



INF

Choice

Visitor Medical Insurance

Coverage You Want.
Peace of Mind You Need.



Travel with Confidence

Why INF?

For over 30 years, INF has provided award winning health 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 highest Acute Onset Pre-Existing Visitors Insurance on the market- providing the coverage necessary for many travelers visiting their families in the United States. You can travel with confidence when you have the coverage you want, and the peace of mind you need.



Cover Many Pre-Existing Conditions – We cover many pre-existing issues. 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. Our plans work in all 50 states. Live with confidence with INF Health Care. Our plans also cover travel to the United States. Whether you transit 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-rolling your coverage- we're here for you.



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



American Underwriters – INF is the only provider of visitors insurance offering plans underwritten by American companies. AXIS Insurance Company is A+ rated by Standard & Poors. Our underwriter offers the financial stability you want from your insurance.



Telemedicine by Teladoc – Teladoc 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 Choice?

The INF Choice Plan is the most economical fixed-benefit acute on-set pre-existing insurance plan on the market today. The Choice Plan covers all emergency, in-patient hospitalizations. The Plan works for all ages, & includes acute pre-existing visitors insurance for age 80+. The Choice plan is the best coverage for those with mild pre-existing conditions who want to protect against the large burden of a hospital bill caused by a medical emergency.

The Choice Plan works with the First Health PPO Network. This mean you get access to a nationwide network of doctors & hospitals which have contracted a pre-negotiated, discounted rate for medical services with the insurance company. After being admitted to the doctor & receiving treatment, you will not have to pay an enormous out-of-pocket costs, file a claim, & wait for reimbursement like other visitors insurance plans. If you seek medical care from an In-Network Provider, the provider will bill the insurance directly. Your out-of-pocket expense is limited to your deductible!

The INF Choice Plan is best suited for those who are **above 50 years of age**, exhibit *mild pre-existing issues*, such as elevated blood pressure or occasional joint pain. This low cost visitors insurance plan provides you & your family the peace of mind you need. With policy maximums up to \$250,000, you can rest assured you will be fine if anything arises.

**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.

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.**



Available Coverages

| | New Sickness Deductible | Pre-Existing Maximum | Pre-Existing Deductible |
|--|--------------------------------|-----------------------------|--------------------------------|
| \$25,000 Policy Max (Age 0-89) | \$75 (Only Age 0-69) | \$1,000 | \$75 (Only Age 0-69) |
| | \$250 | \$1,500 | \$250 |
| | \$500 | \$1,750 | \$500 |
| \$50,000 Policy Max (Age 0-89) | \$75 (Only Age 0-69) | \$1,500 | \$75 (Only Age 0-69) |
| | \$250 | \$2,000 | \$250 |
| | \$500 | \$2,500 | \$500 |
| \$75,000 Policy Max (Age 0-89) | \$75 (Only Age 0-69) | \$2,500 | \$75 (Only Age 0-69) |
| | \$250 | \$3,500 | \$250 |
| | \$500 | \$4,500 | \$500 |
| \$100,000 Policy Max (Age 0-89) | \$75 (Only Age 0-69) | \$3,500 | \$75 (Only Age 0-69) |
| | \$250 | \$4,500 | \$250 |
| | \$500 | \$5,500 | \$500 |
| | \$1,000 | \$6,500 | \$1,000 |
| \$150,000 Policy Max (Age 0-69) | \$75 (Only Age 0-69) | \$4,500 | \$75 (Only Age 0-69) |
| | \$250 | \$5,500 | \$250 |
| | \$500 | \$6,500 | \$500 |
| | \$1,000 | \$7,500 | \$1,000 |
| \$250,000 Policy Max (Age 0-69) | \$500 | \$20,000 | \$500 |
| | \$1,000 | \$9,000 | \$1,000 |
| | \$5,000 | \$13,000 | \$5,000 |
| | \$10,000 | \$15,000 | \$10,000 |

