



VISIT[®] International Health Insurance

Email: epi@visitinsurance.com

Website: www.visitinsurance.com/epi.html

Phone: (703) 660-9062

Educational Partners International, LLC

TEACHER GROUP HEALTH INSURANCE PLAN 2023-2024

brought to you by VISIT[®] International Health Insurance

USER MANUAL





VISIT® International Health Insurance

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Educational Partners International, LLC

TEACHER Group Health Insurance Plan 2023-2024

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Welcome to Your EPI Group HEALTH INSURANCE Plan!

August 1, 2023-2024

Dear Valued EPI Teacher,

As a member of the Educational Partners International (EPI) program, you have been enrolled in the EPI Group Health Insurance Plan provided through VISIT[®] International Health Insurance. Your VISIT[®] Health plan is effective **AUGUST 1, 2023**. Your Health Plan has a Deductible of **\$250 annually and a \$500 ER per visit deductible if you are not admitted**, and the Maximum Medical Benefit is **\$100,000** per illness or accident.

The 2023-2024 Health Plan is a **"90/10 co-insurance"** health plan. After YOU pay the \$250 Annual Deductible:

- the Insurance company will pay **90%** of the first \$5,000 in covered medical expenses (within the UnitedHealthcare network).
- YOU are responsible for paying **10%** up to the first \$5,000 in covered medical expenses (max \$500).
- The insurance company will pay remaining covered medical expenses up to \$100,000 at 100%.

Coverage DETAILS: VISIT[®] Health Insurance is administered by IMG, and provides coverage for illnesses and accidents that occur during the enrolled EPI program period. The insurance will NOT cover pre-existing medical conditions that *existed prior to your enrollment*, nor does it cover routine examinations or vaccinations. Please be sure to review the policy documents for coverage and exclusions at www.visitinsurance.com/epi.html. (We also offer other health plans if more coverage is desired.)

You will be issued a **2023-2024 VISIT[®] (UnitedHealthcare) ID card**, two **Discount Drug Cards** and "how-to" **User Manual** for your health insurance plan. Please always keep your ID Card with you, and use the ID Card as proof of coverage when going to the Doctor, Urgent Care or Hospital. **IMPORTANT:** When contacting a medical provider, please tell them your insurance uses the **"UnitedHealthcare Preferred Provider Network."**

For INJURY or SICKNESS, please follow these procedures carefully:

In case of EMERGENCY:

- Go directly to the hospital, or call 911 for emergency response.
- Call the 24-hour worldwide assistance center toll-free at **1-800-628-4664** for 24-hour emergency assistance services anywhere in the world.

If NOT an Emergency:

- **TELADOC:** 1-800-TELADOC (835-2362) / www.teladoc.com or download the TELADOC APP.
- **DOCTOR'S APPOINTMENT:** Please make an appointment with a local doctor, or you may go to a Minute Clinic or Walk-In Urgent Care facility for treatment. For a list of local providers in your area, please go to www.visitinsurance.com/epi.html.

Please ALWAYS CARRY your VISIT[®] (UnitedHealthcare) ID card with you as proof of insurance coverage!



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IMPORTANT: There ALWAYS are **TWO (2) Claim Forms** required for EACH separate claim:

- Your Medical Provider must submit a **DOCTOR Claim Form** to **UnitedHealthcare** directly using the Billing Information on your VISIT[®] UnitedHealthCare ID card.
- YOU must also complete a **PATIENT Claim Form**. The Patient Claim Form is a separate form than the Claim form submitted by your Doctor! **Patient Claim Forms** MUST be submitted online through your **MyIMG** Account or downloaded at www.visitinsurance.com/epi.html. You must submit a completed **PATIENT Claim Form** Online: www.imglobal.com/member/login

VERY IMPORTANT: Please set up YOUR new MyIMG Online Account IMMEDIATELY. If you are a returning teacher and have already set up an account, please ensure it is still active. Your MyIMG online account is used to SUBMIT your new insurance claims, REVIEW your existing claims, and GET ANSWERS to any delays due to incomplete/ missing claim forms or medical records. **IMPORTANT:** We cannot assist you with claims unless you have set up your MyIMG Account BEFORE you contact us, because we cannot see your claim without your MyIMG Account! Please SET UP your MyIMG Account NOW to avoid delays in the claim process!

Set Up MyIMG online Account NOW - www.imglobal.com/member

TELADOC: To use Teladoc, please call **1-800-TELADOC (835-2362)** / or visit www.teladoc.com – The Teladoc **Service is FREE!** With Teladoc you are connected with a licensed physician in minutes, not hours or days like you would at the ER, Urgent Care, or with your local Doctor. And, you can get care from wherever you are – at home, work or traveling. Common issues treated through Teladoc includes allergies, bronchitis, cold and flu symptoms, respiratory infections, skin problems, sinus problems, and much more. **IMPORTANT:** Teladoc should be used ONLY for **NON-EMERGENCY** health issues! To set up your Teladoc account, please go to www.teladoc.com and be sure to use the default zip code **46208**.

PRESCRIPTIONS: In addition to your VISIT[®] Plan E Plus Health Insurance ID card, you will receive two **Discount Drug Cards (Universal Rx and WELLCARD)** for your Prescriptions. When going to the pharmacy, please present both Discount Drug Cards. If the prescription is eligible for either discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. **To be reimbursed for the remaining balance of the prescription, please submit a PATIENT Claim Form with your receipt and a copy of your prescription.** Prescriptions are reimbursed at **80%**.

PREVENTIVE/ WELLNESS COVERAGE: Preventive and wellness care including vaccinations are NOT covered by this insurance. However, EPI teachers will receive a separate **Crescent Health Solutions** insurance card that **will be used for Preventive Care and Vaccines.** **The Crescent Plan is for EPI Teachers ONLY.** When you are visiting the doctor for preventive services, please present the **Crescent Health Solutions** insurance card and NOT the VISIT[®] (UnitedHealthcare) ID Card. (ONLY if visiting the doctor for an accident and/or illness use the VISIT[®] (UnitedHealthcare) ID card.) **If you have any questions regarding the Preventive Care coverage, please contact Crescent directly at 1-828-670-9145, ext 3.**



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Frequently Asked Questions – Please REVIEW this section **BEFORE** contacting VISIT® Health

- **TEACHERS** please review details of the EPI GROUP Health Insurance and answers to frequently asked questions at www.visitinsurance.com/epi.html.
- **DEPENDENTS** please visit www.visitinsurance.com/epij2.html for answers to frequently asked questions regarding your Dependent insurance.

If after reviewing your USER MANUAL and you have set up your MyIMG online Account (to submit and review your insurance claims), you still have remaining questions about your policy or claim, please contact us (preferably by EMAIL so we have time to review your question):

EPI Teacher Plan Information: www.visitinsurance.com/epi.html

EPI Dependent Plan Information: www.visitinsurance.com/epij2.html

If Questions, please EMAIL US: epi@visitinsurance.com

VISIT® International Health Insurance

Post Office Box 210

Mount Vernon, VA 22121

Phone: (703) 660-9062

Fax: (703) 991-9164

Office Hours: Monday – Friday, 9am-6pm USA Eastern Time Zone

After Hours: Please contact us by email at epi@visitinsurance.com

IMG 24-Hour Assistance: 1-800-628-4664

Thank you for allowing us to be of service to you!

Warm regards, and Welcome!

Lori Pederson

President

VISIT® International Health Insurance

IMPORTANT: The **EPI GROUP Health Insurance** is designed to meet the J1 Visa Exchange Visitor (US State Department) insurance requirements. It is **NOT an Affordable Care Act (ACA) Plan**. The USER MANUAL is a summary of a selection of plan benefits and offered only as an illustration and does not supersede in any way the Certificate of Insurance and governing policy documents (together the “Insurance Contract”). The Insurance Contract is the only source of the actual benefits provided. The Certificate of Insurance is available for download on our website at www.visitinsurance.com/epi.html. Thank you, and have a Safe and Pleasant visit to the USA!



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Important Contact Information

Please feel free to contact VISIT® for enrollment, renewal, coverage questions, or for general assistance with your claim. Please be sure to check your [MyIMG](#) online account prior to contacting VISIT® as many questions can be answered through your online account, including the status of your claims and to easily download your **VISIT® (UnitedHealthcare) ID card**. If you still need assistance, please use the following information to contact the appropriate office.

- **VISIT® International Health Insurance (Agent)**

Email: epi@visitinsurance.com

Website: www.visitinsurance.com/epi.html

Phone: 1-703-660-9062

Fax: 1-703-991-9164

Mailing Address: PO Box 210, Mount Vernon, VA 22121

Hours: Monday – Friday 9:00am to 6:00 pm

After hours please contact us by Email at epi@visitinsurance.com

***Please be sure to note in your email that you are an EPI Teacher.**

- **For emergency and other assistance services call Assist 24/7:**

1-800-628-4664 / 1-317-655-4500

Press 0 between 7am-6pm (EST) OR Press 9 between 6pm-7am (EST)

- **To Report a Claim, Verify Eligibility or Check on the Status of a Claim Contact:**

International Medical Group, Inc.

Claims Department

PO BOX 88500

Indianapolis, IN 46208-0500 USA

Phone: 1-800-628-4664

Fax: 1-317-655-4505

Email: customercare@imglobal.com

MyIMG Online Account: www.imglobal.com/member

- **For Providers:**

For verification of benefits in the USA

Phone: 1-888-543-1238

Medical Claim Address:

UHC Global

PO Box 30526

Salt Lake City, UT 84130-0526

Website: www.usnetworksuhc.com

- **Preventive Care Plans**

Crescent Health Solutions: 1-828-670-9145 ext. 3

epi@crescenths.com / www.crescent.com

- **TELADOC**

1-800-TELADOC (835-2362)

www.teladoc.com

- **EPI Contact Information**

Questions for **EPI**? Call 1-828-239-9930

team@teachwithepi.com



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Who is UnitedHealthcare? VISIT® Insurance? and IMG?

There are three points of contact for the EPI Group Health Insurance Plan. We have provided an overview of the role of each office below. Should you have any questions, please contact VISIT® at 703-660-9062.

UnitedHealthcare

When going to the Doctor, please inform them that your health insurance plan is with UnitedHealthcare. UnitedHealthcare is the Preferred Provider Network (PPO) for your plan. When verifying your coverage and filing a claim, the Doctor's Office must use the UnitedHealthcare information that is on your ID card. The UnitedHealthcare phone number is **888-543-1238**. The UnitedHealthcare contact number is for Providers only. If you have a question, please contact **VISIT® Insurance**.

VISIT® Insurance

VISIT® Insurance is your Agent and main contact for the Health Insurance Plan for EPI Teachers and Dependents. Please always contact **VISIT® Insurance** if you have a question regarding your policy. Our office phone number is **703-660-9062** and our email is epi@visitinsurance.com. If there is another office you need to contact, we will let you know after we review your specific question or concern. Please note that VISIT® Insurance **does not** process your claims. We can provide you with an overview of how to submit your claim, however, the processing of your claim is handled by UnitedHealthcare and IMG.

