

# USVisit-Pro®

Temporary medical insurance  
with coverage for pre-existing  
conditions.



[WWW.VISITORS\\_COVERAGE.COM](http://WWW.VISITORS_COVERAGE.COM)



# Exceptional Features Of Your USVisit-Pro® Plan

- » Extensive travel medical coverage for unexpected accidents and illnesses during your travels
- » Includes coverage for pre-existing conditions up to \$30,000
- » Plan pays 80% in the network after the applicable deductible for the covered benefit (per the policy)
- » Coverage area: United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories
- » Coverage if your entry to the U.S. is denied for a covered reason (please refer to Certificate of Insurance)
- » Coverage for emergency medical evacuation and repatriation

## COVID-19 Benefits

- » COVID-19 covered as any other medical condition as per the policy

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.





## Why Choose USVisit-Pro®?

International travel can be stressful if you aren't prepared for medical emergencies. This is especially true for travelers with pre-existing conditions. Fortunately, USVisit-Pro® is a travel medical plan for non-US residents traveling to North America. With coverage for pre-existing conditions (coverage limitations may apply, see policy document for complete details) the new plan gives travelers essential peace of mind.

Underwritten by an 'A-' rated carrier, and supported by IMG®, the leader in the international travel medical insurance industry. USVisit-Pro® is a plan created just for you, "the international traveler" visiting North America for a short trip.

## A Partnership of Excellence

VisitorsCoverage® has partnered with International Medical Group® (IMG®) to bring you world-class benefits backed by unparalleled services. IMG, a leading administrator of international insurance products, has developed a reputation of excellence in the industry. Serving millions of members in almost every country, IMG is committed to being there for its international clients, wherever life takes them.

## Eligibility

The following conditions (among others) apply to all persons applying for and/or enrolling in the USVisit-Pro® plan:

If an Insured Person is not eligible, this Certificate is void ab initio and all Premium paid will be refunded. In order to be eligible and qualified for coverage under this insurance, a person must meet all of the following requirements

1. complete and sign an Application as the Insured Person (or be listed thereon by proxy as an applicant and proposed Insured Person), and/or as the Insured Person's Spouse, Child and/or Grandchild
2. pay the required Premium on or before the Effective Date of Coverage
3. receive written acceptance of their Application from the Company
4. be an individual at least fourteen (14) days old
5. on the Effective Date, must have legally departed the Country of Residence and legally entered the primary destination of the United States on an eligible nonimmigrant visa or similar arrangements. Green card holders and lawful permanent residents are not eligible for this coverage.
6. not have established a permanent residency in the Destination Country
7. purchased this plan prior to departing the Country of Residence
8. purchased a minimum of sixty (60) days and no more than a maximum of one hundred eighty (180) days.

## International Travel Time Coverage

USVisit-Pro® provides coverage during international travel time as long as the dates of travel are included on your declaration page. Coverage begins as soon as you are outside of your home country.

## Coverage Dates

You will choose the certificate's start date and end date during the application process. The start date can be as early as the day after your purchase. The plan will cover a period of 60 days up to a maximum period of 180 days. The certificate will begin on the selected start date at 12:01 a.m. EST and will end on the selected end date at 12:01 a.m. EST.

Extensions are not available for USVisit-Pro®.

## Cancellation and Refund

If you are not pleased with your USVisit-Pro® coverage for any reason, you can submit an online cancellation request at [www.visitorscoverage.com/customer-portal](http://www.visitorscoverage.com/customer-portal). If cancellation is submitted prior to the coverage effective date (start date), a full refund of your premium can be issued.

For cancellations submitted after the coverage effective date (start date) a cancellation fee of \$25 is applicable and any remaining refund can be made on a prorated basis as long as no claims have been filed. If you or a service provider have filed any claims, no refund will be issued.

## Doctors and Hospitals

USVisit-Pro® is part of the UnitedHealthcare PPO network. When going to the doctor, hospital, or urgent care facility, show your ID card and state that the policy is a travel medical insurance policy that belongs to the UnitedHealthCare PPO network. **Depending on the billing process of the facility you go to, you may be required to make a payment, for which you can file a claim.**



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

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



This is only a summary and does not supersede in any way the Application, Master Policy and other governing documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



## Billing

Depending upon the medical facility you choose, you may be required to pay for your medical expenses up-front. If this occurs, you should request reimbursement of your expenses subject to your plan benefits by submitting a claim form to International Medical Group® (IMG®). Please note, however, that this is a claim reimbursement policy, which means that even if the facility does not require you to make an up-front payment and instead bills IMG directly, you will still be required to submit a claim form.