In-Patient Medical Services

Hospital Room & Board and Miscellaneous

Hospital ICU

Surgeon Services

Anesthetist

Assistant Surgeon

Physician Non-Surgical Treatment / Examination Visits

Consultant Visits, when required by Physician

Pre-Admission Tests, when requested by Physician

In-Patient Benefits 25K

Up to \$900 a day, to a maximum of 30 days

Up to \$400 a day, to a maximum of 8 days

Up to \$2,000 max

Up to \$500 max

Up to \$500 max

Up to \$40 per visit, 1 visit per day, Up to 30 visits max

Up to \$375 max

Up to \$950 max, tests must occur within 14 days prior to Hospital Admission

In-Patient Benefits 50K

Up to \$1,300 a day, to a maximum of 30 days

Up to \$525 a day, to a maximum of 8 days

Up to \$3,000 max

Up to \$750 max

Up to \$750 max

Up to \$60 max per visit, 1 visit per day, Up to 30 visits max

Up to \$400 max

Up to \$1,000 max, tests must occur within 14 days prior to Hospital Admission

In-Patient Benefits 75K

Up to \$1,525 a day, to a maximum of 30 days

Up to \$625 a day, to a maximum of 8 days

Up to \$4,000 max

Up to \$1000 max

Up to \$1,000 max

Up to \$80 max per visit, 1 visit per day, Up to 30 visits max

Up to \$425 max

Up to \$1,050 max, tests must occur within 14 days prior to Hospital Admission

In-Patient Medical Services

Hospital Room & Board and Miscellaneous

Hospital ICU Room & Board

Surgeon Services

Anesthetist

Assistant Surgeon

Physician Non-Surgical Treatment / Examination Visits

Consultant Visits, when required by Physician

Pre-Admission Tests, when requested by Physician

In-Patient Benefits 100K

Up to \$1,750 a day, to a maximum of 30 days

Up to \$750 a day, to a maximum of 8 days

Up to \$5,000 max

Up to \$1,250 max

Up to \$1,250 max

Up to \$100 per visit, 1 visit per day, Up to 30 visits max

Up to \$450 max

Up to \$1,100 max, tests must occur within 14 days prior to Hospital Admission

In-Patient Benefits 150K

Up to \$1,900 a day, to a maximum of 30 days

Up to \$850 a day, to a maximum of 8 days

Up to \$6,000 max

Up to \$1,500 max

Up to \$1,500 max

Up to \$125 max per visit, 1 visit per day, Up to 30 visits max

Up to \$500 max

Up to \$1,200 max, tests must occur within 14 days prior to Hospital Admission

In-Patient Benefits 250K

Up to \$2,200 a day, to a maximum of 30 days

Up to \$950 a day, to a maximum of 8 days

Up to \$7,000 max

Up to \$1,750 max

Up to \$1,750 max

Up to \$150 max per visit, 1 visit per day, Up to 30 visits max

Up to \$550 max

Up to \$1,350 max, tests must occur within 14 days prior to Hospital Admission

Out-Patient Medical Services

Day Surgery

Surgeon Services

Anesthetist

Assistant Surgeon

Physician Non-Surgical Treatment / Exam Visits

Diagnostic X-Rays and Laboratory Services

CAT Scan, PET Scan or MRI

Hospital Emergency Room

Prescription Drug

Out-Patient Benefits 25K

Up to \$375 max

Up to \$2,000 max

Up to \$500 max

Up to \$500 max

Up to \$40 per visit, 1 visit per day, Up to 30 visits max

Up to \$275 max

Up to an additional \$275

Up to \$275 max

Up to \$75 max

Out-Patient Benefits 50K

Up to \$1,000 max

Up to \$3,000 max

Up to \$750 max

Up to \$750 max

Up to \$60 per visit, 1 visit per day, Up to 30 visits max

Up to \$400 max

Up to an additional \$400

Up to \$350 max

Up to \$100 max

Out-Patient Benefits 75K

Up to \$1,050 max

Up to \$4,000 max

Up to \$1,000 max

Up to \$1,000 max

Up to \$80 per visit, 1 visit per day, Up to 30 visits max

Up to \$525 max

Up to an additional \$525

Up to \$425 max

Up to \$125 max

Out-Patient Medical Services

Day Surgery

Surgeon Services

Anesthetist

Assistant Surgeon

Physician Non-Surgical Treatment / Exam Visits

Diagnostic X-Rays and Laboratory Services

CAT Scan, PET Scan or MRI

Hospital Emergency Room

Prescription Drug

Out-Patient Benefits 100K

Up to \$1,100 max

Up to \$5,000 max

Up to \$1,250 max

Up to \$1,250 max

Up to \$100 per visit, 1 visit per day, Up to 30 visits max

Up to \$650 max

Up to an additional \$650

Up to \$500 max

Up to \$150 max

Out-Patient Benefits 150K

Up to \$1,200 max

Up to \$6,000 max

Up to \$1,500 max

Up to \$1,500 max

Up to \$125 per visit, 1 visit per day, Up to 30 visits max

Up to \$750 max

Up to an additional \$1,000

Up to \$750 max

Up to \$200 max

Out-Patient Benefits 250K

Up to \$1,350 max

Up to \$7,000 max

Up to \$1,750 max

Up to \$1,750 max

Up to \$150 per visit, 1 visit per day, Up to 30 visits max

Up to \$900 max

Up to an additional \$1,250

Up to \$1,000 max

Up to \$250 max

Other Covered Services

Ambulance Services

Initial Orthopedic Prosthesis or Brace

Dental Treatment Injury to Sound, Natural Teeth Due to Accident

Chemotherapy and/or Radiation Therapy

Physical and Occupational Therapy

Private Duty Nursing

Pregnancy and Childbirth

Emergency Medical Evacuation

Repatriation of Remains

Accidental Death and Dismemberment

Other Covered Benefits 25K

Up to \$375 max

Up to \$950 max

Up to \$425 max

Up to \$925 max

Up to \$30 per visit, 1 visit per day, 12 visits max

Up to \$350 max

Up to \$4,250; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Other Covered Benefits 50K

Up to \$400 max

Up to \$1,000 max

Up to \$450 max

Up to \$1,000 max

Up to \$35 per visit, 1 visit per day, 12 visits max

Up to \$400 max

Up to \$4,500; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Other Covered Benefits 75K

