

# The International Major Medical Plan

## FOR

- Non USA Citizens in the USA
- Resident Aliens in the USA
- Optional Worldwide Coverage

## USES

- Tourism
- Immigration
- Religious Pursuits
- VISA Requirements
- Occupation Outsourcing
- Foreign Exchange Students
- Relatives Visiting From Abroad



**Ron Hyman**

Insurance Shops  
246 Bustleton Pike  
Feasterville, PA 19053  
(215) 613-4999  
(800) 901-1699  
ron@insshops.com  
www.insshops.com



**PETERSEN**  
INTERNATIONAL UNDERWRITERS

## THE INTERNATIONAL MAJOR MEDICAL PLAN



### DESCRIPTION OF AVAILABLE BENEFITS

Choice of Deductible	Maximum Benefit												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Age 0-69</td> <td>\$100, \$250, \$500, \$1,000, \$2,500 or \$5,000</td> </tr> <tr> <td>Age 70-79</td> <td>\$1,000, \$2,500 or \$5,000</td> </tr> <tr> <td>Age 80-84</td> <td>\$2,500 or \$5,000</td> </tr> </table> <p style="text-align: center; font-size: small;">(Deductibles listed are per policy period) One policy will be issued for each person.</p>	Age 0-69	\$100, \$250, \$500, \$1,000, \$2,500 or \$5,000	Age 70-79	\$1,000, \$2,500 or \$5,000	Age 80-84	\$2,500 or \$5,000	<p style="font-size: large; font-weight: bold; margin-bottom: 10px;">\$1,000,000</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Age 70-74</td> <td>up to \$250,000</td> </tr> <tr> <td>Age 75-79</td> <td>up to \$100,000</td> </tr> <tr> <td>Age 80-84</td> <td>up to \$50,000</td> </tr> </table> <p style="text-align: center; font-size: small;">(Benefits listed are per policy period) One policy will be issued for each person.</p>	Age 70-74	up to \$250,000	Age 75-79	up to \$100,000	Age 80-84	up to \$50,000
Age 0-69	\$100, \$250, \$500, \$1,000, \$2,500 or \$5,000												
Age 70-79	\$1,000, \$2,500 or \$5,000												
Age 80-84	\$2,500 or \$5,000												
Age 70-74	up to \$250,000												
Age 75-79	up to \$100,000												
Age 80-84	up to \$50,000												

### DESCRIPTION OF POLICY BENEFITS

The insurance being described is a temporary major medical insurance plan with a maximum term length of 11 Months. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within the specified geographic area will be reimbursed to you.

### Eligible Expenses

**Hospital Expenses:** All medically necessary expenses while hospitalized.

**Physician Services:** All medically necessary expenses for treatment.

**Skilled Nursing Facilities:** All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

**Home Health Care:** All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

**Medical Evacuation:** All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$250,000.

**\$25,000 Accidental Death:** \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

**Ambulance Services Expenses:** To and from a hospital within 100 miles in the same geographic area.

**Prescription Drugs:** Outpatient prescription medications covered up to a maximum of \$500.

**Emergency Return Home:** If, after you have departed, you learn of the death of an Immediate Family Member, or you learn of the substantial destruction of your home by fire, wind, flood, or earthquake, Underwriters shall reimburse you the cost of an economy one way air or ground transportation ticket for you to your home, up to a maximum of \$5,000.

**Trip Cancellation Benefit:** If within two weeks prior to your pre-paid ticketed or vouchered initial trip departure your entire trip must be cancelled due to 1) your death, illness or injury causing hospitalization or outpatient surgery, or 2) the death of an Immediate Family member, or 3) the substantial destruction of your home due to fire, wind, flood, or earthquake, any unused and nonrefundable portion of expenses shall be reimbursed up to a maximum of \$2,500, excess of \$100 each and every loss and excess of all other valid Insurances.

**Repatriation of Remains:** In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$250,000.

**Lost Luggage:** In the event that your checked on luggage is completely and totally lost, Underwriters shall reimburse you to a maximum of \$500, excess of any and all other valid and collectible coverages.

**This plan is not compliant with the Affordable Care Act**

This is not intended to be a complete outline of coverage. Actual wording may change without notice.  
Underwriters reserve the right to modify terms and benefits at time of underwriting.

## THE INTERNATIONAL MAJOR MEDICAL PLAN



### OPTIONAL COVERAGES

#### Cardiac and Cancer Benefit Increase

If you elect this option Underwriters will remove the \$25,000 limitation on cardiac and cancer related conditions and Underwriters will consider them to be the same as any other expense. This option is available only to individuals under the age of 60 and it does not waive the pre-existing condition exclusion.

