ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

YOUR ASPE GUIDE TO HEALTHCARE COVERAGE

Guide current as of 08/17/2026 v2.0

ASPE.IMGLOBAL.COM

PROVIDED BY IMG

UNDERSTANDING
YOUR NEEDS.

EXCEEDING YOUR EXPECTATIONS.

ASPE.IMGLOBAL.COM

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

The United States Department of State (USDOS) is pleased to welcome you to the Accident and Sickness Program for Exchanges (ASPE) Health Benefit Plan. As an Exchange Participant, you receive a limited health care benefit plan designed by USDOS and administered by International Medical Group (IMG). This plan IS NOT an insurance policy.

The ASPE is a self-funded, limited health care benefit plan intended to cover emergent accidents and sicknesses that may occur while you are participating in your program in your host country. It is designed to pay covered medical expenses for eligible Exchange Participants. Covered medical expenses are subject to limitations.

This guide is an overview of the health care benefits you are provided while participating in your USDOS funded program. It also explains how payments are made for your covered medical expenses. It is your responsibility to read and understand what medical expenses are covered and not covered by the ASPE health care benefit plan and the limitations of this plan.

Medical Clearance Information: If any of your information has changed, needs to be updated, or was not included when you initially submitted required medical clearance information to your program, or if anything has changed after your medical clearance has been granted (i.e., medical information, health conditions, medications, mental health, etc.), be sure to consult with your program staff about submitting any new or updated information, as far in advance of your departure date and program start date as possible.

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

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INSIDE THE US: Quick Reference Guide

ASPE is secondary to all other insurance policies, except Medicare/Medicaid

If you carry any other healthcare coverage other than ASPE ("other" coverage is considered to be your "primary" coverage), please be sure to present proof of BOTH your ASPE coverage AND your other, non-ASPE (primary) coverage to your medical provider. For more detailed information, see Coordination of Benefits on page 29 of this guidebook.

Life-threatening medical emergency

Dial 911 from any telephone.

Find a doctor or hospital

Log on to **aspe.imglobal.com**

Provide Your ASPE ID Card and any other proof of healthcare coverage you may carry to the provider

This lets them know where to send your medical bills.

Questions about ASPE or medical bills

Call Customer Service toll free at **+1.463.276.5286** or send an email to Customer Service at **aspecare@imglobal.com** or go to **aspe.imglobal.com**

Need a medical or prescription claim form

Call Customer Service at **+1.463.276.5286** or download forms at **aspe.imglobal.com**

Medical Evacuation

Contact International Medical Group at **+1.463.276.5286**

Co-Pay

ASPE requires all exchange participants to pay copays:

- $25 co-pay for office visits
- $75 co-pay for ER, Hospitalizations and Urgent Care.
- $0 co-pay for telemedicine via Teladoc (See page 25)

As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

Precertification

This healthcare plan requires precertification inside the US for all inpatient hospital admissions including mental health, labor & delivery and/or pregnancy complications, outpatient surgery, MRI, CT scans, PET scans, skilled nursing, Chemotherapy, Radiation Therapy, occupational therapy, physical therapy, infusions, home healthcare, and home infusion therapy.

Your medical provider must call the Precertification phone number, **+1.463.276.5286**, to obtain preadmission approval at least one business day before a planned hospitalization. Certification for emergency admissions or admissions due to an unexpected illness or injury must be obtained within two business days following admission. **Precertification is not a guarantee of coverage. A $300 penalty will be applied if precertification is not obtained. Precertification happens directly between IMG and your medical provider.**

PPO Network

Inside the US, you have access to a Medical Provider Network of doctors, hospitals, and clinics that will accept your coverage under ASPE. Your coverage utilizes the UnitedHealthcare PPO Network. You must use an in-network provider as you may be responsible for paying additional out-of-pocket fees that are not eligible for coverage under ASPE. For more details, including how to find in-network providers, please see Page 18 of this guidebook.