International Medical Group (IMG)

IMG is owned by SiriusPoint, which is the insurer of the EPI Group Health Insurance Policy. IMG manages the Claims, Case Management, Emergency Services, Customer Service, Underwriting, and Compliance. The EPI Group Health Insurance Plan is underwritten by Sirius Specialty Insurance Corporation (publ). If you have a question regarding a claim, you may contact IMG directly or after setting up your [MyIMG](#) account, you can contact VISIT® Insurance for assistance. Please be sure you have completed all the required forms to submit your claim as outlined in the User Manual.



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TEACHER Group Health Insurance Plan 2023-2024

Overview & Frequently Asked Questions

www.visitinsurance.com/epi.html

What IS Covered by Your EPI Group Health Insurance Plan

- **Medical Expenses - \$100,000 per each accident or illness**

The EPI Group Health Insurance Plan provides coverage for Accidents & Illness and medical emergencies. Your Plan will cover visits to a Doctor, Specialist, Minute Clinic, Urgent Care, Emergency Room, and Hospital, as well as associated X-rays, Lab work and Prescriptions for covered medical expenses.

Illnesses (examples of illnesses typically covered: abscess, animal bites, appendicitis, Bells Palsy, bronchitis, conjunctivitis, cold, COVID-19, cyst, cuts, dizziness, ear infection, eye swelling, food poisoning, flu, heart attack, high fever, infection, irregular periods, new allergies, nausea/vomiting, pelvic pain, pneumonia, rash, sinus pain, stroke, sudden/severe abdominal pains, urinary tract infection, vein thrombosis, and much more)

Accidents & Injuries (examples of injuries typically covered by the Plan: medical expenses related to a car accident, broken bone, back injury due to a fall, injury from recreational sports, twisted or sprained ankle or wrist, back and shoulder pain, cervicgia, and much more)

The EPI Group Health Insurance Plan uses the UnitedHealthcare Medical Provider Network. **Be sure to have your doctor complete the [Precertification](#) process with UnitedHealthcare in the event of any scheduled Hospitalization, Surgery and MRI/CAT Scans. A pre-certification is [required](#) for these procedures.**

An Emergency Room should only be used in the event of a life-threatening Medical Emergency.

Physical Therapy and Chiropractor treatment **requires** a referral from a licensed doctor. Physical Therapy and Chiropractor treatment will not be paid without a referral. Occupational, Speech and Vocational Therapy IS NOT a covered expense.

- **Prescriptions** – Reimbursed at 80%. When going to the pharmacy, present your two discount prescription cards ([Universal Rx](#) and [Well Card Saving](#)). After the discount is applied, you will need to pay the balance to the pharmacy and submit the receipts with the Patient Claim form to be reimbursed.
- **Home Country Coverage** - *Your plan includes coverage for Incidental Trips to your Home Country:*
A maximum of 14 days per year.
- **Dental** - The plan will pay up to \$300 for repair to a tooth due to an accident. Coverage is for accidents only. Discounts are available on some dental procedures through the **Well Card Saving**. For more information, visit the Well Card Saving website at www.wellcardsavings.com/Public/DentalCare.aspx. Be sure to register your card using **Group# SC001600**.
- **Repatriation** – Up to \$25,000 for return of mortal remains or ashes to country of residence, or \$5,000 maximum limit for cremation or local burial at the place of death.
- **Emergency Medical Evacuation** – Up to \$50,000 for emergency transportation to the nearest medical facility for treatment.



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COVID-19 Coverage

[COVID-19](#), the disease caused by the novel coronavirus, generally WILL be covered as would any other illness under the EPI Health Insurance policy, including testing and treatment up to the policy limit. If you have Dependents, please be sure their policy is paid-to-date to avoid any lapse in coverage!

- **COVID-19 TESTING - COVID-19 PCR Test is only covered if you are symptomatic.** The test will not be covered for travel or non-illness related testing. Your doctor must submit the COVID-19 test as a **"sick visit"** and provide your **medical records** when submitting your claim. You should also submit a Patient Claim Form through your [MyIMG](#) Account explaining your symptoms. To expediate your claim, please ask for your medical records at the time of your visit.

We encourage you to use a FREE Testing site, if available, to avoid additional out-of-pocket expenses.

Types of COVID-19 Tests:

- **COVID-19 PCR Test** – The COVID-19 PCR Test **is covered** as long as you are symptomatic at the time of the test. The polymerase chain reaction (PCR) test for COVID-19 is a molecular test that analyzes your upper respiratory specimen, looking for genetic material (ribonucleic acid or RNA) of SARS-CoV-2, the virus that causes COVID-19. PCR tests are generally given at a Doctor's office, Urgent Care or Hospital.
- **COVID-19 RAPID Test and Home Test** - A [viral test](#) tells you if you have a current infection. Two types of viral tests can be used: nucleic acid amplification tests (NAATs) and antigen (RAPID) tests. **(The Rapid Test is NOT COVERED by your plan)**
- **COVID-19 Antibody Test** - An [antibody test](#) (also known as a serology test) tells you if you had a past infection. Antibody tests should not be used to diagnose a current infection. **(Antibody Test is NOT COVERED by your plan).**
- **COVID-19 VACCINE** – The COVID-19 Vaccine is currently being offered for FREE at most facilities. An administrative fee may apply. The COVID-19 vaccine is **NOT** covered on your health plan.
- **COVID-19 TREATMENT** - If you test positive for COVID-19, your medical expense will be covered by the UnitedHealthcare Plan up to the policy maximum of \$100,000.

If you are experiencing symptoms related to [COVID-19](#), it is important that you first contact your doctor or urgent care facility **by phone** to review the proper protocol to receive a test and treatment for [COVID-19](#). Be sure to follow the current [CDC Guidelines](#). When going to the doctor, please be sure to take your **UnitedHealthcare** Insurance card. If you need a copy of your card, please email us at epi@visitinsurance.com.





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What is NOT Covered by your EPI Group Health Plan?

- **Preventive Care - Preventive** care and vaccinations are NOT covered by the EPI Group Health Plan. However, EPI teachers will receive a separate **Crescent Health Solutions** insurance card that **will be used for Preventive care and Vaccinations**. **The Crescent Health Solutions coverage is for EPI Teachers ONLY, not J2 Dependents**. When you are visiting the doctor for these services, please present the **Crescent Health Solutions** insurance card, rather than the VISIT® (UnitedHealthcare) ID card. (When visiting the doctor for an accident and/or illness, then you will present the VISIT® (UnitedHealthcare) ID card.) If you have any questions regarding the Preventive Care coverage, please contact **Crescent Health Solutions at 1-828-670-9145 and enter ext. 3 directly**.
- **Pre-existing conditions** - Any Injury, illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the three (3) years prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

Common conditions that are NOT covered on EPI Group Health Insurance Plan includes arthritis, asthma, cancer, COPD, diabetes, epilepsy, most fibroid conditions, hysterectomy, rheumatoid arthritis, back pain due to an accident that occurred prior to the start date of the policy, **conditions that develop over a long period of time** are examples of medical conditions that may be considered a **pre-existing health condition**. They tend to be chronic or develop over an extended period of time. Please note that this is not a complete list of pre-existing conditions and is only provided as an example. *Please see the [Additional Health Plan](#) section for additional information.*

- **Mental Health** - Any mental and nervous disorders or rest cures are NOT covered. This includes treatment for anxiety, depression, and stress related conditions. Treatments by a Psychologist, Psychiatrist, Counselor or Medical Physician that has diagnosed a mental/nervous condition are not covered. *Please see the [Additional Health Plan](#) section for additional information.*
- **Maternity** - Maternity including Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage is NOT covered. *Please see the [Additional Health Plan](#) section for additional information.*
- **Dental** - Regular dental care, treatment for cavities, root canals, and any other dental condition is not covered. Damage to a tooth due to an accident is covered to a maximum of \$300. Discounts are available on some dental procedures through **Well Card Saving**. For more information, visit the **Well Card Saving** website at www.wellcardsavings.com/Public/DentalCare.aspx. Be sure to register your card using **Group# SC001600**.
- **Vision** - Glasses and Eye Exams are not covered. Infections and medical conditions like Pink Eye may be covered. Please contact the Claims Office with any specific medical condition questions. Discounts available on some vision exams, glasses, contacts, and corrective surgery through **Well Card Saving**. For more information, visit the **Well Card Saving** at www.wellcardsavings.com/Public/visioncare.aspx. Be sure to register your card using **Group# SC001600**.
- **Team Sports** – Injury due to competitive team sports is not covered. Recreational sports injuries are covered under the medical coverage on the policy. *Please see the [Additional Health Plan](#) section for additional information.*
- **Additional Policy Exclusions** – Be sure to review the policy details and the exclusions. The full policy can be downloaded at www.visitinsurance.com/epi.html. Common exclusions include Sleep Studies, Sleep Apnea, Alopecia and hair loss, Sexually Transmitted Diseases including HIV and HVP.

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1-800-TELADOC (835-2362)

Sign-up for your **FREE** Service at

www.teladoc.com

Please Note:

Teachers and Dependents will need to sign-up for Teladoc separately using their unique ID number on their VISIT® (UnitedHealthcare) ID card

TELADOC Service is FREE! With TELADOC you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, Urgent Care, or with your Doctor. And, you can get care from wherever you are home, work or traveling. Common issues treated through Teladoc includes allergies, bronchitis, cold and flu symptoms, respiratory infections, skin problems, sinus problems, and much more.

TELADOC should be used for **NON-EMERGENCY** health issues ONLY! To set-up your account, please go to www.teladoc.com or download the APP.

Please see instructions on the next page on how to set-up your account. Be sure you are using the default Zip code: **46208** when setting up the account (*The zip code must be **46208** only when creating your account. This allows the IMG option to pop up so you can select your health plan, Exchange.*) Once you have set up your account, please edit your account to include your actual personal mailing address and zip code.

Download the APP!



Teladoc 12+

24/7 access to a doctor

Teladoc

Designed for iPad

#8 in Medical

★★★★★ 4.8 • 313.8K Ratings

Free



Why wait for
the care you
need now?



Did you know there's a convenient and affordable healthcare alternative? With Teladoc®, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

THE NEXT TIME YOU'RE SICK, CONSIDER YOUR OPTIONS:

TELADOC

**Request a consult
from work or home**

**A doctor calls you
back in minutes**

**Get the care you need
at a price you can afford**

vs.



ER OR URGENT CARE

**Drive to the nearest
office while sick**

**Wait hours before
seeing the doctor**

**Pay high ER and
urgent care fees**

**COMMON ISSUES TELADOC
DOCTORS TREAT INCLUDE:**

- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms
- Skin Problems
- Sinus Problems
- And More!