## Claim Filing Process

To file a claim, complete the paper claim form available at [visitorscoverage.com](http://visitorscoverage.com) or [imglobal.com](http://imglobal.com) and mail it to: Claims Department, International Medical Group, PO Box 9162, Farmington Hills, MI, 48333-9162, USA, or use IMG's MyIMG member portal at [myimg.imglobal.com](http://myimg.imglobal.com) to submit it electronically. Along with the claim form, you must provide supporting documents, including copies of any bills, receipts, and all stamped pages of your passport. Additional documentation may be needed, in which case IMG will contact you to request it. Claims must be presented to IMG for payment within 60 days from the date the claim was incurred.

## Claims Payments

Upon approval, the claims will be paid by check to the insured's mailing address. Direct reimbursements can be wired to an international bank account upon request.

## Pre-certification

Each proposed hospital admission, inpatient or outpatient surgery, or other procedures as noted in the Certificate of Insurance must be pre-certified for medical necessity. This means you or your attending medical practitioner must communicate with an IMG representative at the number listed on the IMG ID card prior to admission to a hospital, performance of a surgery or other procedures.

In case of an emergency admission, the pre-certification call must be made within 48 hours of admission, or as soon as reasonably possible. If a hospital admission, a surgery or anything else requiring pre-certification is not pre-certified, eligible claims and expenses will be reduced by 50 percent.

It is important to note that pre-certification is only a determination of medical necessity, not an assurance of coverage, verification of benefits, or a guarantee of payment. All medical expenses eligible for reimbursement must be for medically necessary care and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate of Insurance as defined for full details of the pre-certification requirements. You must follow pre-certification instructions carefully. Failure to do so may invalidate your claim, or in certain circumstances, result in a loss or reduction of coverage.

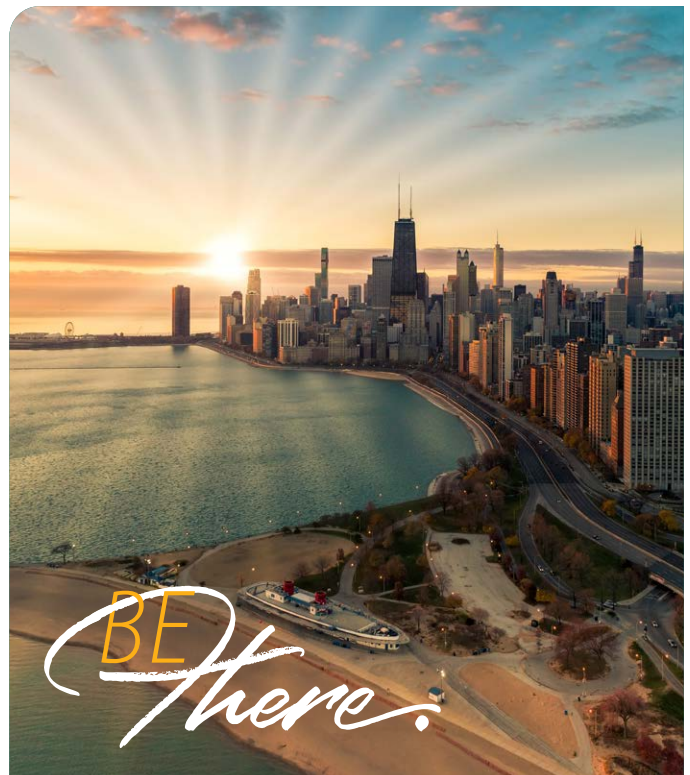
**Note:** You may begin the pre-certification process through MyIMG. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, we will review the information provided and respond to you or the provider. Please note that this online service will only initiate the pre-certification process, and it should not be used to pre-certify emergency admissions, procedures, or evacuations.

## Pre-existing Conditions

Pre-existing conditions are covered by U.S. Visit Pro after a \$1,000 deductible per injury/illness. The maximum limit for care provided as a result of a pre-existing condition is \$30,000 for travelers under age 70 and \$20,000 for travelers ages 70 to 74. Per the policy wording, a pre-existing condition is defined as: An Illness, disease, or other condition of the Insured Person that in the twelve (12) month period before the Insured Person's coverage became effective under this insurance: a) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or Treatment; or b) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or c) was Treated by a Physician or Treatment had been recommended by a Physician. A complete description of benefits is available in the Certificate of Insurance, which is available upon request from your agent or from IMG. Please note that all diagnoses are determined by the attending physician.