OUTSIDE THE US: Quick Reference Guide

Life-threatening medical emergency

Contact your local emergency service or go to the nearest hospital. If you carry any other healthcare coverage other than ASPE ("other" coverage is considered to be your "primary" coverage), please be sure to present proof of BOTH your ASPE coverage AND your other, non-ASPE (primary) coverage to your medical provider. For more detailed information, see Coordination of Benefits on page 29 of this guidebook.

Show Your ID Card to the provider

This lets them know where to send your medical bills. Not all providers outside the US will bill directly. You may need to pay out-of-pocket and then file a claim for reimbursement.

Need Help

- Finding a doctor or hospital
- Getting reimbursed for medical care
- Need a medical or prescription claim form
- Questions about ASPE or medical bills

To contact Customer Service from outside the US 24/7/365 call collect at **+1.463.276.5286**. You will need assistance from the local operator to make this free call.

Email: **aspecare@imglobal.com**

To find medical provider outside the United States go to: **aspe.imglobal.com** and choose provider search outside the US.

Medical Evacuation - Assistance Services

Contact International Medical Group at **+1.463.276.5286**

Need a medical or prescription claim form

Call Customer Service at **+1.463.276.5286** or download forms at **aspe.imglobal.com**

Co-Pay

ASPE requires all Exchange Participants to pay co-pays:

- $25 co-pay for office visits
- $75 co-pay for ER, Hospitalizations and Urgent Care.
- $0 co-pay for telemedicine via Teladoc (See page 25)

As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

Prenotification +1.463.276.5286

International Medical Group must be contacted:

- To confirm coverage and benefits
- As soon as non-emergency hospitalization is recommended
- Within 48 hours of the first working day following an emergency admission
- When your physician recommends any surgery including outpatient
- Prior to any treatment for dental pain
- When beginning pregnancy care

Customer Service

The USDOS Accident and Sickness Program for Exchanges (ASPE) health benefit program is administered by International Medical Group. As a specialist in claims and billing administration, you can be assured of quick and personalized service. Customer Service representatives are available to answer any questions you may have regarding the medical provider network, pharmacy program, medical bill payments or covered benefits.

Available 24/7

Call: **+1.463.276.5286**

International Medical Group can also be reached by contacting your local operator and placing an international collect call. Advise the operator you are calling collect to **+1.463.276.5286**.
All collect calls are accepted by International Medical Group.

Email: **aspecare@imglobal.com**

Live Chat: **aspe.imglobal.com**

ASPE Website: MyIMG

aspe.imglobal.com

It's easy to access information about your health plan through International Medical Group's customized website designed especially for ASPE participants. You can instantly access IMG's ASPE web portal on a computer, tablet, and on the go from your mobile phone! This benefit guide contains the policies, rules, and procedures for the ASPE program and is available on the ASPE web portal. Please refer to this guide and the ASPE web portal for the most up to date information available.

The ASPE customized website is located at:
aspe.imglobal.com

This website allows you to:

- Access MyIMG. A password secure area where you can get personal and private health care information specifically for you, including the status of claims and a secure communication platform where you may send questions to IMG.
- Access a list of all doctors and hospitals in the Medical Provider Network
- Access a list of pharmacies in the Pharmacy Network
- Download necessary forms for pharmacy and medical claim reimbursement.
- Print your ASPE ID Card.
- View a list of frequently asked questions regarding the ASPE plan
- Access this benefit guide electronically