#### Sports or Activities Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from the participation in a sport or activity that is specifically named on the Schedule of Coverage. Benefits up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.

#### War & Terrorism Coverage

If you elect this option Underwriters will reimburse You for Eligible Expenses which are incurred as a result of Injuries or Illnesses sustained due to war/terrorism or act of war/terrorism. Injuries or Illnesses due to war/terrorism or act of war/terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s) are not covered with this optional benefit.

#### **Important Notice regarding the Patient Protection and Affordable Care Act:**

This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties maybe imposed on persons who do not maintain ACA compliant coverage. You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you.

#### TERMINATION OF BENEFITS

The insurance described in this Certificate will terminate upon the Expiry Date of this Certificate or the date US citizenship obtained, whichever occurs first. If on the Expiry Date, You are a patient confined in a Hospital in the specified Geographic Area, benefits will continue until (i) the date You are discharged from the Hospital, or (ii) thirty (30) days beyond the Expiry Date. or (iii) the date US citizenship is obtained, whichever occurs first.

#### **This plan is not compliant with the Affordable Care Act**

This is not intended to be a complete outline of coverage. Actual wording may change without notice.  
Underwriters reserve the right to modify terms and benefits at time of underwriting.

**Application Form - Page 1 of 2**

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

**Applicant Information (A)**

Name (Last, First)	Date of Birth	Gender	Travel Dates*
_____	____/____/____	M / F	____/____ thru ____/____

\*Not to exceed 11 months.

**Contact Information (B)**

Number & Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Coverage Amount (C)**

Deductible: \$ \_\_\_\_\_ Maximum Benefit: \$ \_\_\_\_\_

**Optional Coverage (D)**

- Cardiac / Cancer Benefit Increase Option
- War & Terrorism Coverage      • Specify Countries \_\_\_\_\_
- Sports or Activities Coverage      • Specify Sport or Activity \_\_\_\_\_

**Payment Options (E)**

Please complete the payment authorization form on the following page.

**Declaration**

I declare that the above statements are true and complete. I am in good health and ordinarily enjoy good health. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that this is a temporary insurance policy designed to reimburse the insured person for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product. I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

Proposed Insured \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please Print

## PAYMENT AUTHORIZATION FORM

Insured's Name		
Account Billing Address		
City	State	Zip
Email		Phone

Monthly Premium Amount \$ \_\_\_\_\_

**Option 1) Credit Card**

Card #

Expiration Date:  /

Security Code:



3  
Digit  
Code



4  
Digit  
Code

**Option 2) Electronic Check**

Select Account Type:

Checking

Saving

**(Must be a U.S. Bank Account)**

Routing #   
*(9-digits)*

Account #

Attach Voided Check

I understand that this authorization will remain in effect until Petersen International Underwriters receives a written request from me to cancel my automatic withdrawal at least 3 days prior to the next scheduled withdrawal or until Petersen International Underwriters elects to cancel this agreement. I understand that if two or more deductions are not honored, Petersen International Underwriters has the right to discontinue my enrollment in the Electronic Funds Transfer Payment Plan. I hereby authorize Petersen International Underwriters to debit my account for the correct installment premium on the due dates of the installments. I understand that my coverage is not in effect until all requirements have been submitted and approved by Petersen International Underwriters. I acknowledge that the origination of EFT transactions to my account must comply with the provision of U.S. law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRE-EXISTING CONDITIONS LIMITATIONS

Pre-existing condition means a physical mental or chemical condition which arose from any accident or sickness for which you sought medical advice or treatment within twelve months prior to the effective date of this certificate or which caused symptoms for which an ordinarily prudent person would have sought medical advice within that twelve months.

## LIMITATIONS

1. This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States' Patient Protection and Affordable Care Act ('ACA'). This insurance does not provide, and Insurers do not intend to provide, minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the contract documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy. ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA-compliant coverage. You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you.
2. No benefits will be payable if the Insured is a US citizen or permanent legal US resident at the time of loss.
3. Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
4. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$250,000 in the aggregate.
5. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
6. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.

## EXCLUSIONS

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Expenses in excess of UCR.
5. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries sustained from participation in Hazardous Sports or Activities.\*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any act of War whether declared or undeclared.\*
16. Injuries or Illnesses due to Terrorism or an Act of Terrorism whether declared or undeclared.\*
17. Injuries or Illnesses due to an Act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the specified Geographic Area.
24. Pre-existing conditions.
25. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.\*\*

\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

\*\* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.

**[This plan is not compliant with the Affordable Care Act](#)**

This is not intended to be a complete outline of coverage. Actual wording may change without notice.  
Underwriters reserve the right to modify terms and benefits at time of underwriting.