



TaiAn  
EXCHANGE SELECT<sup>SM</sup>



WORRY LESS.  
*Experience more.*

*Medical insurance for individuals involved in educational  
or cultural exchange and study abroad programs.*



TAIANFINANCIAL.COM

Global Peace of Mind<sup>®</sup>





## Why Consider International Medical Insurance?

Traveling abroad can be an exciting experience, especially when you're involved in an educational or cultural exchange program. But what would happen if you became ill or injured while away from home? Your experience can quickly turn frightening if you're not prepared for a medical emergency.

Whether your trip takes you abroad for a few weeks or a year, your cultural exchange experience should be an enjoyable one. You have enough to worry about when

you're away from home. Don't let your medical coverage be an uncertainty. International Medical Group® (IMG®) has developed the TaiAn Exchange Select<sup>SM</sup> plan to provide you Global Peace of Mind® while traveling. Our plan offers a complete package of international benefits available 24 hours a day.

## A Unique, Full-Service Approach



At IMG, we know that the reasons to travel abroad are many and varied—that's why our services are designed to provide the assistance you need no matter where you are. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international medical insurance needs.

Our services and support sets us apart. Since 1990, we've served millions of people around the globe—always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're there with you, wherever you go, bringing support for all your insurance needs around the globe and providing you Global Peace of Mind.



## Exchange Select Plan

The Exchange Select plan is designed to meet visa travel insurance requirements in the U.S. and overseas for a student studying abroad or a participant of a cultural exchange program, including J1 and J2 visa holders. The plan may be purchased for a minimum of one month and can include coverage for the student or participant and/or his or her spouse and unmarried

dependent children traveling with them. If the plan is purchased for a minimum of one month, coverage may be renewed (without break in coverage) for a total of up to 48 months. See the "Renewal of Coverage" section of this brochure for more information.

## Plan Information & Highlights

| Benefits                                  | In-Network (U.S.)                                                                                                                                           | Out-of-Network (U.S.)             | International                     |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| Maximum Limit                             | Unlimited                                                                                                                                                   | Unlimited                         | Unlimited                         |
| Coinsurance for Eligible Medical Expenses | Plan pays 80%<br>Insured pays 20%                                                                                                                           | Plan pays 70%<br>Insured pays 30% | Plan pays 80%<br>Insured pays 20% |
| Deductible Options                        | Choice of \$100, \$250, or \$500                                                                                                                            |                                   |                                   |
| MyIMG <sup>SM</sup>                       | 24-hour secure access from anywhere in the world to manage your account at anytime                                                                          |                                   |                                   |
| International Emergency Care              | A wide range of international emergency benefits available, including emergency evacuation, emergency reunion, and return of mortal remains                 |                                   |                                   |
| Dependent Coverage                        | Coverage provided for dependents of faculty, scholars, students, and exchange participants                                                                  |                                   |                                   |
| Optional Add-On Plan                      | Additional coverage is available for high school sports, personal liability, and legal assistance                                                           |                                   |                                   |
| Student Health Center                     | \$5 copay per visit                                                                                                                                         |                                   |                                   |
| Pre-existing Conditions                   | Period of coverage limit (after six or 12 months of continuous coverage): \$500<br>Maximum limit: \$1,500                                                   |                                   |                                   |
| COVID-19/SARS-CoV-2 Coverage              | COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance |                                   |                                   |



*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

# Schedule of Benefits

All coverages, benefits, and premium amounts shown in this brochure are in U.S. dollars

