

INF

Premier

Visitor Accident & Sickness Insurance

Coverage You Want.
Peace of Mind You Need.

Travel with Confidence

Why INF?

For over 30 years, INF has provided award winning visitors insurance options to millions of travelers to the United States. We're committed to providing innovative insurance products, quality customer care, and being there for our members when they need us the most. INF offers the only Full Pre-Existing Visitor Accident & Sickness Insurance on the market- providing the coverage necessary for many travelers visiting their families in the United States or Canada. You can travel with confidence when you have the coverage you want, and the peace of mind you need.



Cover All Pre-Existing Conditions – We cover any pre-existing issue. You or your loved one can travel with confidence knowing you are covered for unexpected & unknown risks while traveling.



Coverage in all 50 States – All INF Plans cover you wherever you are in the United States, Canada, or Mexico. Travel with confidence with INF Health Care. Our plans also cover your travel to/from the US, Canada or Mexico. Whether you're traveling through London or Dubai, you'll always be covered with INF.



There when You need Us – Our customer service team works around-the-clock to make sure your needs are met. From help finding a provider, to re-enrolling your coverage- we're here for you.



Coverage at Your Finger Tips – With the MyINF web portal, you can access your policy, enroll or re-enroll in coverage, submit & track claims, search for healthcare providers, chat with our representatives, and much more.



U.S.-Based Underwriters – INF provides visitors insurance options underwritten by ACE American Insurance Company (AAIC), a member of the Chubb Group of Companies. AAIC is rated A++ from AM Best & offers the financial stability you want from your insurance.



Telemedicine by MeMD – MeMD connects your visitors 24/7/365 to a national network of U.S. board-certified doctors. When a member requests a doctor visit either by phone, web or mobile app, they'll be connected within minutes to an experienced physician who can diagnose and treat the non-emergency health issue.



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Why Premier?

Living with Pre-Existing Conditions is always a risky situation if you are not prepared for a medical emergency. Most people assume pre-existing conditions will be fully covered by their insurance plans- however, this is certainly not the case. Many insurance policies do not cover pre-existing conditions. These exclusions could potentially leave you on the hook for tens-of-thousands of dollars.

Don't let the unknown risks of pre-existing conditions prevent you from a normal life. Live with confidence knowing you are covered with the Premier Plan. The Premier plan offers two unique features:

The only Full Pre-Existing Insurance – The Premier plan is the only short-term plan for Visitors which covers all pre-existing conditions. This means doctors appointments, blood tests & labs, specialist care, urgent care visits, & hospital stays are all covered for pre-existing conditions.

The only Pre-Existing Insurance for Ages 70+ - The Premier provides the only pre-existing short-term medical insurance for ages up to 99 years old. Only INF can provide plans which keep you covered no matter your age or health condition. With Pre-Existing Maximums of \$60,000 – you can travel with confidence knowing your are covered

Additional Benefits

■ MyINF Web Portal

Your insurance on-the-go. MyINF is our exclusive online portal used to manage your INF account online- anyplace, anytime. Through this online web-portal, you will have instant access to:

File & View Claims

Retrieve Policy ID Card, Certificates of Insurance, and Visa Letters

Renew or Enroll in a Policy

Locate a Provider

Access Customer Care via Online Chat

INF Membership Includes:

■ Careington POS Dental Discount Card

Save money on dental, vision, hearing, & prescription drugs with the Careington POS Dental Discount card. This unique feature allows members to visit a network of dentists across the country & save 20% - 50% on many dental procedures. The POS Dental Discount card also comes with savings on prescriptions, hearing exams, hearing aids, glasses, contacts and eye exams.**

**THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.infplans.com. A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont.