## Passport and Travel Document Loss

You are reimbursed expenses for replacing a lost or stolen passport or travel document up to \$100 as long as you provide proper proof of loss, including a police report.



# Summary of benefits

Benefit	Coverage	
<b>Coverage Limit / Maximum Amount for Eligible Medical Expenses</b>		
<b>Period of Coverage</b>	60 days up to 180 days	
<b>Per Injury or Illness Maximum Limit</b>	<ul style="list-style-type: none"> <li>■ Through age 69: \$50,000, \$100,000 or \$250,000</li> <li>■ Ages 70 to 74: \$50,000</li> </ul>	
■ As indicated on the declaration		
<b>Area of Coverage</b>	United States including Canada, Mexico, Bahamas and U.S. Territories	
<b>Benefit Plan Features</b>		
<b>Benefit Levels</b>	<b>United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories</b>	<b>United States (Out-of-Network) Territories</b>
<b>Deductible for Eligible Medical Expenses</b>		
<b>Per Injury or Illness Deductible</b>	\$100, \$500, \$1,000, \$2,500 or \$5,000 per Insured Person, as indicated on the Declaration	
<b>Coinsurance for Eligible Medical Expenses</b>		
<b>Coinsurance</b>	Plan pays 80%	Plan pays 60%
■ In addition to deductible	Insured pays 20%	Insured pays 40%
<b>Pre-certification</b>		
<ul style="list-style-type: none"> <li>■ Interfacility Ambulance Transfer: No coverage if Pre-certification 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 Pre-certification 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 PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification</li> </ul>		
<b>Pre-Existing Conditions</b>		
<ul style="list-style-type: none"> <li>■ Deductible per Injury or Illness (plan Deductible waived): \$1,000</li> <li>■ Maximum Limit:               <ul style="list-style-type: none"> <li>» Through age 69: \$30,000</li> <li>» Ages 70 to 74: \$20,000</li> </ul> </li> </ul>		

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UP

## Benefit

## Coverage

<b>Inpatient or Outpatient Services</b> <i>Subject to Deductible and Coinsurance unless otherwise noted</i> <i>Eligible Medical Expenses are limited to Usual, Reasonable and Customary</i> <i>Limits per Period of Coverage unless stated as Maximum Limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Eligible Medical Expenses</b>	80%	60%
<b>Physician Visits/Services</b>	80%	60%
<b>Urgent Care Clinic</b> <ul style="list-style-type: none"> <li>■ Not subject to deductible and coinsurance</li> <li>■ In-network and Out-of-network copayment: \$25</li> </ul>	100%	100%
<b>Walk-in Clinic</b> <ul style="list-style-type: none"> <li>■ Not subject to deductible and coinsurance</li> <li>■ In-network copayment: \$15</li> <li>■ Out-of-network copayment: \$25</li> </ul>	100%	100%
<b>CareClix Consultation</b>	<ul style="list-style-type: none"> <li>■ Not subject to Deductible and Coinsurance</li> <li>■ CareClix Consultations will not support a diagnosis for Mental or Nervous disorders</li> <li>■ Coverage for a CareClix 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 CareClix Consultation where the Illness or Injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Certificate of Insurance</li> </ul>	
<b>Hospital Emergency Room</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>	80%	60%
<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>	80%	60%
<b>Intensive Care</b>	80%	60%
<b>Hospital Ancillary Services</b> <ul style="list-style-type: none"> <li>■ Maximum Limit: \$40,000</li> <li>■ Includes laboratory, x-rays, drugs and miscellaneous services</li> </ul>	80%	60%
<b>Outpatient Surgical / Hospital Facility</b>	80%	60%
<b>Laboratory</b>	80%	60%
<b>Radiology / X-ray</b>	80%	60%



## Benefit

## Coverage

### Inpatient or Outpatient Services *(continued)*

*Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit*

Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Pre-admission Testing</b>	80%	60%
<b>Surgery</b>	80%	60%
<b>Reconstructive Surgery</b>	80%	60%
<ul style="list-style-type: none"> <li>Surgery is incidental to and follows Surgery that was covered under the plan</li> </ul>		
<b>Assistant Surgeon</b>	80%	60%
<ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>		
<b>Anesthesia</b>	80%	60%
<b>Durable Medical Equipment</b>	80%	60%
<b>Chiropractic Care</b>	80%	60%
<ul style="list-style-type: none"> <li>Medical order or Treatment plan required</li> </ul>		
<b>Physical Therapy</b>	80%	60%
<ul style="list-style-type: none"> <li>Inpatient and Outpatient</li> <li>Medical order or Treatment plan required</li> </ul>		
<b>Extended Care Facility</b>	80%	60%
<ul style="list-style-type: none"> <li>Upon direct transfer from an acute care Facility</li> </ul>		
<b>Home Nursing Care</b>	80%	60%
<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>		