## Medical Benefits

| Benefits                                                                                                                                                                                                                                                                                                                                  | In-Network (U.S.) | Out-of-Network (U.S.) | International |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|---------------|
| Eligible Medical Expenses                                                                                                                                                                                                                                                                                                                 | 80%               | 70%                   | 80%           |
| Physician Visits/Services<br>■ Maximum visits per day: 1                                                                                                                                                                                                                                                                                  | 80%               | 70%                   | 80%           |
| Urgent Care Clinic<br>■ Not Subject to Deductible<br>■ Copayment: \$40<br>■ Copayment is not applicable if declaration states a \$0 deductible                                                                                                                                                                                            | 80%               | 70%                   | 80%           |
| Telehealth* - U.S. services only                                                                                                                                                                                                                                                                                                          | 100%              | N/A                   | N/A           |
| Hospital Emergency Room<br>■ Injury: Not subject to emergency room deductible<br>■ Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission                                                                                                                 | 80%               | 70%                   | 80%           |
| Hospitalization/Room & Board                                                                                                                                                                                                                                                                                                              | 80%               | 70%                   | 80%           |
| Intensive Care                                                                                                                                                                                                                                                                                                                            | 80%               | 70%                   | 80%           |
| Bedside Visit<br>■ Not subject to deductible and coinsurance<br>■ Maximum Limit: \$1,500<br>■ Hospitalized in an intensive care unit<br>■ Refer to the BEDSIDE VISIT provision for further details                                                                                                                                        | 100%              | 100%                  | 100%          |
| Physical Therapy: Inpatient<br>■ Medical order or treatment plan required                                                                                                                                                                                                                                                                 | 80%               | 70%                   | 80%           |
| Physical Therapy: Outpatient<br>■ Maximum visits per day: 1<br>■ Medical order or treatment plan required                                                                                                                                                                                                                                 | 80%               | 70%                   | 80%           |
| Prescription Drugs and Medication<br>■ Maximum limit per period of coverage: \$250,000<br>■ Obtained through retail pharmacy, inpatient and outpatient surgery, emergency room and outpatient office visits<br>■ 90 day dispensing maximum<br>■ Prescription drugs and medication maximum limit accumulates toward the plan maximum limit | 80%               | 70%                   | 80%           |

## Emergency Services

When coordinated through the Plan Administrator

|                                                                                                                                         |      |      |      |
|-----------------------------------------------------------------------------------------------------------------------------------------|------|------|------|
| Emergency Local Ambulance<br>■ Subject to Deductible and Coinsurance<br>■ Injury / Illness resulting in an inpatient hospital admission | N/A  | 80%  | 80%  |
| Emergency Medical Evacuation<br>■ \$50,000 maximum limit                                                                                | 100% | 100% | 100% |
| Emergency Reunion<br>■ \$15,000 maximum limit<br>■ 15 day maximum<br>■ \$25 meal maximum per day                                        | 100% | 100% | 100% |
| Interfacility Ambulance Transfer<br>■ Services rendered in the U.S.<br>■ Transfer must be a result of an Inpatient Hospital admission   | 100% | 100% | N/A  |
| Political Evacuation & Repatriation<br>■ \$10,000 maximum limit                                                                         | 100% | 100% | 100% |
| Return of Mortal Remains<br>■ \$25,000 maximum limit for return of mortal remains or \$5,000 for cremation/burial                       | 100% | 100% | 100% |

\*Coverage for Telehealth is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The company reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during Telehealth where the Illness or Injury is directly or indirectly related to any Pre-Existing Condition or is otherwise excluded under this Certificate of Insurance  
All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



# Schedule of Benefits

All coverages, benefits, and premium amounts shown in this brochure are in U.S. dollars

## Other Services

| Benefits                                                                                                                                                                                                                                                                                                                                        | In-Network (U.S.)                                                                                                                   | Out-of-Network (U.S.) | International |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|
| Accidental Death & Dismemberment                                                                                                                                                                                                                                                                                                                | Principal sum maximum limit: \$25,000<br>Accidental death: 100% of principal sum<br>Death must occur within 90 days of the accident |                       |               |
| <b>Dental Treatment</b> <ul style="list-style-type: none"> <li>■ Subject to deductible and coinsurance</li> <li>■ Period of coverage limit: \$350 (treatment due to unexpected pain to sound, natural teeth)</li> <li>■ Period of coverage limit per Injury: \$500 (non-emergency treatment by a dental provider due to an accident)</li> </ul> | N/A                                                                                                                                 | 80%                   | 80%           |
| <b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>■ Subject to deductible and coinsurance</li> </ul>                                                                                                                                                                                                                        | 80%                                                                                                                                 | 70%                   | 80%           |
| <b>Incidental Trip</b> <ul style="list-style-type: none"> <li>■ Subject to deductible and coinsurance</li> <li>■ Insured person's country of residence is not the United States</li> <li>■ 14 days maximum</li> </ul>                                                                                                                           | N/A                                                                                                                                 | N/A                   | 80%           |
| <b>Terrorism</b> <ul style="list-style-type: none"> <li>■ Maximum limit: \$50,000</li> </ul>                                                                                                                                                                                                                                                    | 100%                                                                                                                                | 100%                  | 100%          |