Setting up your MyIMG Account

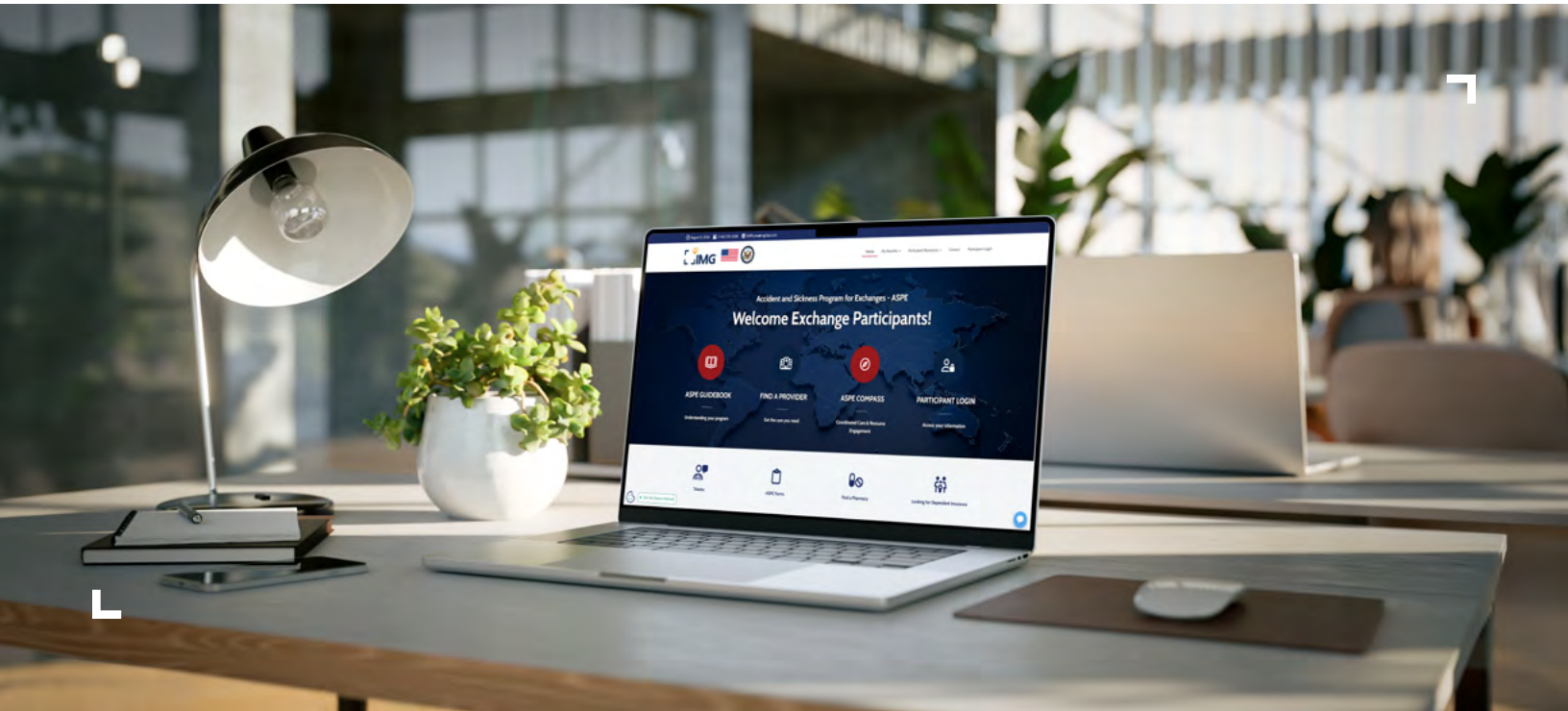
1. Click Member Login on aspe.imglobal.com
2. Click "Create Account"
3. Enter your ASPE Number
4. Enter your Date of Birth *(MM/DD/YYYY)*

Remember to bookmark aspe.imglobal.com page for future ease of use.

MyIMG

Once you log into aspe.imglobal.com, you will see a "My Account" menu on the top right of the page. which allows you to access secure information related to your ASPE benefits.

1. **Claim Filing** You can file claims electronically through secure portal. Fill out the online claim form and attach other required documents to file your claim securely.
2. **Claim Information** If you have a question about whether a claim has been paid to a provider or if International Medical Group has received your claim for reimbursement to you, you can log in and find all of the medical service bills received by International Medical Group and the status of payment of those bills.
3. **Downloadable ID Card** Your ASPE ID Card is provided electronically by logging into MyIMG. You can download and print your card at any time.



Eligibility

Eligibility for your health benefits begins:

Eligibility for your ASPE Health Benefits Plan begins on the effective date of your program, as listed on your ASPE ID card. This is the first date of your coverage period on your ID card. The ASPE plan covers you for the dates of your program in your host country.