GET THE CARE YOU NEED

Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

Talk to a doctor anytime!

Teladoc.com

1-800-Teladoc (835-2362)





Getting Started With TELADOC.

Please follow the instructions below to create and use your free account with Teladoc.

GET THE CARE YOU NEED

Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults. This service is provided at no cost to you.

Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-Teladoc (835-2362) to get started!

STEP 1

Go to <https://www.teladoc.com> or download the app.

STEP 2

Click on "Get Started" under "New to Teladoc." Enter the following:

- » First and last name, as it appears on your ID card
- » Complete date of birth
- » Email
- » Language
- » Gender
- » Zip code: 46208 *(The zip code must be 46208 only when creating your account. This allows the IMG option to pop up so you can select your health plan, IMG-Exchange.)*
- » Click on the circle next to "My benefits provider is IMG-Exchange."



STEP 3

Finish creating your account.

- » This screen will auto-populate with the IMG Corporate street address.

You will not be able to change this address on this screen. You will be able to change your address once you create an account and login for the first time.

STEP 4

Create a username and password.

STEP 5

Provide security questions and complete registration.

COMMON ISSUES TELEDOC DOCTORS TREAT INCLUDE:

- » Respiratory infection
- » Allergies
- » Bronchitis
- » Cold and flu symptoms
- » Skin problems
- » Sinus problems
- » And more!

Phone: +1.317.655.4500 | Fax: +1.317.655.4505 | Email: insurance@imglobal.com

WWW.IMGGLOBAL.COM





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www.visitinsurance.com/epi.html • epi@visitinsurance.com

How to Set-up Your MyIMG Account

[Click here for a video overview of MyIMG](#)

Service at your fingertips anytime, anywhere – that is what [MyIMG](#) provides. [MyIMG](#) allows you to access information and manage your IMG accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S are always available to help or handle emergencies 24 hours a day, but through [MyIMG](#) you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

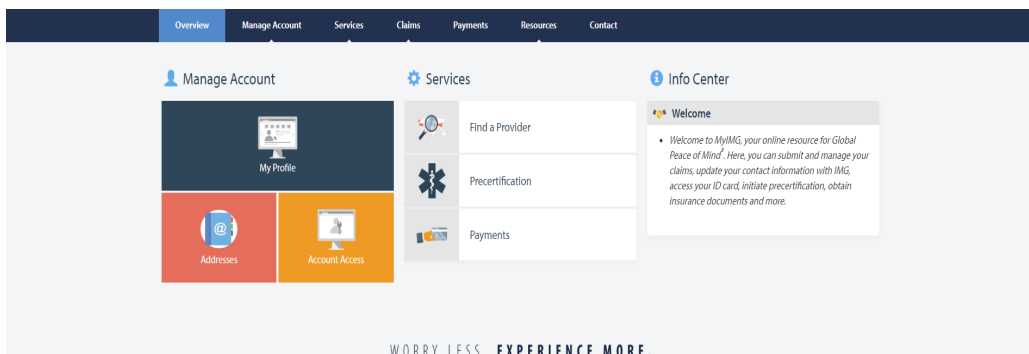
Client Services: MyIMG

	Submit New Claim Need to submit a claim? The fastest and easiest way to submit a claim to IMG is through our Online Claim Submission Form. Click here to get started.	
	View My Claims Need to review claims that you've submitted? Do so here. You can also generate Explanation of Benefits without delay.	
	Get My ID Card Did you misplace your IMG ID card? Click here to reprint one without difficulty.	
	View Important Coverage Documents Quickly and easily download certificate documents and dedicated forms from a central repository, including claim and enrollment forms.	
	Precertification Precertify your hospital admission, inpatient or outpatient surgery, and other procedures by clicking here . Please note that precertification is a determination of medical necessity, not an assurance of coverage, verification of benefits or guarantee of payment.	
	Submit an Appeal Click here to start an appeal . Please make sure to have your supporting documentation ready for upload.	

Please set up YOUR new MyIMG Online Account Today!

To create your online MyIMG account, go to www.imglobal.com/member/login





You will need to enter your **VISIT® (UnitedHealthcare) ID Number** and **Your Date of Birth** to set-up an account. If you do not have your Health Insurance ID Number, please contact our office at 703-660-9062. If you have Dependents, they will need to set-up a **separate** Mylmg account using their ID Number and their Date of Birth.






**Educational Partners International, LLC
Group Health Insurance Plan 2023-2024**

EPI Teacher Plan Overview - www.visitinsurance.com/epi.html / EPI Dependent Plan Overview – www.visitinsurance.com/epij2.html




WHICH HEALTH INSURANCE PLAN SHOULD I USE FOR MY MEDICAL CONDITION?

	Description	EPI Teacher	Dependents	What Card should I Use?
	<p>PREVENTIVE CARE</p> <p>A wellness visit to the doctor for annual screenings, services, and counseling to help prevent illness, disease, or other health problems. (i.e., Routine annual physical exams, school physical exam, vaccinations, annual blood work that is not due to a medical condition, annual pap smear, and annual mammogram, over age 50 colonoscopy.</p>	<p>Crescent Plan</p> <p>PPO Network: First Health</p> <p>Do not have your card? Contact Crescent at epi@crescenths.com or call 1-828 670-9145 ext. 3.</p>	<p>NOT COVERED</p> <p>We recommend that you look for a local Community Clinic or go to a local Walk-In Clinic to have these procedures as they can offer these services for a lower cost than going to a doctor's office.</p>	<p>Crescent Health Card</p> <p>Do not have your card? Contact Crescent at epi@crescenths.com or call 1-828 670-9145 ext. 3.</p>
	<p>TELADOC</p> <p>Online or over the phone medical appointment with a doctor at no cost to you or your family</p>	<p>TELADOC Plan</p> <p>www.teladoc.com</p> <p>Can't Access your Account? Contact 1-800-TELADOC (835-2362) or call VISIT® at 703 660 9062</p>	<p>TELADOC Plan</p> <p>www.teladoc.com</p> <p>Can't Access your Account? Contact 1-800-TELADOC (835-2362) or call VISIT® at 703 660 9062</p>	<p>TELADOC</p> <p>Download the TELADOC App online at www.teladoc.com or through the Apple Store.</p>  <p><small>Teladoc 24/7 access to a doctor Teladoc Designed for iPad #8 in Medical ★★★★★ 4.8 + 313.8K Ratings Free</small></p>
	<p>SICK VISITS</p> <p>Visits to the Doctor when you have an illness. Examples of illnesses typically covered: cold, flu, pneumonia, infection, new allergies, bronchitis, urinary tract infection, conjunctivitis, pelvic pain, cyst, rash, eye swelling, nausea/vomiting, animal bites, ear infection, sinus pain, cuts, heart attack, stroke, high fever, sudden/severe stomach pains, etc.)</p> <p>Pre-existing Conditions</p> <p>Please note that Pre-existing conditions are NOT covered on the Plan. If you have a Pre-existing condition, please CLICK HERE for additional plans.</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>UnitedHealthcare Preferred Provider Doctor Network: UnitedHealthcare</p> <p>When calling your medical provider or presenting VISIT® (UnitedHealthcare) ID card say:</p> <p><i>“My healthcare coverage uses the UnitedHealthcare PPO Network, and I found your name in the directory.”</i></p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>UnitedHealthcare Preferred Provider Doctor Network: UnitedHealthcare</p> <p>When calling your medical provider or presenting VISIT® (UnitedHealthcare) ID card say:</p> <p><i>“My healthcare coverage uses the UnitedHealthcare PPO Network, and I found your name in the directory.”</i></p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Each person has their own card.</p> <p>Please log into your MyIMG Account to download your card or email VISIT® at epi@visitinsurance.com to request your Health Insurance ID Card.</p>

WHICH HEALTH INSURANCE PLAN SHOULD I USE FOR MY MEDICAL CONDITION?

	Description	EPI Teacher	Dependents	What Card should I Use?
	<p>COVID-19 Testing and treatment for COVID-19 disease is covered by your EPI Group Health Plan.</p> <p>Be sure the claim for testing is submitted as a sick visit along with your medical records (not a preventive care visit). You must be symptomatic for the test to be covered.</p> <p>Vaccines are currently being offered for FREE at most facilities. An administrative fee may apply.</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Preferred Provider Doctor Network: UnitedHealthcare</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Preferred Provider Doctor Network: UnitedHealthcare</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Each person has their own card</p> <p>Please log into your MyIMG Account to download your card or email VISIT® at epi@visitinsurance.com to request your Health Insurance ID Card.</p>
	<p>INJURIES Examples of injuries typically covered by the Plan: medical expenses related to a car accident (max \$50,000), broken bone, back injury due to a fall, injury from recreational sports, twisted or sprained ankle or wrist, etc.)</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Preferred Provider Doctor Network: UnitedHealthcare</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Preferred Provider Doctor Network: UnitedHealthcare</p>	<p>VISIT® (UnitedHealthcare) ID card</p> <p>Each person has their own card.</p> <p>Please log into your MyIMG Account to download your card or email VISIT® at epi@visitinsurance.com to request your Health Insurance ID Card.</p>
	<p>PRESCRIPTIONS Medical prescriptions from your doctor. In addition to your VISIT® Plan Health Insurance ID card, you will receive two Discount Drug Cards (Universal Rx & WELLCARD) for your Prescriptions</p> <p>When going to the pharmacy, please present <u>both</u> Discount Drug Cards. If the prescription is eligible for either discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. To be reimbursed for the remaining balance of the prescription, please submit a PATIENT Claim Form with your receipt and a copy of your prescription. The deductible and co-insurance apply.</p>	<p>VISIT® (UnitedHealthcare) ID card</p>	<p>VISIT® (UnitedHealthcare) ID card</p>	<p>Universal Rx Discount Card (The Universal Rx Discount information is located on your VISIT® Plan Health Insurance ID card or you can download a copy of the card by going to https://imgpoc.com.</p> <p>Wellcard Register your Wellcard at www.wellcardsavings.com Use Group@ SC001600</p>

WHICH HEALTH INSURANCE PLAN SHOULD I USE FOR MY MEDICAL CONDITION?