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Available Coverages

\$100,000 Policy Max (Age 0-69)	Deductible	Pre-Existing Maximum	Pre-Existing Deductible
	\$75	\$20,000	\$1,000
	\$75	\$40,000	\$5,000
	\$250	\$20,000	\$1,000
	\$250	\$40,000	\$5,000
\$150,000 Policy Max (Age 0-69)	Deductible	Pre-Existing Maximum	Pre-Existing Deductible
	\$75	\$30,000	\$1,000
	\$75	\$60,000	\$5,000
	\$250	\$30,000	\$1,000
	\$250	\$60,000	\$5,000
\$100,000 Policy Max (Age 70-99)	Deductible	Pre-Existing Maximum	Pre-Existing Deductible
	\$250	\$15,000	\$1,000
	\$500	\$25,000	\$5,000
	\$250	\$15,000	\$1,000
	\$500	\$25,000	\$5,000

All coverages are on a per-incident basis

Plan Benefits

In-Patient Medical Services

Hospital Room (average semi-private) & Board, and Miscellaneous

Hospital Intensive Care Unit

Surgeon

Anesthetist

Assistance Surgeon

Doctor's Non-Surgical Visits

Consultant Doctor, when requested by attending Doctor

Pre-Admission Tests within 14 days before hospital admission

In-Patient Benefits 100 K

Charges up to \$1,750 a day, to 30 days

Charges up to \$750 maximum additional a day, to 8 days

Charges up to \$5,000 maximum

Charges up to \$1,250 maximum

Charges up to \$1,250 maximum

Charges up to \$100 maximum a visit, 1 visit a day, to 30 visits

Charges up to \$450 maximum

Charges up to \$1,100 maximum

In-Patient Benefits 150 K

Charges up to \$1,900 a day, to 30 days

Charges up to \$850 maximum additional a day, to 8 days

Charges up to \$6,000 maximum

Charges up to \$1,500 maximum

Charges up to \$1,500 maximum

Charges up to \$125 maximum a visit, 1 visit a day, to 30 visits

Charges up to \$500 maximum

Charges up to \$1,200 maximum

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090 Underwriting Company of ACE American Insurance Company, a member of the Chubb Group of Companies. Complete details may be found in the policy on file with the Policyholder. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.



Plan Benefits

Out-Patient Medical Services

Out-Patient Benefits 100 K

Out-Patient Benefits 150 K

Surgical Room & Supply Expenses

Charges up to \$1,100 maximum

Charges up to \$1,200 maximum

Surgeon

Charges up to \$5,000 maximum

Charges up to \$6,000 maximum

Anesthetist

Charges up to \$1,250

Charges up to \$1,500

Assistance Surgeon

Charges up to \$1,250

Charges up to \$1,500

Doctor's Non-Surgical Visits

Charges up to \$100 a visit maximum, 1 visit a day, to 10 visits

Charges up to \$125 a visit maximum, 1 visit a day, to 10 visits

Diagnostic X-Rays & Lab Services

Charges up to \$650 maximum

Charges up to \$750 maximum

CAT Scan, PET Scan, or MRI

Charges up to \$650 additional

Charges up to \$1,000 additional

Hospital Emergency Room

Charges up to \$500

Charges up to \$750

Prescription Drugs

Charges up to \$150 maximum

Charges up to \$200 maximum

Plan Benefits

Other Medical Services

Ambulance Services

Rehabilitative Braces or Appliances

Dental Treatment injury to Sound, Natural teeth (Due to Accident)

Chemotherapy and/or Radiation Therapy

Physical & Occupational Therapy

Private Duty Nurse

Pregnancy & Childbirth (Conception must occur after Trip begins)

Medical Evacuation

Repatriation of Remains

Intercollegiate Sports

Accidental Death & Dismemberment

Other Benefits 100 K

Charges up to \$450 maximum

Charges up to \$1,100 maximum

Charges up to \$500 maximum. There are no benefits for dental services for immediate relief of pain.

Charges up to \$1,150

Charges up to \$45 a visit maximum, 1 visit per day to 12 visits

Charges up to \$500 maximum

Charges up to \$5,000 maximum

\$25,000 maximum

\$15,000 maximum

None

\$25,000 maximum

Other Benefits 150 K

Charges up to \$500 maximum

Charges up to \$1,200 maximum

Charges up to \$550 maximum. There are no benefits for dental services for immediate relief of pain.

Charges up to \$1,250

Charges up to \$50 a visit maximum, 1 visit per day to 12 visits

Charges up to \$550 maximum

Charges up to \$5,500 maximum

\$25,000 maximum

\$20,000 maximum

None

\$25,000 maximum

INF Premier

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Schedule of Benefits - Summary

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to a Deductible of \$75/\$250 (69 and under Age group) or \$250/\$500 (70-99 age group) per person for each Injury and each Sickness. Medical Expense Benefits are only payable: (1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; (2) for those Medically Necessary Covered Expenses that the Covered Person incurs; (3) for charges incurred for services rendered to the Covered Person while on a covered Trip; and (4) provided the first charge is incurred within 90 days of the Covered Accident or Sickness. Payment for Covered Expenses will not exceed the benefit limits shown below. The total amount payable under the policy will not exceed the Policy Maximums shown below.