Eligibility for your health care benefits ends:

On the last date of your program, as listed on your ASPE ID card. This is the second date of your coverage period on your ID card.

There is no grace period for ASPE coverage. Coverage begins at the time you depart from your home country and continues until you return to your home country. This travel benefit is only valid when you travel directly to and from the host country of assignment immediately prior to and after a USDOS exchange program. This includes coverage for any allowed layover of up to 24 hours, if the travel time by the most direct route exceeds 14 hours.

Only you (the Exchange Participant) are covered under the ASPE health care benefit plan. ASPE does not cover dependents (spouses or children).

If you have dependents that need coverage, IMG can assist them with obtaining that works for them. Contact **+1.317.655.4500** and **sales@imglobal.com** for more information.

You are not covered by ASPE if:

- You are in your home country or country of regular domicile;
- You are on personal leave or vacation;
- You travel outside the country of assignment without pre-approval from your program agency officer and it is noted in your ASPE enrollment record, prior to the travel taking place*;
- During extended stopovers en route to or from your country of assignment;
- During orientations in your home country; or
- If you leave your program or if your program ends or is curtailed, for any reason.

If your medical condition requires you to return to your home country, your ASPE health benefits will terminate upon arrival. If the program is reinstated because your health permits the return to the host country, then ASPE health benefits will also be reinstated upon departure from your home for the country of assignment.

Example: If you are a U.S. citizen and your host country is France, you are covered by ASPE for the dates on your ID card (the dates of your program, as listed on your ASPE ID card). If you decide to go on personal leave from your host country (France) and visit Egypt for a vacation, you are not covered by ASPE.

Example: If you are on a program in the United States and decide to vacation in Canada or Mexico, or any other country outside the United States, you are not covered by ASPE

If you are not located in the system at IMG, contact your Program Agency.

Note: Requests for ASPE coverage outside of the host country that are not for reasons of personal, leisure, vacation travel, family vacation, or back to the home country/country, and that are requirements of the program to receive credit & achieve successful completion of the program will be considered on a case-by-case basis (i.e., dissertation research outside of the host country). Requests must be submitted through the exchange program/program partner to the ASPE Program Manager at least two weeks prior to the intended travel taking place. For any travel outside of the host country that is ineligible for coverage under ASPE or that falls outside of your ASPE insurance coverage dates, you will need to obtain non-ASPE coverage for those time periods.

Identification Cards

UnitedHealthcare
UnitedHealthcare Options PPO

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES - ASPE

IMG

Telemedicine via Teladoc: $0 copay
Office Visit: $25 copay
ER, Hospitalization, Urgent Care: $75 copay

Health Plan (80840) 911 87601 04
Member ID: 680

Group Number: 76570070
Payer ID: USN01

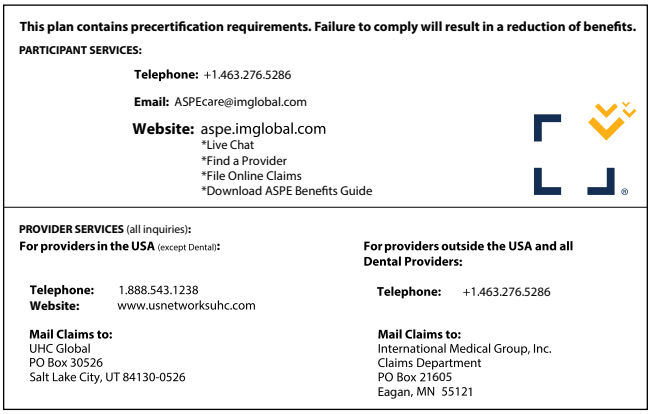
Universal Rx Bin No. 610020
RX Group ID#
RX ID#
PCN: PDMI
Pharmacy Help Desk: 800.800.7364

Name:
Coverage Period:

ASPE Number:
Per Injury/Illness Max: $100,000
Repatriation Max: $25,000

You must pay the pharmacy any co-payment at the time of service. Pharmacies submit all claims on-line to the Pharmacy Data Management (PDM).

Possession of this card does not guarantee coverage.