	Description	EPI Teacher	Dependents	What Card should I Use?
	<p>MATERNITY – NO COVERAGE</p> <p>Maternity and any pregnancy related procedures and tests are NOT covered. If you need maternity coverage, please CLICK HERE for additional plans.</p>	<p>CLICK HERE for additional plans.</p>	<p>CLICK HERE for additional plans.</p>	<p>CLICK HERE for additional plans.</p>
	<p>EYE/VISION CARE – NO COVERAGE</p> <p>Annual Eye exam, eyeglasses or contacts and eye related treatment. Please use your WellCard for discounts on your dental services or purchase a Vision Plan.</p>	<p>DISCOUNTS ONLY</p> <p>You may purchase a VISION Plan available in your area.</p>	<p>DISCOUNTS ONLY</p>	<p>Wellcard</p> <p>Register your Wellcard at http://www.wellcardhealth.com/ www.wellcardsavings.com Use Group@ SC001600</p>
	<p>DENTAL CARE – NO COVERAGE</p> <p>Annual dental exam and dental treatment are not covered. Please use the WellCard for discounts on your dental services or purchase a Dental Plan.</p> <p>Want to Purchase a Dental Plan? Contact our AFLAC Affiliate for Dental Plan Options - https://tinyurl.com/VisitInsurance</p>	<p>DISCOUNTS ONLY</p>	<p>DISCOUNTS ONLY</p>	<p>Wellcard</p> <p>Register your Wellcard at http://www.wellcardhealth.com/ www.wellcardsavings.com Use Group@ SC001600</p> <p>AFLAC</p> <p>Want to Purchase a Dental Plan? Contact our AFLAC Affiliate for Dental Plan Options - https://tinyurl.com/VisitInsurance</p>

DON'T FORGET TO FILE YOUR CLAIM!

FILE YOUR PATIENT CLAIM FORM THROUGH YOUR [MyIMG ACCOUNT](#)
OR DOWNLOAD A [CLAIM FORM](#)
ALL CLAIMS MUST BE FILED WITHIN 90 DAYS OF THE VISIT TO THE DOCTOR'S OFFICE
[Click Here](#) for details on how to file a claim!

How to check Your Claims Status

UnitedHealthcare CLAIMS
 Log into your online MyIMG account at www.imglobal.com/member and click on the Claims Tab for updates on your claim.
 If you need further assistance, please email VISIT® at epi@visitinsurance.com
 VISIT® - 1-703-660-9062
 IMG Claims Assistance – 1-317-655-4500

CRESCENT CLAIMS
epi@crescents.com or call 1-828 670-9145 ext. 3



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

How to Use Your EPI Group Health Insurance Plan

What Doctors Can I See?

The PPO Network for your EPI Group Health Insurance Plan is the **UnitedHealthcare Network**. To find a local doctor, please go to <https://connect.werally.com/medicalProvider/root> and enter your zip code.

When calling your medical provider or presenting your VISIT® (UnitedHealthcare) ID card say:

“My healthcare coverage uses the **UnitedHealthcare Network and I found your name in the directory.”**

- **VISIT® (UnitedHealthcare) ID card**

In the event you need medical attention, present your **VISIT® (UnitedHealthcare) ID card** to your attending doctor. Your ID card includes a **Member ID Number** that the Doctor's Office or Hospital will need to submit your claim electronically to UnitedHealthcare. If you need a copy of your UnitedHealthcare Health Insurance Card, please contact VISIT® Insurance at 703-660-9062 or by email at epi@visitinsurance.com.

Please Note: To verify your coverage, please be sure the Doctor's Office uses the website www.usnetworksuhc.com or they can call UnitedHealthcare at 1-888-543-1238. If the Doctor's Office has any problems verifying your coverage, please contact VISIT® at 703-660-9062.



- **Deductible**

Annual Deductible: Your policy has a **\$250 ANNUAL DEDUCTIBLE**. This means you are responsible for the first \$250 of medical expenses each year. The policy year is **August 1, 2023 – July 31, 2024**. Coinsurance applies after the Deductible. (See below).

- **Emergency Room: \$500 Deductible** (per visit). Applies only to Illnesses, if not admitted. Injuries are not subject to ER Deductible. Coinsurance applies to all ER visits. (See below).

- **Copayment** (per visit)

The Copayment is a fixed amount you pay for a covered **health care** service. This payment is paid to the medical provider. The Deductible does not apply to visits to Urgent Care or a Walk-In Clinic. Coinsurance applies after the Copayment. (See below).

- **Walk-In Clinic: \$15**
- **Urgent Care: \$25**

- **Coinsurance**

The percentage of costs of a covered **health care** service you pay after you have paid your **Deductible** and **Copay**. **In-Network – 90/10** (Maximum Out-of-Pocket \$500 **NOT** including the Deductible and Copays) **In-Network** you are responsible for paying 10% of the first \$5,000 in medical expenses. The Insurance company will pay 90%. After \$5,000 in medical expenses, the Insurance company will pay 100% of covered medical expenses.

Out-of-Network – 80/20% (Maximum Out-of-Pocket \$1,000 **NOT** including the Deductible and Copays) **Out-of-Network** you are responsible for paying 20% of the first \$5,000 in medical expenses. After \$5,000 in medical expenses, the Insurance company will pay 100% of covered medical expenses.



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

What Should I do if the Doctor's Office Cannot Verify My Insurance?

- **Current ID Card**

Be sure you have your current ID Card. If you do not have your current ID card, please email VISIT® at epi@visitinsurance.com.

- **No ID Card**

If your ID card has not been issued yet and you need to go to the Doctor, please contact VISIT® Insurance **BEFORE** you go to the Doctor's Office. If it is an emergency, please contact VISIT® when you are at the medical facility. We will need the Name of the Medical Facility or Doctor, the Phone Number, and the Address. VISIT® will contact their office to verify your coverage.

VISIT® Insurance

Telephone: 703-660-9062 or Email: epi@visitinsurance.com

After hours, please email epi@visitinsurance.com

- **Be sure the Doctor's Office is using the correct information on your ID card to verify your insurance coverage.**

- **UnitedHealthcare MEMBER ID** – The MEMBER ID starts with 680 and is located at the top of your ID card.



- **Be sure the Doctor's Office is using the correct website to verify coverage:**
The correct Website is: www.usnetworksuhc.com
- **If the Doctor's Office is unable to verify coverage on the website, be sure they Contact UnitedHealthcare by calling **1-888-543-1238****
- **Be sure your Doctor's office submits your claim to the following address:**
[UHC Global PO Box 30526 Salt Lake City, UT 84130-0526](mailto:UHC.Global@uhs.com)

(The above information is located on your ID Card. It is always best to provide the Doctor's Office with a printed copy of your ID card.)

- **CONTACT VISIT®**

If the Doctor's Office is still not able to verify your insurance coverage, please contact VISIT® Insurance while you are at the Doctor's Office. If it is after hours (Monday-Friday 9am to 6pm), please be sure to leave a message or email us at epi@visitinsurance.com and we will contact you as soon as possible. Be sure to include the phone number of the Doctor's Office and your phone number so we can contact you. You may also contact IMG at **317-655-4500** after hours for assistance.

How to Use Your EPI Group Health Insurance Plan

CHECKLIST 2023-2024

If you are **ILL** or have an **INJURY**, please review this quick reference checklist to make sure you have followed ALL the necessary steps to utilize your Health Insurance and have your claim quickly processed:

- MyIMG Account.** If you have not done so already, be sure to set-up your online account MyIMG at www.imglobal.com/member. Teachers and Dependents should set-up separate online accounts. [Click here](#) for more information on setting up your MyIMG Account.
- Locate a Provider in your area.** To find a doctor, Urgent Care or Hospital in the UnitedHealthcare Network, go to <https://connect.werally.com/medicalProvider/root>
- Take Your VISIT® (UnitedHealthcare) ID card.** When going to the Doctor's Office, provide them with a copy of your UnitedHealthcare Insurance ID Card (see sample). If you need a copy of your ID Card, log into your online account at www.imglobal.com/member or email VISIT^(R) epi@visitinsurance.com




Teachers please note, if you are going to the doctor for a Preventive Care Annual Exam, you must provide your **CRESCENT** Card **NOT** your UnitedHealthcare Card. Preventive Care and Vaccinations are NOT covered for Dependents. If your Dependent needs preventive care services, we suggest that you go to a Community Clinic or Walk-in Clinic for these services as they are less expensive than going to the Doctor's Office.

- DOCTOR Claim Form.** Your Doctor's Office should submit the standard claim form they use for all insurance companies that includes the procedure description and corresponding codes. Be sure your Doctor's Office submits the claim to UnitedHealthcare using the information on your ID card.
- Medical Records.** The Doctor's Office may also be required to submit your medical records to the Claims Office. Be sure you have signed all necessary release forms at the Doctor's Office so they can release your records to the insurance company.
- Pre-certification.** Each proposed hospital admission, inpatient or outpatient surgery, and other procedures must be pre-certified for medical necessity. You or your Doctor's Office should contact the Precertification Office **PRIOR** to the procedure at [1 \(317\) 655-4500](tel:13176554500). [Click here](#) for more information on Precertification.
- PATIENT Claim Form.** **All claims require that you complete a Patient Claim form.** If you have multiple visits to the Doctor for the same medical condition, you can complete one form and include all your visits on the same form. You can submit the Claim Form online through your online MyIMG account at www.imglobal.com/member or you can download a Patient Claim Form online at www.visitinsurance.com/epi.html. [Click here](#) for more information on completing your Patient Claim Form.
- How to Pay for Prescriptions.** When going to the pharmacy, present your two discount prescription cards (Universal Rx and Wellcard). After the discount is applied, you will need to pay the balance to the pharmacy. Submit the receipts with the Patient Claim form to be reimbursed.
- Check Your Claim Status.** Claims can take 30-60 days to process. Be sure to check your claims status online through your **MYIMG** account at www.myimglobal.com/member. Once the claim has been processed the Explanation of Benefits will be posted to your online account. [Click here](#) for more information on Checking Your Claim Status.
- Questions About Your Claims?** If you have questions about your claim, please email our office at epi@visitinsurance.com. [Click here](#) for a list of items needed to review your claim.
- Appeal.** If your claim is denied, you may file an appeal. An appeal should include a complete overview of your medical condition including when your symptoms started.

**Educational Partners International, LLC
Group Health Insurance Plan 2023-2024**

EPI Teacher Plan Overview – www.visitinsurance.com/epi.html / EPI Dependent Plan Overview – www.visitinsurance.com/epij2.html

WHICH MEDICAL FACILITY SHOULD I GO TO?