Up to \$425 max

Up to \$1,050 max

Up to \$475 max

Up to \$1,075 max

Up to \$40 per visit, 1 visit per day, 12 visits max

Up to \$450 max

Up to \$4,750; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Other Covered Services

Ambulance Services

Initial Orthopedic Prosthesis or Brace

Dental Treatment Injury to Sound, Natural Teeth Due to Accident

Chemotherapy and/or Radiation Therapy

Physical and Occupational Therapy

Private Duty Nursing

Pregnancy and Childbirth

Emergency Medical Evacuation

Repatriation of Remains

Accidental Death and Dismemberment

Other Covered Benefits 100K

Up to \$450 max

Up to \$1,100 max

Up to \$500 max

Up to \$1,150 max

Up to \$45 per visit, 1 visit per day, 12 visits max

Up to \$500 max

Up to \$5,000; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Other Covered Benefits 150K

Up to \$500 max

Up to \$1,200 max

Up to \$550 max

Up to \$1,250 max

Up to \$50 per visit, 1 visit per day, 12 visits max

Up to \$550 max

Up to \$5,500; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Other Covered Benefits 250K

Up to \$600 max

Up to \$1,350 max

Up to \$650 max

Up to \$1,400 max

Up to \$55 per visit, 1 visit per day, 12 visits max

Up to \$600 max

Up to \$6,000; conception must occur after the trip begins

Up to a maximum of \$10,000 max

Up to a maximum of \$10,000 max

\$25,000 Principal Sum

Important Notice

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 BACC-001-0909-PA. 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 visiting the United States. 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 17 years old, 30 if a fulltime student, who is chiefly dependent on the Covered Person for support. 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

Emergency Medical Evacuation & Repatriation

EMERGENCY MEDICAL EVACUATION AND 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 Europ Assistance for these services at (877) 243-4134 or call collect at 240-330-1528 (24 hours a day, 7 days a week). Email: OPS@europaassistance-usa.com.

EMERGENCY MEDICAL EVACUATION BENEFIT: We will pay emergency medical evacuation benefits as shown for Covered Expenses incurred for the emergency evacuation of a insured Person. Benefits are payable up to the Benefit Maximum shown, if the insured Person suffers a covered injury or emergency sickness during the course of the covered trip that requires emergency evacuation.

REPATRIATION OF REMAINS BENEFIT: We will pay Repatriation Benefits up to the Benefit Maximum shown for preparation and return of a insured Person's body to his or her place of primary residence if he or she dies as a result of a covered injury or emergency sickness while traveling on a covered trip.

ACCIDENTAL DEATH AND 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 \$25,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Travel Assistance Services



Europ Assistance can help travelers with medical emergencies by: (i) Emergency Medical Evacuation & treatment en-route if necessary (ii) Repatriation of remains in the event of Covered Person's death; and (iii) Medical emergencies and many other services (see web). The Europ Assistance communications network is available 24 hours a day, seven days a week to provide assistance to the Covered Person. Inside United States/Canada, Call (877) 243-4134 or outside USA/Canada, call collect at 240-330-1528 or email to: OPS@europaassistance-usa.com

Telemedicine Benefit



The Teladoc program is available 24 hours a day, seven days a week and provides you with access to a physician in the United States for any medical consultation and short-term prescription refills. This program is not insurance. Please find more details at www.Teladoc.com. Please allows 7-10 business days after enrollment in INF eligible plan for Teladoc eligibility to take effect.

THE SERVICES DESCRIBED ABOVE ARE NOT INSURANCE AND ARE NOT PROVIDED BY AXIS INSURANCE COMPANY.

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services

Claims

Claims process begins by submitting a duly completed online claim form found at www.infplans.com/claims. 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 **WebPTA**

Claims Office:

WebTPA, Inc.

PO Box 669,

Grapevine, TX 76099-0669

Phone: 928-494-0112 * Fax: (469) 417-1989

This Plan is Underwritten by:

**AXIS Insurance
Company, Chicago, IL**



This Plan is Administered by:

INF Health Care

7065 Westpointe Blvd, Ste 209

Orlando, FL 32835

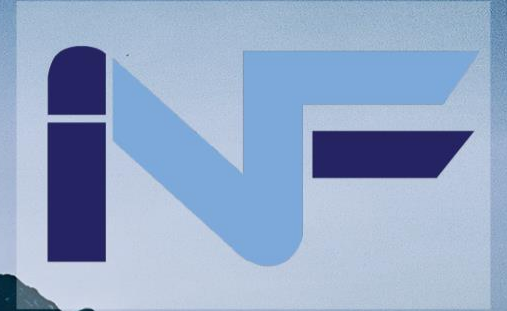
Phone: 408-634-0065

Email: Support@infplans.com

Web: www.infplans.com



Choice
Visitor Medical Insurance



Coverage You Want.
Peace of Mind You Need.

Producer Contact Information

Crossborder Services LLC
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Marlton, NJ 08053
Phone: 877-340-7910
info@americanvisitorinsurance.com
<https://www.americanvisitorinsurance.com>