Premier Plan \$100,000 Policy Maximum Coverage

Pre-existing Conditions:

Option 1 (Age 69 & under) - \$20,000 Maximum Benefit; subject to a \$1,000 Deductible

Option 2 (Age 69 & under) - \$40,000 Maximum Benefit; subject to a \$5,000 Deductible

Option 1 (Age 70-99) - \$15,000 Maximum Benefit; subject to a \$1,000 Deductible

Option 2 (Age 70-99) - \$25,000 Maximum Benefit; subject to a \$5,000 Deductible

Premier Plan \$150,000 Policy Maximum Coverage

Available for Members Ages 69 & under

Pre-existing Conditions:

Option 1—\$30,000 Maximum Benefit; subject to a \$1,000 Deductible

Option 2—\$60,000 Maximum Benefit; subject to a \$5,000 Deductible

Emergency Medical Evacuation & Repatriation

These Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Contact CHUBB Assistance for these services at (855) 327-1414 or call direct at 630-694-9764 (24 hours a day, 7 days a week). Email: medassist-usa@axa-assistance.us. We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person: (1) suffers a Medical Emergency during the course of the Trip; (2) requires Emergency Medical Evacuation; and (3) is traveling on a covered Trip. We will pay Repatriation Benefits up to the Benefit Maximum shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip.

Accidental Death & Dismemberment

If Injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Patient Protection & Affordable Care Act

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov.

Important Notice

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090 Underwriting Company ACE American Insurance Company, a member of the Chubb Group of Companies. Complete details may be found in the policy on file with the Policyholder. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Insurance Eligibility

All non-US citizens, US Expatriate Citizens, and their eligible dependents (if coverage has been elected), while travelling in the United States, Canada, or Mexico. Eligible dependents are any of the following persons while accompanying the Member in the USA: the Member's legal spouse, and their unmarried dependent children under 18 years old. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Covered Person for support and maintenance. A newborn child born of an Covered Person covered under the Policy will be covered for the first 31 days after birth. If adoption, birth or marriage occurs while the Member is covered by this plan, the member will have 31 days within which to pay the required additional premium to enroll any newly eligible dependents for the remainder of the Member's period of coverage. Premiums for \$150,000 Coverage & \$75/\$250 Deductible (age 69 and under) and \$250/\$500 Deductible (ages 70+) can be found at www.infplans.com Members may enroll for coverage, subject to the following rules: 360 days premium is the maximum acceptable premium; and the full premium for entire stay in USA, Canada, or Mexico is payable at the time of enrollment. Members may re-enroll for coverage periods not exceeding 360 days at one time. This plan is only eligible for travelers and visitors who have not begun their trip. Enrollment must be completed before trip start date. If it is found that the insured has provided a false arrival date, the following actions will be taken: 1) Insurance Policy will be Canceled, 2) All Claims will be denied, 3) Premium will be fully refunded, 4) INF will assess a \$500 insurance annulment fee.

How to Enroll for Coverage?

Enrollment into this program can be done in following ways:

- Complete and submit online at www.infplans.com/apply
- On Successful completion of online application, Insurance Certificate will be produced on the web page for your record and as of proof of insurance.

Effective and Termination Dates of Insurance

Coverage of members and their eligible dependents enrolled in this plan will begin at 12:01 AM on the latest of the following dates: the Policy's Effective Date; the departure date from his or her home country; or the date that INF Health Care Services receives the insurance enrollment form and the required premium. Coverage of the Covered Person will end on the earliest of: the date the Covered Person returns to his or her Home Country; the scheduled Trip return date; the date the Covered Person is no longer eligible; the last day of the period for which the required premium is paid; or the Policy Termination Date. coverage of a Covered Person's Dependents will end when the Covered Person's coverage ends.