	<p>TELADOC FREE Medical Consultation – www.teladoc.com Can't Access your Account? Contact: 1-800-TELADOC (835-2362) You and your family have 24/7/365 access to Board-Certified doctors and pediatricians by secure video, phone, or mobile app along with prescription and medical bill savings. Teachers and Dependents should set up separate accounts.</p>
	<p>Walk in Clinic (CVS, Walgreens, Walmart) \$15 copay per visit and Coinsurance (90/10) applies. - For Illness and Injuries, use your UnitedHealthcare card For minor illnesses, the following treatments are available at your local Minute Clinic located inside CVS Pharmacy:</p> <ul style="list-style-type: none"> • Diagnose, treat, and write prescriptions for common family illnesses such as strep throat, bladder infections, pink eye, and infections of the ears, nose, and throat • Provide common vaccinations for flu, pneumonia, pertussis, and hepatitis, among others • Treat minor wounds, abrasions, joint sprains, and skin conditions such as poison ivy, ringworm, lice, and acne • Provide a wide range of wellness services including TB testing, sports and camp physicals, and lifestyle programs such as smoking cessation and a medically based weight loss program • Offer routine lab tests, instant results, and education for those with diabetes, high cholesterol, or high blood pressure • Provide care to adults and children 18 months and older for most services
	<p>Urgent Care \$25 copay per visit and Coinsurance (90/10) applies - For Illness and Injuries, use your UnitedHealthcare card</p> <p>ILLNESS & INJURY VISITS The biggest service offered by urgent care facilities is the treatment of common, non-life-threatening illnesses and injuries. In general, the things that are treated in urgent care facilities include:</p> <ul style="list-style-type: none"> • Allergic reactions and asthma • Cuts, burns, bug bites and animal bites • Falls, sprains, strains, and broken bones • Colds and flus • Pink eye • Ear infections • Sinus pressure and sinus infections (sinusitis) • Bronchitis and strep throat • And More (contact your local Urgent care for more information) <p>PREVENTIVE CARE Urgent care centers also offer a variety of routine services for patients. These services can include many preventative or regular items. Some things included in the routine services offered by urgent care facilities are:</p> <ul style="list-style-type: none"> • Vaccinations and <u>flu shots</u> • Physicals (<u>school</u>, <u>sports</u>, or <u>annual</u>) • Annual Gynecologic exams • Well baby checks & More <p>Please Note: <u>Teachers</u> please contact Crescent for specific services that are covered for your Routine Preventive Care. The <u>Dependent</u> Health Insurance Plan does NOT cover Routine Preventive Care as noted on the policy. Please ask Urgent Care if there is a Self-Pay discount available for these services.</p>



Primary Care Doctor - \$250 Annual Deductible and Coinsurance (90/10) applies to Doctor's visits
For Illness and Injuries, use your UnitedHealthcare card

Your Primary Care Doctor typically acts as the first contact and principal point of continuing care for patients, and coordinates other specialist care that the patient may need. Patients commonly receive primary care from professionals such as a primary care physician, a nurse practitioner, or a physician assistant. Depending on the nature of the health condition, patients may then be referred to a specialist for their specific medical condition.



Specialist - \$250 Annual Deductible and Coinsurance (90/10) applies to Doctor's visits.
In most cases a referral from a Primary Care Doctor is not required.
For Illness and Injuries, use your UnitedHealthcare card

A **specialist** is a physician who has received additional training in a medical specialty in addition to their basic training in medical school and as an intern. Your Primary Care Doctor may refer you to a Specialist if your medical condition requires additional diagnosis and testing.

- | | | |
|---------------------------|----------------------------|--------------------|
| Allergist | Neurosurgeon | Pediatrician |
| Cardiologist | Nutritionist | Podiatrist |
| Chiropractor | Obstetrician | Pulmonologist |
| Dermatologist | Occupational Therapist | Radiologist |
| Endocrinologist | Oncologist | Rheumatologist |
| Gastroenterologist | Ophthalmologist | Speech Pathologist |
| Geriatrician | Orthopedic Surgeon | Surgeon |
| Gynecologist | Orthopedist | Urologist |
| Hematologist | Otolaryngologist (ENT) | |
| Infectious Disease Doctor | Pain Management Specialist | |
| Nephrologist | Pathologist | |



Physical Therapy/Chiropractor - \$250 Annual Deductible and Coinsurance (90/10) applies to Doctor's visits.
Must have a referral from your Primary Care Doctor
For Illness and Injuries, use your UnitedHealthcare card

Physical therapy, also known as physiotherapy, using evidence-based kinesiology, exercise prescription, health education, mobilization, electrical and physical agents, treats acute or chronic pain, movement and physical impairments resulting from injury, trauma or illness typically of musculoskeletal, cardiovascular, respiratory, neurological and endocrinological origins. Physical therapy is used to improve a patient's physical functions through physical examination, diagnosis, prognosis, patient education, physical intervention, rehabilitation, disease prevention and health promotion. It is practiced by physical therapists.

Conditions treated by physical therapists include:

- Sports injuries
- Arthritis
- Developmental delays
- Back pain
- Balance
- Headaches
- Burns
- Dislocations
- Carpal Tunnel Syndrome
- Fractures
- Hand injuries
- Pelvic pain
- Stroke
- Traumatic Brain Injury (TBI)

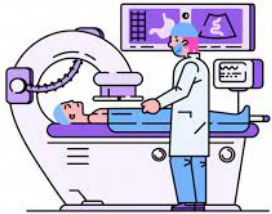


Lab Work - \$250 Annual Deductible and Coinsurance (90/10) applies

Must be request by a licensed medical doctor

For Illness and Injuries, use your UnitedHealthcare card. For annual exams use your Crescent Card.

Clinical lab tests that are part of routine care as well as the diagnosis and treatment of a broad range of conditions and diseases. Your Doctor must submit a claim first for your lab work to be considered for coverage.



Radiology - \$250 Annual Deductible and Coinsurance (90/10) applies

Must be request by a licensed medical doctor

For Illness and Injuries, use your UnitedHealthcare card

Radiology includes X-rays, Mammogram, Ultrasound, CT Scan, MRI, and Pet Scan. Your Doctor must first request that you have these tests for them to be considered for coverage.

- **Crescent** – The mammogram is covered for women over 40, and colonoscopy covered for men and women age 50-75. Please contact Crescent for more details.
- **UnitedHealthcare** – All sick visits



Emergency Room (ER) - \$500 Deductible (per visit) Applies only to Illnesses, if not admitted. Injuries are not subject to ER Deductible. Coinsurance (90/10) applies.

For Illness and Injuries, use your UnitedHealthcare card

Medical Emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long-term health. Please only go to the Emergency Room for life threatening illnesses or injuries. The wait times at the Emergency Room can be exceptionally long and the cost of treatment is 3 to 5 times higher than going to a Doctor or Urgent Care.

Some examples of medical emergencies are:

- Chest pain accompanied by sweating, nausea, vomiting, shortness of breath, radiating pain that moves to the arm or neck, dizziness, or feeling that your heart is beating irregularly or too fast
- Choking
- Severe bleeding that does not stop after 15 minutes of direct pressure
- Fainting
- Broken or displaced bones
- Swallowing poison
- Burns
- Suddenly not being able to walk, speak, or move a portion of your body
- Shortness of breath or difficulty in breathing



Hospital - \$250 Annual Deductible and Coinsurance (90/10) applies
For Illness and Injuries, use your UnitedHealthcare card

Please note, Hospital billing can be confusing. If you are admitted into the hospital, you may receive several bills from different departments at the hospital. Be sure that ALL Bills are submitted to the insurance company for processing.

[Precertification](#) is required for scheduled medical procedures. Your Medical Provider must contact IMG at 1-317-655-4500 **PRIOR** to your medical procedure. Precertification can take up to 5 business days. For Emergencies, the Hospital should contact IMG at 1-317-655-4500 within 48 hours of admission into the hospital. You may also complete the Precertification process by [clicking here](#).



Dentist
You may purchase a Dental Plan available in your area
Discounts available through the [WellCare](#)

Want to Purchase a Dental Plan? Contact our AFLAC Affiliate for Dental Plan Options - <https://tinyurl.com/VisitInsurance>

Dental treatment in the USA is a separate plan from your medical insurance plan. Dentists provide treatment for dental cleaning, dental X-rays, diagnosis, and treatment of dental care including fillings, root canal, tooth removal, crown, and bridge wisdom tooth extraction.



Vision
You may purchase a Vision Plan available in your area
Discounts available through the [WellCare](#)

Eye exams, glass and contact prescriptions, frames, and contact lens.

DON'T FORGET TO FILE YOUR CLAIM!

FILE YOUR PATIENT CLAIM FORM THROUGH YOUR [MyIMG ACCOUNT](#)
OR DOWNLOAD A [CLAIM FORM](#)
ALL CLAIMS MUST BE FILED WITHIN 90 DAYS OF THE VISIT TO THE DOCTOR'S OFFICE
[Click Here](#) for details on how to file a claim!

How to check Your Claims Status

UNITEDHEALTHCARE CLAIMS

Log into your online [MyIMG](#) account at www.imglobal.com/member and click on the Claims Tab for updates on your claim.

If you need further assistance, please email VISIT® at epi@visitinsurance.com

VISIT® - 1-703-660-9062

IMG Claims Assistance – 1-317-655-4500

CRESCENT CLAIMS

epi@crecentshs.com or call 1-828 670-9145 ext. 3



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

in medical expenses, the Insurance company will pay 100% of covered medical expenses.

Pre-certification Requirements

www.imglobal.com/member/precertification

What is the Pre-certification Process?

Each proposed hospital admission, inpatient or outpatient surgery, and other procedures as noted in the Certificate Wording **MUST** be pre-certified for medical necessity. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses must meet usual, reasonable, customary, and eligible payment guidelines. Please note that this online service will only initiate the precertification process, and it should not be used to pre-certify emergency admissions, procedures, or evacuations.

If an emergency medical evacuation is required, please call us at [1-317-655-4500](tel:1-317-655-4500).

You may also submit the precertification form through your [MYIMG](#) account. Be sure your doctor's office has provided the Precertification Office with all your medical records to complete the process.

The Precertification process can take up to 5-10 business days to complete. It is best to do the Precertification process as far in advance as possible, to determine if the procedure will be covered. *If the procedure is denied, please contact VISIT® Insurance immediately, so we can determine what other payment options may be available to you.*

You will be notified upon receipt of this precertification. It remains the Insured person's responsibility to verify benefits. All conditions and provisions of the insured person's certificate of insurance apply.

Pre-certification Contact Information

Precertification Office: 1-317-655-4500 option 2

Online Form: www.imglobal.com/member/precertification

MyIMG: You can submit the Precertification Form through your online MyIMG Account.

What will happen if my procedure is not pre-certified?

- Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met.
- Emergency Medical Evacuation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- **All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met.**
- Deductible is taken after reduction.
- Coinsurance is applied to the remainder of the reduced amount.



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How to File a Claim

[Click Here](#) to watch a short video about How to Submit & Track Your Claim Properly

DOCTOR Claim Form (Required)

Be sure your Doctor files your claim through **UnitedHealthcare** using the information found on your **VISIT® (UnitedHealthcare) ID card**. This will allow your doctor to file your claim electronically which will help expedite the claims process. Your **VISIT® (UnitedHealthcare) ID card** includes a Member ID Number, and a Group Number your Doctor must use to file the claim properly. Improperly filed claims may be delayed or denied.

UnitedHealthcare Member ID: xxxxx

(This number is found on your **VISIT® (UnitedHealthcare) ID card** and is unique for each person)

Group Number: 76570070

Your Doctor may contact UnitedHealthcare at **1-888-543-1238** with any questions on how to submit a claim.