This plan contains precertification requirements. Failure to comply will result in a reduction of benefits.

PARTICIPANT SERVICES:

Telephone: +1.463.276.5286

Email: ASPEcare@imglobal.com

Website: aspe.imglobal.com
*Live Chat
*Find a Provider
*File Online Claims
*Download ASPE Benefits Guide

PROVIDER SERVICES (all inquiries):

For providers in the USA (except Dental):

Telephone: 1.888.543.1238
Website: www.usnetworksuhc.com

Mail Claims to:
UHC Global
PO Box 30526
Salt Lake City, UT 84130-0526

For providers outside the USA and all Dental Providers:

Telephone: +1.463.276.5286

Mail Claims to:
International Medical Group, Inc.
Claims Department
PO Box 21605
Eagan, MN 55121

As an Exchange Participant enrolled in the ASPE Health Benefit Plan, you will receive an identification card to be used as proof of health care benefits when you need services. Simply show your identification card to the provider intake staff at the time of service. This includes providing this information to providers during any virtual or telephonic provided services. You also need to show proof of any other healthcare coverage you may carry to the provider at the time of service.

You should carry your ASPE identification card with you at all times while on your program. Whether you are on a program outbound from the United States or on a program inbound to the United States the ASPE ID card provides important information in case you need emergency treatment. In addition, the ASPE ID card includes the address providers need to file medical bills for payment.

You must obtain your ID Card by creating and logging into your MyIMG account at aspe.imglobal.com.
(See instructions on Page 8)

In the US, the identification card is also your prescription drug card for use when filling prescriptions. You will need to show this card at the pharmacy, so carry it with you at all times.

If you have any issues obtaining your electronic ID card via your MyIMG account, please contact IMG for assistance.

- Call: **+1.463.276.5286**
- Call collect: **+1.463.276.5286** outside the US
- Live Chat at: **aspe.imglobal.com**

Benefit Coverage

Schedule of Benefits

ASPE requires all its Exchange Participants to pay co-pays.

- $25 co-pay for office visits
- $75 co-pay for ER, Hospitalizations and Urgent Care
- $0 co-pay for telemedicine via Teladoc (See page 25)

As a reminder, the co-pay amounts will be pre-printed on the ASPE ID card. You are responsible for co-pays to the provider.

The maximum amount you will pay in co-pays is $500.00 per benefit year. If during your program period you reach that amount, you will be refunded any co-pays in excess of $500.00 once you submit your receipts as proof of payment. ASPE will cover the remaining expenses at 100% up to your Policy Maximum if the medical condition or service is not excluded.

If you use a provider outside the Medical Network, you may have to pay additional charges if the Provider bills more than the Usual, Customary, and Reasonable Rate.
(See glossary for further explanation).

Maximum Benefit

Up to $100,000 per sickness per injury.

Repatriation of Mortal Remains

Paid at 100%, up to $25,000.

Medical Evacuation

Covered at 100% for the medically necessary costs related to medical evacuation.

Covered Services

All covered expenses incurred as a result of the same or related cause (including complications) shall be considered as resulting from one Injury or Sickness. To be sure medical services are covered, IMG must be contacted:

- to confirm coverage and benefits;
- as soon as non-emergency hospitalization is recommended;
- within 48 hours following an emergency admission;
- when your physician recommends any surgery including outpatient;
- prior to any emergency treatment for dental pain, or;
- for emergency evacuation, repatriation and assistance services, prior to any travel or treatment taking place outside of the host country.

In the U.S. call: **+1.463.276.5286**

Outside the U.S. **call: +463.276.5286**

The ASPE health benefit plan will pay 100% of all Covered Expenses (minus any co-pays) listed below in the Schedule of Benefits. Payment will not exceed the Maximum Benefit limit shown on the Schedule of Benefits.

An Injury or Sickness is payable if:

1. It does not exceed your plan's Maximum Benefit;
2. You have been continuously covered under the ASPE benefit plan;
3. The sickness or injury occurred in your assigned host country, or;
4. It is a covered service.

