Passenger only, No driving or racing)
- Baseball
- Roller skating
- Basketball
- Rollerblading
- Bicycle Riding
- Sailing
- Calisthenics
- Running
- Ice Skating
- Softball
- Kickball
- Trampoline
- Exercise Bike
- Golf
- Slacklining Below 18"
- Canoeing (Up to and including Class 3 level)
- Snow Skiing / Snowboarding (Marked groomed trails only, No coverage for injuries associated with jumps, stunts, aerials, half-pipes, moguls, racing or operating outside of any designated boundaries)
- Riding on a Snowmobile
- Dancing
- Soccer
- Frisbee
- Squash
- Hiking / Trekking (Below 3,500-meter elevation)
- Surfing (Moderate wave height only)
- Horseback Riding (Trail only, No jumping, competition, dressage or racing)
- Swimming (Diving: Pool – minimum depth: 9 meters, Up to 25 meters and in accordance with the rules and regulations of where the dive is occurring)
- Hot Air Ballooning (Passenger-only)
- Tennis
- Indoor Rock Climbing (Only in controlled environment wearing protective safety equipment)
- Volleyball
- Jazzercise
- Jogging
- Kayaking (up to and including class 3 level)
- Paintball (only in controlled environment wearing protective gear)
- Whitewater rafting (up to and including class 3 level)
- Waterskiing
- Yoga
- Ziplining

The following activities **ARE NOT COVERED** under your plan:

- Abseiling
- BMX
- Bobsledding
- Bungee jumping
- Canyoning
- Caving
- Diving below depths of 25 meters
- Flying within twenty-four (24) hours of a diving activity
- Hot air ballooning (piloting)
- Parachuting
- Paragliding
- Parascending
- Rappelling
- Skateboarding
- Skydiving
- Spelunking
- Wildlife safaris
- Windsurfing
- Archery
- ATV
- BASE jumping
- Boxing
- Canoeing (Class IV and higher difficulty)
- Cave diving
- Cliff diving
- Downhill mountain biking and racing
- Extreme skiing
- Extreme snowboarding
- Freediving
- Free flying
- Free running
- Free skiing
- Freestyle gliding
- Heli-skiing
- Hunting
- Jet skiing
- Ice canoeing
- Ice climbing
- Kitesurfing
- Mixed martial arts
- Motocross
- Motorcycle and racing
- Motor rally
- Mountaineering that requires specialized equipment or above elevation of 3500 meters from ground level
- Parkour
- Piloting a commercial or non-commercial aircraft
- Mopeds
- Powerbocking
- Scootering
- Scuba diving or sub aqua pursuits below a depth of 50 meters;
- Snowmobile driving and/or racing
- Sport watercraft or powered devices (whether in or not in motion)
- Any two or three wheeled motorized vehicle
- Truck racing
- Wave runners
- Whitewater kayaking or whitewater rafting Class IV and higher difficulty
- Use of any type of firearm (any device that discharges a projectile of any type)
- Wingsuit flying;
- Backcountry skiing;
- Off-piste skiing;
- Skiing or snowboarding for compensation;
- Any sport requiring a higher degree of knowledge or training and having an increased risk of Injury

This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in any way the Certificate of Insurance or the Application, Master Policy and any riders or other governing documents (the "Insurance Contract"). The Insurance Contract and the above list identify sports and activities that may be covered subject to the Terms of the plan. However, it is possible that some of the sports listed here or in the Insurance Contract may fall within some other applicable exclusion or limitation. The Insurance Contract is the only source of the actual benefits provided and can be found in your [Student Zone](#).