UnitedHealthcare Mailing Address for Doctors/Hospitals/Urgent Care/Walk-In Clinics

UHC Global

PO Box 30526

Salt Lake City, UT 84130-0526

PATIENT Claim Form (Required)

You must also complete a **Patient Claim Form**. This is a separate form than the Claim information provided by your Doctor. All claims require that you complete a Patient Claim form. If you have multiple visits to the Doctor for the same medical condition, you can complete one form and include all your visits on the same form. You can submit the form online through your **MyIMG** account at www.myimglobal.com/member or you can download a Patient Claim Form online at <http://www.visitinsurance.com/img-interactive-claim-form.pdf>. To expediate the processing of your claim we recommend that you submit the form through your MyIMG Account.

- **General Claims**
Complete the Patient Claims Form for all claims. If you have multiple visits for the same condition, you may include all visits for the same medical condition on one form.
- **Car Accident Claims**
If you are in a car accident and are injured, please be sure to notify your Car Insurance company as well as UnitedHealthcare. Car accidents require a coordination of benefits with the car insurance company and UnitedHealthcare. In addition to completing a **Patient Claim Form** you will need to complete an **Accident Form** and a **Subrogation Form** to complete the claims process. Please contact VISIT® for a copy of these forms. You must disclose any payments made towards your medical bills by a car insurance company and if any attorney is representing your case.
- **Injuries due to an Accident**
An **Accident Claim** form is required in addition to the Patient claim form for all accidents. Please be sure this form is submitted along with your Patient Claim Form.
- **How can I be reimbursed for medical payments I paid?**
Any medical expense you have paid may be submitted to the claim's office for reimbursement. Please complete and submit a PATIENT Claim Form and include all receipts for expenses you have paid.



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How do I Pay for My Prescriptions?

Prescriptions are covered at 80%, after your **\$250** Deductible for covered illnesses and injuries. Please follow these steps to be reimbursed for your prescription(s):

- Prescriptions can be filled at **ANY Pharmacy**.
- In addition to your **VISIT® (UnitedHealthcare) ID card**, you have two **Discount Drug Cards** (**Universal Rx** and **WELL CARD SAVING**) for your Prescriptions. Please present both Discount Drug Cards at the Pharmacy. If the prescription is eligible for a discount, it will be applied when you purchase your prescription.

(The Universal Rx Discount information is now located on your **VISIT® (UnitedHealthcare) ID card** or you can download a copy of the card by going to <https://imgpoc.com>.)

UnitedHealthcare Options PPO			
Health Plan (80840)	911 87601 04	Group Number:	76570070
Member ID: 680	086412732	Payor ID:	USN01
SAMPLE			Points of Care Discount
Insured: SMITH, JOHN	Insured Effective Date: 01-AUG-2021	Bin No.:	610020
IMG Insured ID: 86412732	IMG Certificate Number: PPEG000277078	Rx Group #:	IMG427
Possession of this card does not guarantee coverage.		PCN#:	URX001
		Pharmacy Help Desk	800.329.0988



The Discount Drug Cards can be used for ANY medication, even if it is for a pre-existing condition. Discount Cards can be used for all family members.

- Please pay any remaining pharmacy costs due after the discount and keep the receipt and a copy of the prescription.

Steps for submitting your CLAIM for REINBURSEMENT

- Complete and submit a **PATIENT Claim** Form (include your Doctor visit and prescriptions on the same PATIENT CLAIM FORM)
- Include a copy of the Receipt.
- Include a copy of the Prescription (this can be the Prescription Information that is typically stapled to the prescription bag)
- The Claim can be submitted online through your [MyIMG Account](#)

Reimbursements are only for covered medical expenses, not for pre-existing conditions. Additional discounts may be available through the pharmaceutical company that manufactures your prescription.

Claim Form & Authorization Filing Instructions



Please print legibly and complete ALL SECTIONS of this form. Mail, fax, or email completed form to:
Address: International Medical Group, Inc. Claims, P.O. Box 9162, Farmington Hills, MI 48333-9162 USA,
Call: +1.800.628.4664 or outside U.S. +1.317.655.4500; **Fax:** +1.317.655.4505
Email: customercare@imglobal.com
www.imglobal.com

In order for this form to be a valid proof of claim, you must attach the original documents and make certain that documentation is legible, indicates patient's name, date of service, diagnosis, procedure and/or type of service along with the itemized charges. Failure to submit an accurate, completed form will result in processing delays. The insured has a limited time frame in which to submit a complete proof of claim, and IMG, at its option, may deny coverage for proof of claim submitted thereafter, for incomplete proof of claim and/or failure to submit a proof of claim.

PART A. To be completed by the claimant for all claims

Claimant/Patient Name: (As it appears on ID card)		Passport/Visa Number:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___ (MM/DD/YYYY)	
Claimant's Relationship to Primary Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Name of Primary Insured: (As it appears on ID card)			Insured ID #:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ___/___/___ (MM/DD/YYYY)	
Home Country Address:			
Current Address:			City:
State:	Postal Code:	Home Phone:	Work Phone:
Communications should be sent via email to:			
Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Group #:	
If yes, please provide the following information:			
Name of School:			
Street Address:			Phone:
City:	State:	Postal Code:	Country:
Email:			
How many months of the year are you residing in the U.S.?			

ALTERNATE PAYEE INFORMATION

Name:			
Street Address:			Phone:
City:	State:	Postal Code:	Country:
Email:			

If claimant is or may be covered by other coverage, complete the items below.

Name of Primary Insured: (as it appears on ID card)			Date of Birth: ___/___/___ (MM/DD/YYYY)
Insured mailing address:		City:	State: Postal Code:
Name of other carrier:		ID # for other coverage:	
Type of other coverage:		Carrier Phone number:	
Carrier address:		City:	State: Postal Code:
Name of employer:		Employer Phone number:	
Employer address:		City:	State: Postal Code:

PART B. To be completed by the claimant for each new condition, injury, or illness (if you need additional space, please attach a separate sheet)

1. When did the first symptom of this condition begin? State the exact date if possible: ____ / ____ / ____ (MM/DD/YYYY)
2. How did the condition begin? State fully all symptoms and describe the condition in detail after it began. For accidents, include pertinent details such as how, when and where the accident occurred.
3. Have you ever had or been treated for this type of condition before? Yes No
4. List all the names and addresses of the providers you have seen for this condition.
5. What sicknesses, diseases, illnesses, injuries, or other physical, medical, mental or nervous disorder, conditions, or ailments have you experienced during the last five years? Please provide the name and/or description of each condition, dates of treatment, and name and address of the facility and/or attending physician(s).
6. Is this condition the result of an accident, injury, or illness:
- a. Related to employment? Yes No
If yes, are you applying for Worker's Compensation benefits? Yes No
 - b. Involving a motor vehicle or another person's actions? Yes No
If yes, list the names of parties involved, insurance carriers and policy numbers.
 - c. Was a report filed with any governmental or investigating entities? Yes No
If yes, please identify the department and the address where it was filed.
 - d. Was this accident related to an organized or sanctioned athletic activity, Yes No
Involving regular or scheduled games and/or practice? If so, was an accident report filed with the sports coordinator? Please provide a copy of any related accident reports.
 - e. In the event you have hired legal counsel, please provide IMG with the complete name, address and telephone number of the attorney.

PART E. AUTHORIZATION—to be completed by the claimant for all claims.

I verify that all information contained in this form is true, correct and complete to the best of my knowledge. I authorize any health plan, health care provider, health care professional, MIB, federal, state or local government agency, insurance or reinsuring company, consumer reporting agency, employer, benefit plan, or any other organization or person that has any records or knowledge of my health, has any information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, and any non-medical information about me, to disclose my entire medical record, file, history, medications, and any other information concerning me and to give any and all such information to my agent of record and authorized representatives of Company, IMG, and their affiliates, and subsidiaries. Individuals have the right to refuse to sign the authorization without negative consequences to treatment or plan enrollment, except IMG will not be able to administer claims, determine benefit eligibility, or issue payments. The authorization is valid for the term of the insurance contract or plan under which a claim has been submitted.

I understand that I have the right to receive a copy of this authorization upon request and revoke the authorization at any time in a written communication to IMG. A copy of this shall be as valid as the original. I acknowledge and understand there is the potential for the information to be subject to re-disclosure by the recipient and to no longer be protected by applicable privacy and confidentiality laws.

Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Print Name of Insured: X _____

Signature of Insured/Legal Representative: X _____

Date: ____ / ____ / ____ (MM/DD/YYYY)

AUTHORIZATION:

I authorize payment of any benefits for eligible medical expenses to the provider or other supplier of services which is entitled to payment of the attached bills.

Signature of the Insured/Legal Representative: X _____

Date: ____ / ____ / ____ (MM/DD/YYYY)

If this form is signed by someone other than the patient or parent, such as a personal representative, legal representative or guardian on behalf of the patient, submit the following: a copy of a healthcare representative form, power of attorney, a court order or other documentation showing custody, or other legal documentation showing the authority of the legal representative to act on the patient's behalf.

If needed you can overnight packages to following address:
2960 North Meridian Street, Indianapolis, IN 46208



IMG Claim Form

WWW.IMGLOBAL.COM

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Educational Partners International, LLC Group Health Insurance Plan 2023-2024 Frequently Asked CLAIMS Questions

How long does it take to process my claim?

The claims process can take **30-60 days** or more. Your claim cannot be processed until **ALL** documents have been received from you and your Doctor. To expedite the claim process, please be sure your Doctor has a copy of your current **VISIT® (UnitedHealthcare) ID card**, and please be sure the Doctor is aware that they need to submit your claim **along with your medical records** to UnitedHealthcare. Incomplete or improperly filed claims may cause your claim to be delayed or denied.

Common Problems with Claim Processing (and Recommended Solutions):

1. **No ID Card** - The **VISIT® (UnitedHealthcare) ID card** was not provided to the Doctor's Office, and therefore the claim was not submitted to UnitedHealthcare. (Provide your Doctor with your current ID card and have the Doctor submit the claim promptly.)
2. **Wrong ID Card** - The wrong Health Insurance ID card was provided to the Doctor; therefore, the claim was not submitted to the correct Insurance company. (Provide your Doctor with your CURRENT **VISIT® (UnitedHealthcare) ID card** and have the Doctor submit the claim promptly.)
3. **DOCTOR Claim Form & Medical Records** – Your Doctor must submit a **DOCTOR** Claim Form to UnitedHealthcare. Frequently the Claims Office will request that your Doctor provide your complete medical records to determine if your condition is a “pre-existing” condition. These records will be prepared by your doctor. If the Doctor's Office is slow in providing these records, it will delay the processing of your claim. (Note: YOU may be asked to contact your doctor if they have not responded to the Claim's Office requests for medical records.) You can expedite the processing of your claims by requesting a copy of your medical records and uploading them into your [MyIMG](#) account.
4. **PATIENT Claim Form** – A **PATIENT Claim Form** is also required for all claims. This form is your responsibility and will need to be completed and submitted by YOU. The PATIENT Claim Form should be submitted online through your [MyIMG](#) Account.
5. **Deductible** – Your Plan has a **\$250 Annual Deductible**. For covered medical expenses, the Deductible is the portion of your medical bill that is your responsibility. You will need to meet the Annual Deductible before the insurance will start to pay your medical expenses.

