MyPhysicianPlan

Optimum Comprehensive Travel Plan

Features

- Primary Care Plan by MyPhysicianPlan - See Appendix A
- Optimum Comprehensive Travel Plan - underwritten by Crum & Forster – See Appendix B

Sales:

MyPhysicianPlan
SMART HEALTHCARE CHOICE

MyPhysicianPlan
1-844-200-6999 – Phone or Text
1201 North Market Street, Suite 111
Wilmington, DE 19801
support@myphysicianplan.com
https://myphysicianplan.com

Marketing Agent:

VISITORS INSURANCE™.com
Int'l Travel Insurance experts over 35 years
A Division of Community Insurance Agency, Inc

Agent #9c52c4
1-847-897-5120 - Phone or WhatsApp
1-800-344-9540 - Toll Free:
425 Huehl Rd, Suite# 22-A
Northbrook, IL 60062
Info@VisitorsInsurance.com
www.VisitorsInsurance.com

Apply On-line at: https://portal.myphysicianplan.com/Agent/MemberReg/MemberRegistrationOptimum?agent=visitorsinsurance

Notice
Please keep this Brochure as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to Member. For a detailed plan description, exclusions, and limitations please view the plan on Plan Terms & Conditions(T&C). The T&C will prevail in the event of any discrepancy between this Brochure and T&C.

Appendix A

Primary Care Plan

Benefits

- Dedicated Primary Care Physician (PCP) with unlimited visits for preventive care, chronic disease management and sick visits, including pre-existing conditions
- Maintain health records with your PCP to receive accurate diagnosis and treatment at any healthcare facility in the US
- No deductible or coverage maximums apply for primary care, only copay applies

Primary Care Benefits	MyPhysicianPlan PCP Network	Out-Network Benefits
PCP Office Visit	100% of the Visit fee, subject to $35 copay	0% of URC
PCP Telehealth Visit	100% of the Visit fee, subject to $25 copay	0% of URC
Lab tests	Pay 20% of the Lab test fees	0% of URC
Prescriptions	Up to 90% savings through Discount Card	0% of URC

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Appendix B

Optimum Comprehensive Travel Plan

MyPhysicianPlan

My Physician Optimum Plan

Plan Highlights

Benefits

- Dedicated Primary Care through MyPhysicianPlan
- Multiple Deductible and Policy Maximum options for Insurance up to $200,000 in accident and sickness medical expenses
- 100% co-insurance in the United Healthcare Global Network*, subject to deductibles and co-pays
- Benefits include Emergency Medical Evacuation and Repatriation Expense, Repatriation of Mortal Remains
- Trip Interruption Benefits up to $1,000

*Networks are not provided by Crum & Forster, SPC

Coverage

- Coverage to non-US citizens who reside outside the USA and are traveling outside of their Home Country to visit the United States
- This plan is not available to any individual who has been residing within the United States for more than 365 days immediately prior to their Effective Date
- Coverage from 7 to 180 days - extensions are available

Non-Insurance Travel Assistance Services

- 24-hour travel assistance services are provided by On Call International. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply. *Not affiliated with Crum & Forster SPC

Insurance Underwritten By:

Crum & Forster SPC

Sales & Marketing:

MyPhysicianPlan
1201 North Market Street, Suite 111
Wilmington, DE 19801
support@myphysicianplan.com
844-200-6999

Claims Administrator:

Administrative Concepts, Inc.
P.O. Box 4000
Collegeville, PA 19426
claims@acitpa.com
(800) 476-4802

Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
Accidental Death & Dismemberment Benefit	$10,000	
Alcohol & Drug Abuse Benefit In-Patient Expense	100% of the Preferred Allowance	75% of URC
Alcohol & Drug Abuse Benefit Out-Patient Expense	100% of the Preferred Allowance	75% of URC
Ambulance Benefit:	100% of the Preferred Allowance; (Up to $450)	100% of URC
Anesthesia Benefit:	100% of the Preferred Allowance; (Inpatient- Limit of 1, up to $2,500) (Outpatient- Limit of 1, up to $1,250)	75% of URC
Assistant Surgeon Benefit:	100% of the Preferred Allowance; (Inpatient- Limit of 1, up to $2,500) (Outpatient- Limit of 1up to $1,250)	75% of URC
Consultant Physician Benefit:	100% of the Preferred Allowance, subject to a $35 copay.	75% of URC, subject to a $70 deductible.
Day Surgery Miscellaneous Benefit:	100% of the Preferred Allowance; (Up to $1,100)	75% of URC
Diagnostic X-Ray and Lab Benefit:	100% of the Preferred Allowance; (Up to $750) (CAT, PET or MRI, up to an additional $1,000)	75% of URC
Durable Medical Equipment Expense Benefit:	100% of the Preferred Allowance; (Up to $1,100)	75% of URC
Emergency Dental Expense Benefit:	100% of the Preferred Allowance;(Due to Injury, up to $500)	75% of URC
Emergency Medical Evacuation/ Repatriation Expense Benefit	100% of actual expense up to $25,000	100% of actual expense up to $25,000
Emergency Room Benefit:	100% of the Preferred Allowance, subject to a $100 copay. (*Copay waived if admitted)* (Limit of 1, up to $2,500)	100% of URC, subject to a $200 deductible. *(Deductible waived if admitted)*
Hospital Miscellaneous Expense Benefit	100% of the Preferred Allowance	75% of URC
Hospital Room & Board Benefit:	100% of the Preferred Allowance; (Up to $2,000 per day, max of 5 days)	75% of the Semi-Private Room Rate,
Intensive Care/Cardiac Care Unit Benefit:	100% of the Preferred Allowance; (Up to an additional $1,000 per day, max of 5 days)	75% of URC
Maternity and Pre-Natal Care Expense Benefit	100% of the Preferred Allowance (Covered as any other Sickness; Conception must occur while covered under the Policy)	75% of URC
Mental & Nervous Conditions Expense In-Patient Benefit	100% of the Preferred Allowance	75% of URC
Mental & Nervous Conditions Expense Out-Patient Benefit	100% of the Preferred Allowance	75% of URC
Physician Visit Benefit (Inpatient)	100% of the Preferred Allowance Subject to a $35 copay.	75% of URC, subject to a $70 deductible.
Physician Visit Benefit (Outpatient):	100% of the Preferred Allowance. Subject to a $35 copay. ($50 copay for Specialist) (Specialist- Limit of 2, Up to $250 per visit, subject to 1 visit per day)	75% of URC, subject to a $70 deductible. ($100 copay for Specialist)
Physiotherapy Expense Benefit – Inpatient:	100% of the Preferred Allowance, subject to a $35 copay; (Up to $100 per visit, 1 visit per day, up to 5 visits max)	75% of URC, subject to a $70 deductible
Physiotherapy Expense Benefit – Outpatient:	100% of the Preferred Allowance, subject to a $35 copay; (Up to $100 per visit, 1 visit per day, up to 5 visits max)	75% of URC, subject to a $70 deductible
Pre-Admission Testing Benefit:	100% of the Preferred Allowance; (Within 14 days of Hospital Admission, up to $1,000	75% of URC
Radiation/Chemotherapy Benefit	100% of the Preferred Allowance	75% of URC
Return of Mortal Remains or Cremation Expense Benefit	100% of actual expense to a maximum of $500,000	100% of actual expense to a maximum of $500,000

Surgeon Benefit:	100% of the Preferred Allowance; (Inpatient- Limit of 1, up to $10,000) (Outpatient- Limit of 1, up to $5,000)	75% of URC
Therapeutic Termination of Pregnancy Benefit	100% of the Preferred Allowance	75% of URC
Urgent Care Benefit:	100% of Preferred Allowance, subject to a $75 copay; (Limit of 2 visits)	75% of URC, subject to a $150 deductible.
Private Duty Nurse Benefit:	100% of the Preferred Allowance; (Up to $500)	75% of URC
Trip Interruption Benefit:	100% of the Preferred Allowance; (Up to $1,000)	75% of URC

Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
Pre-Existing Conditions (Covered after 6 months of Continuous Coverage)	100% of Preferred Allowance up to $25,000, subject to a $2,500 deductible	75% of URC up to $25,000, subject to a $2,500 deductible.
Acute Onset of a Pre-existing Condition (up to 89 years of age)	100% of Preferred Allowance	75% of URC

Prescription Drug Benefit	In-Network Benefits	Out-of-Network Benefits
Co-Payment Generic	$25 per prescription based on a 30 day supply per Rx	No Benefit
Co-Payment Brand Name Preferred	$50 per prescription based on a 30 day supply per Rx	No Benefit

- We do not pay benefits for the amount of Eligible Expenses paid by You as Your Coinsurance or Co-pay amount
- Eligible Expenses will be paid under the Inpatient benefits for Surgery and under the Outpatient benefits for Surgery, but not both for the same or related procedure
- Referral by PCP is required for non-primary care services including specialists and hospital care. Emergency Room and Urgent Care visits do not require referrals

Other Details

CLASSES OF ELIGIBLE PERSONS
By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

A person may be covered only under one Class of Eligible Persons even though He or She may be eligible under more than one class. Also, a person may not be covered as a Dependent and a Plan Participant at the same time.

Class 1: Non-United States Citizen traveling outside their Home Country to the United States and has his or her true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport.

Class 2: Spouses of the above eligible Class. Applicant must be a Non-United States Citizen traveling outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United State and holds a current and valid passport.

Natural or legally adopted Dependent unmarried children of an above eligible Class from the moment of birth and under 26 years of age and is a Non-United States Citizen traveling to the United States outside their Home Country and has his or her true, fixed and permanent home and principal establishment outside of the United State and holds a current and valid passport.

Pre-Existing Conditions
This coverage contains a Pre-Existing Condition limitation. "Pre-Existing Condition" means any medical condition, Sickness, Injury, Illness, disease, mental Illness or mental nervous disorder, for which medical advice, diagnosis, care or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 12-month period immediately preceding the Effective Date of Coverage under this Policy.
Pre-Existing shall also mean 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 12 months 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.

Note: This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Privacy Statement

We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us toll-free at (800) 476-4802 or by visiting us at www.acitpa.com/privacy-policy. Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to Administrative Concepts, Inc: Toll Free (800) 476-4802 • PO Box 4000, Collegeville, PA 19426. Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records. This is brief summary of the features available in this plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. Limitations and exclusions apply.

Notice

Please keep this Brochure as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to Fairmont Specialty Trust. For a detailed plan description, exclusions, and limitations please view the plan on file with Fairmont Specialty Trust. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.