### Prescription Drugs

*Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit*

Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Outpatient Prescription Drugs</b>	80%	60%

### Emergency Services

*NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable and Customary  
Limits per Period of Coverage unless stated as Maximum Limit*

Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Emergency Local Ambulance</b>	80%	60%
<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>		

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## Benefit

## Coverage

<b>Emergency Services (continued)</b> <i>NOT Subject to Deductible and Coinsurance unless otherwise noted</i> <i>Eligible Medical Expenses are limited to Usual, Reasonable and Customary</i> <i>Limits per Period of Coverage unless stated as Maximum Limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$25,000</li> <li>Approved in advance and coordinated by the Company</li> </ul>	100%	100%
<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%	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%	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%	100%
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$25,000</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%	100%
<b>Other Services</b> <i>NOT Subject to Deductible and Coinsurance unless otherwise noted</i> <i>Eligible Medical Expenses are limited to Usual, Reasonable and Customary</i> <i>Limits per Period of Coverage unless stated as Maximum Limit</i>		
<b>Accidental Death &amp; Dismemberment</b> <ul style="list-style-type: none"> <li>Principal Sum Maximum Limit: \$25,000</li> <li>Death must occur within 90 days of the Accident</li> </ul>	<b>Accidental Death: 100% of Principal Sum</b>	
	<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 the loss of sight of one eye	100%
	One foot and the loss of sight of one eye	100%
	One hand and one foot	100%
	Both hands or both feet	100%
	Sight of both eyes	100%



## Benefit

## Coverage

<b>Other Services (continued)</b> <i>NOT Subject to Deductible and Coinsurance unless otherwise noted                      Eligible Medical Expenses are limited to Usual, Reasonable and Customary                      Limits per Period of Coverage unless stated as Maximum Limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<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>	80%	80%
<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>	80%	60%
<b>Lost Luggage</b> <ul style="list-style-type: none"> <li>Limit: \$1,000</li> <li>Limit: \$50 per item</li> </ul>	100%	100%
<b>COVID-19/SARS-CoV-2 Treatment</b> <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</li> <li>Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under this policy.</li> </ul>	80%	60%
<b>Lost or Stolen Passport</b> <ul style="list-style-type: none"> <li>Maximum Limit: \$100</li> </ul>	100%	100%
<b>Border Entry Protection</b> <i>NOT Subject to Deductible and Coinsurance unless otherwise noted                      Eligible Medical Expenses are limited to Usual, Reasonable and Customary                      Limits per Period of Coverage unless stated as Maximum Limit</i>		
Benefit Levels	United States (In-Network), Canada, Mexico, Bahamas, U.S. Territories	United States (Out-of-Network)
<b>Return Airline Ticket</b> <ul style="list-style-type: none"> <li>Limit: \$550 for:                             <ul style="list-style-type: none"> <li>» Cost of one economy class Common Carrier airline ticket</li> <li>» Commercial Airline Change Fee</li> </ul> </li> <li>Must return to original Country of Origin</li> <li>Only applies to non-United States citizens or non-United States residents</li> <li>Only applies to persons traveling to enter the United States with a valid nonimmigrant visa or similar arrangement</li> </ul>	100%	100%

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## Innovative Technology & Member Services

### ■ Self-Service Member Portal



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 to these important resources online, including our 24/7/365 service centers, plan document access, claims management tools, Explanations of Benefits, and much more.

### ■ 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 network offers a simplified claims process with minimal paperwork for the member if they visit an in-network provider.

*This program is not insurance coverage; it is purely a discount program.*

### ■ 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
- » 6,797 hospitals
- » Over 45,000 clinics
- » 67,000 pharmacies
- » 1,800 convenience clinics

### ■ 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 18,550 physicians and facilities
- » Direct billing arrangements that minimize time and upfront expense

BE  
There.



UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.





## How to get covered

- STEP 1** Apply online at [www.VisitorsCoverage.com](http://www.VisitorsCoverage.com)
- STEP 2** If applying as a family, you may include yourself, your spouse, and your dependents on one application.
- 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).







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WWW.VISITORS\_COVERAGE.COM





Temporary medical insurance with coverage for pre-existing conditions.

# USVisit-Pro®



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 as defined. 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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