ER Deductible – In addition to your Annual Deductible, you have a **\$500 ER Deductible**. The ER Deductible is waived for injuries and for illnesses when you are admitted into the hospital. You should **ONLY** use the ER if you have a life-threatening emergency.
6. **Coinsurance** - Once your \$250 Annual Deductible has been satisfied, **In-Network** you are responsible for paying 10% of the first \$5,000 in medical expenses and the Insurance company will pay 90% of covered expenses. After \$5,000 in medical expenses, the Insurance company will pay 100% of covered medical expenses. Maximum out-of-pocket \$500. (**Out-of-Network** you are responsible for paying 20% of the first \$5,000 in medical expenses. After \$5,000 in medical expenses, the Insurance company will pay 100% of covered medical expenses.)



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- 7. Prescription Reimbursement** – Prescriptions are covered on a **reimbursement** basis, after the deductible, and any applicable discount. Covered Prescriptions are reimbursed at 80%. Submit all prescription receipts along with a completed PATIENT Claim Form Online through your [MyIMG](#) Account or by email at epi@visitinsurance.com. Please be sure your Doctor has also submitted the DOCTOR Claim Form for the same prescription. The Claims Office must have both the PATIENT and DOCTOR Claim Forms and all receipts for your prescription expense to be reimbursed.
- 8. Out-of-Network** - If you choose a doctor outside the UnitedHealthcare Provider Network, that Doctor typically will not file the claim for you. You will need to submit a PATIENT Claim Form along with the medical bills Online through your [MyIMG](#) Account or by email at epi@visitinsurance.com

If you receive a medical bill in the mail, we recommend that you forward a copy to the VISIT® Insurance Office at epi@visitinsurance.com so we can review the bill and make sure it has been submitted properly by your Doctor's Office. Please be sure to send the document as soon as it is received to avoid delays in processing your claim.

Common Reasons for Claim Denial:

- 1. Preventive Care is NOT Covered by EPI Group Health Plan** - All Claims for Preventive Care (wellness visits and vaccinations) for EPI Teachers must be submitted to **Crescent Health Solutions at (828) 670-9145 extension 3**. Do not submit Preventive Care claims to UnitedHealthcare. **Preventive Care coverage is not offered for J2 Dependents.**
- 2. Pre-existing conditions are NOT covered by EPI Group Health Plan** - Any Injury, illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the three (3) years prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

If you or one of your family members have a pre-existing condition, please consider purchasing an additional plan that includes coverage for pre-existing conditions. Examples of pre-existing conditions: Asthma, Hypertension, Cancer, Fibroids, Diabetes, chronic pain, fibroids, depression, ADD/ADHD, or ANY condition you have been treated for in the last three years prior to the start date of the policy. *Please see the [Additional Health Plan](#) section for additional information.*

- 3. Maternity is NOT covered by EPI Group Health Plan** - Maternity (including miscarriage and prenatal visits) is NOT covered by the EPI Group Health Plan. If you require maternity coverage, please purchase an additional plan that includes maternity coverage. *Please see the [Additional Health Plan](#) section for additional information.*

Explanation of Benefits (EOB)

An explanation of benefits, or EOB, is a document that the Claims Office will send you after a doctor's visit or procedure to show the costs and coverage related to your medical treatment. **An EOB is not a bill.** It is a document to help you understand how much each medical treatment costs, how much your plan will cover, and how much you will have to pay when you receive a bill from your doctor or hospital. It includes the following information:

Dates of Service: The date you went to the doctor or hospital.

Service Code Description: What you were treated for at the doctor or hospital.

Total Charge: The amount charged by the doctor or hospital for services provided to you.



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Not Covered: The portion of the amount billed that was not covered or eligible for payment under your plan. Examples include charges for services or products that are not covered by your plan, duplicate claims that are not your responsibility and any charges submitted that are above the maximum amount your plan pays.

Discount Amount: The amount you save by using a doctor, urgent care, hospital, etc. that are in the UnitedHealthcare Network.

Copayment: **\$15** Walk-In Clinics and **\$25** Urgent Care. Coinsurance also applies to Walk-In and Urgent Care visits. The Copayment is typically collected at the time of your office visit. The Coinsurance is billed after the claim has been processed.

Deductible: The portion of submitted charges applied towards your deductible. Your deductible is the amount you need to pay once each year before your plan starts paying benefits. Your Annual Deductible is **\$250**. You will only be charged the deductible one time per year (August 1, 2023 – July 31, 2024). Coinsurance applies after the Deductible has been met.

Amount Subject to Coinsurance: A percentage of covered expenses you pay after you meet your Deductible or Copayment. **In-Network**, you are responsible for paying **10%** of the first \$5,000 in medical expenses. After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expense.

Out-of-Network you are responsible for paying 20% of the first \$5,000 in medical expenses. After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expenses.

Patient Share of Coinsurance: The portion of the billed amount that is your responsibility.

Payment Amount: The portion of the billed amount that was paid by UnitedHealthcare.

The EOB also includes a Remarks Section, which will let you know if additional forms or information are needed to finalize your claim.

Common EOB “Remarks Section” Notes:

- **Your file has been closed due to a lack of response**
This means that additional information has been requested but the Claims Office has not received the information. The file can be reopened once the information is received.
- **Patient to submit a completed CLAIM Form**
You must complete a PATIENT Claim Form to process your claim. The PATIENT Claim Form can be submitted Online through your [MyIMG](#) Account or downloaded at www.visitinsurance.com/epi.html and submitted to epi@visitinsurance.com.
- **Charges pending receipt of medical records requested from provider**
Your Doctor must provide the medical records to UnitedHealthcare for your treatment to process your claim.
- **In order to process these charges, please submit on a HCFA/UB Form Indicating Standardized procedure (CPT) and Diagnosis (ICD) codes**
These forms are standard forms that doctors use to file a claim with an insurance company. Your doctor should have these forms available. If they are not sure what to file or have questions, please have them call UnitedHealthcare at **(888) 543-1238**.
- **Your Policy does not cover expenses incurred for the treatment of a Pre-existing condition or sickness, as defined by your policy**
Based on the medical records provided by your doctor, the condition was considered a pre-existing condition. If you do not agree with the decision, you may file an appeal. Please contact VISIT® at 703-660-9062 to discuss what information is needed to file an appeal.



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- **Passport Copy/Please include entry and exit date stamp to establish eligibility**
You will need to provide a copy of your passport to show when you arrived in the USA.
- **Patient to submit an accident/injury form**
If you have been in an accident, the Claims Office may request that you submit an Accident and Subrogation form that discloses if you have any additional insurance coverage and if you have contracted with an attorney.
- **Charges applied to your deductible**
Your Plan has a \$250 Annual Deductible. For a covered medical expense, the Deductible is the portion of your medical bill that is your responsibility. Once your \$250 Deductible has been satisfied, you are responsible for paying 10% of the first \$5,000 in medical expenses. After \$5,000 in medical expenses, the Insurance company will pay 100% of covered medical expenses.
- **Coinsurance In-Network - You are responsible for paying 10% of the first \$5,000 in medical expenses.**
After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expense. Maximum out-of-pocket expense for coinsurance is \$500 In-Network.
- **Coinsurance Out-of-Network - You are responsible for paying 20% of the first \$5,000 in medical expenses.**
After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expenses. Maximum out-of-pocket expense for coinsurance is \$1,000 Out-of-Network.
- **Pending Receipt of Prescribing Physicians Claim**
Your Doctor must submit a claim in order for the charges for lab work, prescriptions, and additional tests to be covered. The doctor's claim will show the medical reason why the additional tests and lab work was required.
- **Claim received after timely filing limit (90 days). No Benefits Available**
All claims must be submitted within 90 days of treatment. Claims that are submitted after 90 days will require an appeal to reopen the claim process.

If you received a bill and are not sure why it has not been paid, please contact VISIT®:

If your claim is denied or you have a question regarding a bill that you received, you may contact VISIT® Insurance by email at epi@visitinsurance.com or by phone at 703-660-9062 to discuss the claim. We will need to know the **date you went to the doctor, the name and phone number of the doctor or medical facility, and the amount of the claim.** If you have received a bill, please email us a copy so we may review the bill.

You may also contact the Claims Office by email at insurance@imglobal.com or by phone at (800) 628-4664 with any questions you may have.

Discussing Treatment with your doctor

Be sure the doctor is given accurate information about your medical condition. The Claims Office will review the Medical Records your doctor provides. To avoid misdiagnosis or complications with your claim, please be sure your doctor is understanding your symptoms and when they began.

How do I find a doctor in my area?

To find a local doctor, please go to <https://www.whyuhc.com/us1> or you may contact VISIT® Insurance at epi@visitinsurance.com or by phone at 703-660-9062. Please be sure to let us know your zip code and the type of doctor you need.



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What do I do if the Pharmacy tells me I have no coverage?

Be sure you have provided the Pharmacy with both (Universal Rx and WELLCARD) of your DISCOUNT Drug cards. *The Universal Rx information is also located on your VISIT® (UnitedHealthcare) ID card.*

If the prescription is eligible for a discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. **To be reimbursed for the remaining balance of the prescription, please submit a PATIENT Claim Form with your receipt and a copy of your prescription.** Prescriptions are reimbursed at 80%, after the Deductible has been met.

Who do I call if I need a copy of my VISIT® (UnitedHealthcare) ID card?

Please contact VISIT® Insurance

Email: epi@visitinsurance.com

Website: www.visitinsurance.com/epi.html

Phone: (703) 660-9062

You can also download your ID Card from your [MyIMG](#) Account. **To create your online account, go to www.imglobal.com/member/login**



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Questions About Your Insurance Claim?

Submit your Claim AND Claim Forms via your [MyIMG](#) Account BEFORE contacting VISIT®

We are NOT the Insurance Company Claim Department – We can only Assist You in Filing Your Claim and Answering General Questions to help you understand the documents you have received.

Please read the following CAREFULLY! We can assist you ONLY if you have set up your personal [MyIMG](#) Account AND submitted your Claim AND both the Doctor and Patient Claim Forms (TWO separate forms).

Set Up Your Personal [MyIMG](#) Account NOW – www.imglobal.com/member

If you already set up your [MyIMG](#) Account AND submitted your Claim AND submitted BOTH the DOCTOR Claim Form and the PATIENT Claim Form via your online [MyIMG](#) Account AND you still need additional assistance with your claim, provide the following complete information **BY EMAIL ONLY** to epi@visitinsurance.com.