## Optional Add-On Plan

|                                                                  |                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High School Interscholastic, Intramural, or Club Sports Coverage | Up to maximum limit per illness or injury shown in the declaration for eligible medical expenses                                                                                                                                                                                    |
| Lost Personal Property                                           | \$250 maximum limit per period of insurance for loss or theft of (a) baggage; (b) valuables; or (c) personal papers                                                                                                                                                                 |
| Legal Assistance                                                 | \$500 maximum limit per period of coverage for legal expenses incurred in the event the insured person is served a summons, complaint, or other legal notice of a valid claim for personal injury or property damage against the insured person                                     |
| Personal Liability                                               | \$2,000 maximum limit per period of coverage after \$100 deductible is met for Injury caused by the insured person to a third party<br>\$500 maximum limit per period of coverage after \$100 deductible is met for damage caused by the insured person to a third party's property |

## Optional Riders

Applies to all individuals listed on the application form

|                                                                | Age                    | Lifetime Maximum |
|----------------------------------------------------------------|------------------------|------------------|
| Adventure Sports Rider                                         | 0 - 49                 | \$50,000         |
|                                                                | 50 - 59                | \$30,000         |
|                                                                | 60 - 64                | \$15,000         |
| Chaperone/Faculty Leader Replacement Rider<br>Group plans only | Maximum limit: \$3,000 |                  |

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.





## Eligibility

The following conditions apply to all persons applying for and/or enrolling in a TaiAn Exchange Select plan.

- If the destination country is the United States, the insured person must be a non-resident alien on a valid F1/F2, J1/J2, M1/M2, B1/B2 or A1/A2 visa or lawfully in the United States under a valid visa waiver, and enrolled as a participant, in an educational institution or in a cultural exchange program, as defined herein, or the spouse or children traveling with the participant under a visa or valid visa waiver
- If the destination country is the United States and the spouse or children traveling with the participant are citizens of the United States, they must have entered the United States legally, and have resided in their country of habitual residence for at least six (6) months prior to entering the United States
- On the effective date and on subsequent renewal or extension dates, must have legally departed the country of habitual residence and legally entered the destination country on a valid visa or valid visa waiver with the intent to reside there for at least thirty (30) days

## Enrollment Process - How to Enroll

Before you begin traveling, simply fill out the application form and calculate the premium for the time period you and your family will be traveling. Once the application form is completed, return it to your insurance agent or broker, and/or mail it to IMG. You, your spouse, and unmarried dependent children (over 14 days and under 18 years of age) listed on the application form and for whom premiums have been paid will be covered from the latest of the following dates: **1)** The date IMG receives your completed application form and the appropriate premium; **2)** The date you depart from your country of citizenship; or **3)** The date requested on the application form.

TaiAn Exchange Select plan coverage ends on the earliest of the following dates: **1)** The end of the period for which premium has been paid; **2)** The date requested on the application form; or **3)** The date you return to your country of residence.

## Enrollment Processing - Fulfillment Kits

Once processing is complete, IMG will mail a fulfillment kit to the address listed on the application form. The fulfillment kit will include an IMG identification card and your insurance certificate providing a complete description of your coverage under the contract. You also may choose our online fulfillment kit option rather than having it mailed to you. Please indicate this preference on the application form and include your correct email address. *Please note: If express mail delivery is required, there is an additional charge listed on the application form.*

## Renewal of Coverage

If the plan is purchased for a minimum of one month, coverage may be renewed (without break in coverage) for a total of up to 48 months. Renewals may be completed online or by using a paper application.

- Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including the Patient Protection and Affordable Care Act (PPACA)

## Conditions of Coverage

**1)** Coverage and benefits are subject to the deductible and co-insurance, and all terms of the Certificate of Insurance and Master Policy. **2)** Coverage under a TaiAn Exchange Select plan is secondary to any other coverage. **3)** Coverage and benefits are for medically necessary and usual, reasonable and customary charges only. **4)** Charges must be administered or ordered by a physician. **5)** Charges must be incurred during the period of coverage. **6)** Claims must be presented to IMG for payment within one hundred eighty (180) days from the date the claim was incurred.

## Quality Guarantee

Your satisfaction is very important to IMG. If you are not pleased with this product for any reason, you may submit a written request, prior to your effective date, for cancellation and refund of your premium. You may cancel your plan after your effective date if you do not have any claims filed with IMG. However only full-month premiums will be considered for refunds (e.g., if you choose to cancel your coverage two months and two weeks prior to the date your coverage ends, IMG will only consider the two full months for a refund). If you have filed claims, your premium is non-refundable. Individual plans are also subject to a \$50 cancellation fee.



*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*



## Choose International Medical Group



### Global Support

With offices and partners across the globe, IMG provides the support you need, when you need it. In fact, it's our corporate mission to be there to protect and enhance your health and well-being.



### Service Without Obstacles

With a team of international, multilingual specialists, we are accustomed to working in multiple time zones, languages, and currencies. Our global reach means we can work without barriers.



### UnitedHealthcare Options Network

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

- Over 1.4M physicians and outpatient care providers
- 93K medical facilities including:
  - » over 6800 hospitals
  - » over 6300 ambulatory surgery centers
  - » 14K urgent care/convenience clinics
  - » more than 22K labs
  - » and over 45K other facilities



### International Provider Access<sup>SM</sup> (IPA)

In addition to our expansive PPO network available for treatment received within the U.S., our proprietary IPA network of more than 45,000 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and upfront expense at select providers.



### Financial Stability

Owned by SiriusPoint Ltd., a multibillion-dollar, AM Best "A-" rated insurance industry leader, IMG is uniquely positioned to deliver the Global Peace of Mind<sup>®</sup> our members need.



### Accessible Technology

Log on to the secure, 24-hour online portal, MyIMG<sup>SM</sup>, to submit and view your claims, manage your account, search for providers, Live Chat with representatives, and more.



### International Emergency Care

When you're away from home and a medical emergency occurs, you may not be able to wait for regular business hours. With our on-site medical staff, you have 24-hour access to highly qualified coordinators of emergency medical services and international treatment.



### Pharmacy Discount Savings

Universal Rx is a discount savings program that allows you to purchase prescriptions from one of 65,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price. This program is not an insurance program; it is purely a discount program.



*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*



# TaiAn

EXCHANGE SELECT<sup>SM</sup>

## Producer Contact Information

### TAIAN FINANCIAL LLC

**Address:** 275 Medical Drive #4674  
CARMEL, IN 46082

**Phone:** 317-318-8258 (Chinese)  
317-318-8259 (English)

**Email:** [taianfinancialllc@gmail.com](mailto:taianfinancialllc@gmail.com)

**Web:** [taianfinancial.com](http://taianfinancial.com)



*Coverage is underwritten and issued by SiriusPoint Specialty Insurance Corporation (publ.), rated "A-" (excellent) by A.M. Best and A- by Standard & Poor's (at the time of printing).*

*This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable.*

*Benefits are offered as described in the Insurance Contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.*

*This brochure contains many of the valuable trademarks, names, titles, logos, images, designs, copyrights and other proprietary materials owned and registered and used by International Medical Group, Inc. and its representatives throughout the world. © 2007-2025 International Medical Group, Inc. All rights reserved.*

*The UnitedHealthcare name and logo are registered trademarks of UnitedHealth Group in the U.S. and other jurisdictions.*



TAIANFINANCIAL.COM



+1.317.655.4500



[www.imglobal.com](http://www.imglobal.com)



[insurance@imglobal.com](mailto:insurance@imglobal.com)