Cancellation Policy

Cancellation is applicable only if occurs before start date of coverage, and it requires \$25 processing fee. Please fill out the cancellation form, and fax your completed form to 408-520-4967. Cancellation or refund is not offered on or after effective date of insurance

Definitions

Injury means: accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Sickness means: an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

Pre-Existing Condition means: an illness, disease, or other condition of the Covered Person that in the 12 months before the Covered Person's coverage became effective under the Policy: 1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3. was treated by a Doctor or treatment had been recommended by a Doctor.

FirstHealth – Network Providers

With Premier, policy holder can choose from our list of medical facilities in order to benefit from direct billing and discounted medical rates. Policy holders pay discounted medical rates when using providers inside the First Health network.



Definitions (Con't)

Pre-Existing Condition means: an illness, disease, or other condition of the Covered Person that before the Covered Person's coverage became effective under the Policy: 1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3. was treated by a Doctor or treatment had been recommended by a Doctor.

Usual and Customary Charges (U&C) means: the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply is provided.

Medical Emergency means: a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. Covered Expenses are payable only after the Covered Person satisfies any Deductible and only when such expenses are in excess of amounts paid by any other valid and collectible insurance. Covered Expenses are payable only after the Covered Person satisfies any Deductible and only when such expenses are in excess of amounts paid by any other valid and collectible insurance

Exclusions

We will not pay benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide.
- war or any act of war, whether declared or not.
- a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
- the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in a riot or insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

Exclusions (Con't)

- expenses incurred during travel for purposes of seeking medical care or ongoing treatment, or for any other travel that is not in the course of the Policyholder's activity
- treatment by any Immediate Family Member or member of the Covered Person's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or ongoing treatment, or for any other travel that is not in the course of the Policyholder's activity.
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government, Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- pre-existing Conditions, unless otherwise provided in the Policy.
- any expense paid or payable by any other valid and collectible group insurance plan.
- injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional sports.
- expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- expenses incurred for birth control including surgical procedures and devices.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- mental and nervous disorders.

Pre-Existing Condition Coverage:

- Pre-existing conditions are covered subject to \$1000/\$5000 deductible and maximum coverage of \$20,000/\$30,000/\$40,000/\$60,000 (0-69 years) and
- Pre-existing conditions are covered subject to \$1000/\$5000 deductible and maximum coverage of \$15,000/\$25,000 (70-99 years)

Assistance Services

Chubb Travel Assistance Services can help travelers with medical emergencies by:

- Emergency Medical Evacuation & treatment en-route if necessary
- Repatriation of remains in the event of Covered Person's death
- Medical emergencies and many other services (see web)

The CHUBB Assistance communications network is available 24 hours a day, seven days a week to provide assistance to the Covered Person. Call Toll Free number: (855) 428-3425 or Direct number: (633) 694-9764 or email medassist-usa@axa-assistance.us. Visit www.acetravelassistance.net for access to global threat assessments and location based intelligence. Username: medassist-usa@axa-assistance.us PW: acea&h

Claims

Claims process begins by submitting a duly completed online claim form found at www.infplans.com/claims or in the MyINF Portal. The claim form has two sections — First section should be completed online by the Covered Person; and the second section should be completed by the provider (doctor's office or hospital, etc.). Providers or Covered Person can submit the fully completed claim form to ACI Claims Office below

Mail Claim Forms to:

Administrative Concepts, Inc. (ACI)
994 Old Eagle School Road Suite 1005
Wayne, PA 19087-1802
Phone: 888-293-9229 - www.visit-aci.com

Claims Questions

All claims related questions should be addressed to ACI Claims Office after claims have been submitted; and more than six weeks elapsed. Contact claims office between 8.00 AM and 8.00 PM (EST) Monday through Friday at: 888-293-9229

This Plan is Administered by:

INF
7065 Westpointe Blvd, Ste 209
Orlando, FL 32835

This Plan is Underwritten by:

ACE American Insurance Company,
a member of the Chubb Group of Companies

CHUBB

Premier

Visitor Accident & Sickness Insurance



Coverage You Want.
Peace of Mind You Need.

Producer Contact Information

VisitorPLANS

Email: info@VisitorPLANS.com Website:
www.VisitorPLANS.com

Toll Free Phone #: 855-5-VISITOR

Local Phone #: 1-510-353-1180

Address: 39510 Paseo Padre Parkway,
Suite 240, Fremont, California 94538, USA

VisitorPLANS
INSURANCE THAT TRAVELS WITH YOU