REMEMBER: BOTH the DOCTOR and the PATIENT Forms are required, or your claim will not be paid!

- NAME of the Person the Claim is for (You or your Dependent)
- DATE OF SERVICE that You or your Dependent went to the doctor
- DOCTOR NAME that You or your Dependent visited
- AMOUNT of the claim (in \$\$)
- Any specific QUESTIONS or DETAILS you have about this claim ONLY
- **IMPORTANT:** Please INCLUDE a copy of the MEDICAL BILL, if available!

We need ALL the above information to locate and review your Claim!

It is YOUR responsibility to be sure your claim has been properly filed and all required documents have been submitted. You can REVIEW your Claims status 24/7 via [MyIMG](#). Please make sure you follow all directions and submit all required forms. We do not file your claims for you AND we are NOT the insurance company Claim Department. We can only provide assistance in understanding the claims process and help you understand the Explanation of Benefits (EOB). Please make sure you have submitted your Claim, and BOTH required Claim Forms online via your MyIMG Account before contacting us.

Our office will review your questions or concerns. Please allow at least THREE (3) DAYS to research your claim. We will reply to you BY EMAIL ONLY, so please stand by. **IMPORTANT:** Remember we cannot see your claim unless you submit it via MyIMG!

The only form of Claim communication is by **EMAIL**. Therefore, it is important that you check your email often, because we may need additional information to resolve your concerns quickly and accurately.

Please note: VISIT® Insurance does NOT process your claims. Your claims are processed by IMG and UnitedHealthcare. YOU can review the status of your Claims YOURSELF 24/7 using your MyIMG Account. VISIT® cannot overturn a decision by the Claims Office. If your claim is denied and you do not agree with the decision of the Claims Office, you may file a CLAIM APPEAL as instructed below.



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How to File an Appeal?

APPEALING A CLAIM: In the event the Company denies all or part of a claim, the Insured Person shall have **sixty (60) days** from the date that the notice of denial was mailed to the Insured Person's last known residence or mailing address within which to appeal the determination. The Insured Person must file an appeal prior to bringing any legal action under the contract of insurance.

The Insured Person should submit a written request for an appeal along with comments, all relevant, pertinent, or related documents, medical records and other information relating to the claim. We encourage you to obtain medical records from your home country as well as medical records from ALL doctors you have seen in the US including any doctor you have seen for your annual wellness exams.

Be sure your UnitedHealthcare ID number is on ALL your documents.

The appeal must be sent to:

International Medical Group Attn:

Benefit Review
2960 N. Meridian Street
Indianapolis, IN 46208 USA

Or by Email: Benefit.Review@imglobal.com and imggroupclaims@imglobal.com

Be sure to cc: epi@visitinsurance.com when filing an appeal.

The Benefits Review Office will send you a letter confirming that your claim is under appeal. Be sure to provide a copy of this letter to ALL medical providers you have seen for your medical condition under appeal.

The Company's review will take into account all comments, documents, records, and other information submitted by the Insured Person relating to the claim without regard to whether such information was submitted or considered in the initial claim determination. Upon receipt of a written appeal, the Company shall have an opportunity for further reasonable investigation and/or review as set forth in the CONDITIONS AND GENERAL PROVISIONS, EXPLANATION OR VERIFICATION OF BENEFITS provision and will respond in writing as soon as reasonably practicable, and in any event within **ninety (90) days** from receipt thereof.

Should you have any questions, please contact VISIT® Insurance at (703) 660-9062.



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

Educational Partners International, LLC

Teacher/Dependent Additional Health Insurance

2023-2024

Why Should You Consider Purchasing an Additional Health Insurance Plan?

The EPI Group Health Insurance Plan and the Dependent Plan (Plan E PLUS) are designed to meet the J visa mandatory U.S. State Department's requirements. Some medical conditions may require additional coverage that is not available on the basic Plan. Please consider purchasing an additional health insurance plan if you have the following medical conditions:

- **Pre-existing Condition** - If you have a pre-existing condition, the basic EPI Group and Dependent Health Insurance will not cover your medical expenses associated with this condition. A pre-existing condition is an illness or injury experienced before enrollment in a health insurance plan and can include health issues such as cancer, diabetes, lupus, depression, acne, pregnancy, or just about any other health condition you can imagine. Please consider purchasing an additional plan that includes pre-existing condition coverage to avoid having to pay all of your medical expenses for this condition out-of-pocket.
- **Extensive Medical Treatment** - The maximum coverage for EPI Group and Dependent Health Insurance Plan is \$100,000 per illness or injury and some surgeries and treatments can exceed the \$100,000 benefit. If you have a medical condition that requires surgery and on-going treatment, you may want to consider purchasing an additional plan to avoid having to pay for your medical expenses for this condition out-of-pocket.
- **Maternity Coverage** – If you are planning to become pregnant or are already pregnant, you will need to purchase an additional medical plan that includes maternity coverage. There is **NO COVERAGE** for maternity on EPI Group and Dependent Health Insurance and all expenses associated with your maternity will be your responsibility if you do not purchase a plan with maternity coverage.
- **Mental Health** – If you would like to see a psychologist or psychiatrist for assistance with your mental health, you should consider purchasing a supplemental Plan that includes coverage for counseling.

Plans may be purchased through the Market Place subject to Federal and State regulations through www.healthcare.gov. Open Enrollment begins **November 1, 2023**, and your plan will begin January 1, 2024. You may also check to see if you are eligible for early enrollment if you meet one of the approved Qualifying Life Events - <https://www.healthcare.gov/glossary/qualifying-life-event/>. Teachers should qualify for a Market Place plan near the beginning of their program. See the link above for more information and important deadlines. Market Place Plans are not sold by VISIT® Insurance. Please direct all questions regarding the plans sold through the Market Place to www.healthcare.gov.

Please Note: After entering the US, all EPI Teachers and Dependents must stay continuously enrolled in the proper health insurance **for the duration of the J-1 teacher's program** to meet the J visa requirements. Purchasing a health insurance plan through www.healthcare.gov or any other health insurance provider will be in **addition** to an EPI approved plan. You are not permitted to waive the required coverage.



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Prescriptions, Dental & Vision Discount Cards

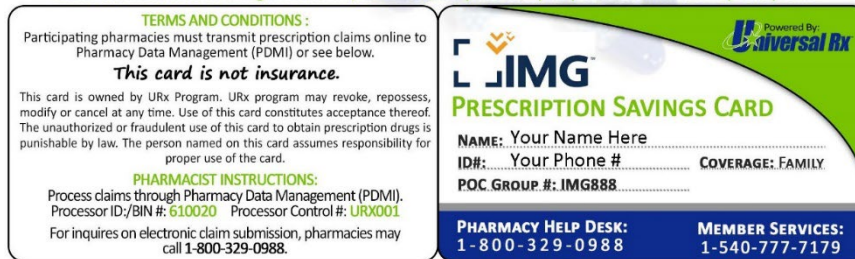
Universal Rx Card (Discount Card)

To download your Universal Rx card to go www.imgpoc.com

This free savings program will allow you to save on average 50% off your prescription medications at a participating retail pharmacy or through mail order. This is a free program for those who are uninsured or under-insured.

- Can be used by the entire family.
- No enrollment forms are required.
- The card is pre-activated and ready to use.
- 55,000 participating pharmacies.

Please cut the card below along the solid line, fold in half, and present to your pharmacist with a valid prescription.

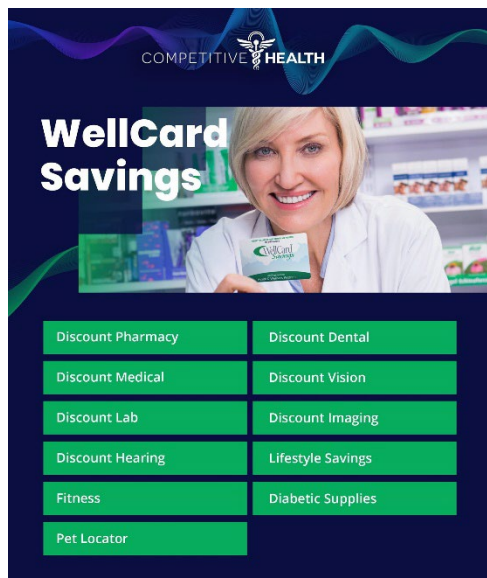


WellCard Saving™ Discounts & Services

To register your WellCard Saving, go to www.wellcardsavings.com Group# **SC001600**

Lower your cost for these products and services and receive cash rewards:

- Prescription drugs - save up to 50%
- Dental services - save up to 45%
- Vision services - save up to 50%
- Hearing aids
- Diabetic care & supplies
- Mail order vitamins
- Daily living products - discounted rates for medical supplies and Equipment



Share your free card with friends and family and use it even after your coverage ends. Visit www.wellcardsavings.com to learn more, locate participating providers and determine the available discounts. Be sure to register your Well Card Saving at www.wellcardsavings.com and use **Group# SC001600**. Take a few minutes to review a short video on how to use your Well Card Savings - <https://www.facebook.com/WellCardSavings/videos/1248502991832361>

DENTAL PLANS TO PURCHASE THROUGH AFLAC:

Want to Purchase a Dental Plan? Contact our AFLAC Affiliate for Dental Plan Options - <https://tinyurl.com/VisitInsurance>



VISIT® International Health Insurance

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Discount Medication Programs

- **Medication Assistance Programs**

Patient Assistance Program - <https://get.patientassistanceprograms.com/>

Medicine Assistance Tool - <https://medicineassistancetool.org>

Needy Meds - www.needy meds.org

SCBN Medication Assistance Programs - <https://www.scbn.org/>

Prescription Hope - <https://prescriptionhope.com/>

- **Discount Cards**

Universal Rx Card – www.imgpoc.com

WellCard – www.wellcardsavings.com/

GoodRx – www.goodrx.com

SingleCare - www.singlecare.com

Cost Plus - <https://costplusdrugs.com> (generic mail order drugs)

- **Blood Thinners - Eliquis**

<https://www.eliquis.bmscustomerconnect.com/afib/savings-and-support>

- **Diabetic Medicine Assistance**

Lilly - www.insulinaffordability.com

Cost Plus - <https://costplusdrugs.com/medications/categories/diabetes/>

Janumet XR - <https://www.janumetxr.com/>

Diabetes.org – www.diabetes.org

- **Children Vaccinations**

CDC Programs - www.cdc.gov/vaccines/programs/vfc/parents/index.html

Public Health Clinics - www.cdc.gov/publichealthgateway/healthdirectories/index.html

- **High Blood Pressure**

Cost Plus - <https://costplusdrugs.com/medications/categories/high-blood-pressure/>

- **HIV**

Cost Plus - <https://costplusdrugs.com/medications/categories/hiv/>