Extended Benefit Period

After the conclusion of an Exchange Participant's program, treatment for a covered Injury or Sickness is covered up to one (1) calendar year from the date of onset, not to exceed the maximum benefit amount. This post-program conclusion coverage does not apply to acupuncture, chiropractic, massage therapy, maternity care, or Pre-existing Conditions.

Those benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan. Covered Expenses are subject to plan Exclusions.

Benefit Coverage *(continued)*

Accident or Injuries

Including to mouth and teeth are covered under medical benefits.

Acupuncture

When prescribed and performed by a Physician or physical therapist to treat a covered Injury or Sickness. Limited to twenty-five (25) visits per Benefit Year. Acupuncture benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan.

Ambulance

Professional ambulance service.

Birth Control

Oral or implantable contraceptives, diaphragms, patch, ring, intrauterine devices (IUDs), and contraceptive injections when prescribed by a Physician.

Chemotherapy and Radiation Therapy

Services medically necessary for a covered medical condition.

Chiropractic

Care is limited to twenty-five (25) visits per Benefit Year. Chiropractic benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan.

Congenital Anomalies

Services to maintain stable condition or prevent a relapse.

Dental

Treatment for Emergency alleviation of pain only, limited to $2,500 per Benefit Year.

Diagnostic Testing

Fees for diagnosis by a Physician, surgeon, Registered Nurse, anesthesiologist, for a covered Injury or Sickness. **Additional testing related to a known condition which was diagnosed, treated or would have caused a prudent person to seek treatment prior to the effective date is excluded under the plan.**

Durable Medical Equipment (DME)

Rental charge for Durable Medical Equipment, or the purchase of this equipment, whichever is less. Prostheses and orthopedic appliances are covered only if required as the result of an accident. If prosthesis or an orthopedic appliance is required for an eligible condition, coverage determination will be made by USDOS on a case-by-case basis. Supporting documentation must be forwarded to IMG for review.

Eyes

Eye examination, eyeglasses or contact lenses required for repair caused by a covered Injury, limited to $300 maximum.

Hospital Room and Board Charges

Payment will be limited to the Hospital's normal charge for semi-private accommodation.

Home Health and Skilled Nursing Services

Covered if the medical condition is eligible and the cost of the service is less than an Inpatient stay.

Immunizations

Vaccinations that follow the guidelines set by the American College Health Association (ACHA) which include: Measles, Mumps, Rubella (MMR), Polio, Varicella, Tetanus, Diphtheria, Pertussis, Quadrivalent Human Papillomavirus Vaccine (HPV) through age 26, Hepatitis A Vaccine, Hepatitis B Vaccine, Meningococcal Tetravalent (Meningitis) (Meningitis B ages 16-23), Influenza, Pneumococcal Polysaccharide Vaccine, Tetanus booster (only if booster is required by the university). In addition, Hepatitis C and Tuberculosis skin test (PPD) are also covered. **https://www.acha.org/resource/immunization-recommendations-for-college-students/**

Laboratory Tests and X-rays

Covered if recommended and performed by a licensed provider for diagnostic purposes due to symptoms, Injury, or Sickness.

Latent Tuberculosis

Any expenses incurred in respect of pulmonary tuberculosis after diagnosis. Expenses with respect to treatment of the Exchange Participant for any manifestation of infection of the Exchange Participant with Tuberculosis.

Benefit Coverage *(continued)*

Massage Therapy

When prescribed by a licensed Physician or chiropractor and performed by a state licensed massage therapist. Limited to six (6) visits per Benefit Year. Massage therapy benefits terminate at the end of Enrollment period, regardless of other conditions of this plan.

Maternity

Medical expenses for maternity care, including childbirth. Maternity benefits terminate at the end of the Enrollment period, regardless of other conditions of this plan. In addition to the medical expenses for maternity care for the Exchange Participant, the medical expenses of the child newly born during the program period are covered for the first thirty-one (31) days, up to the assigned maximum benefit.

For coverage beyond the 31-day period, an Exchange Participant must obtain commercial health insurance coverage for their newborn dependent at their personal expense. The ASPE Health Benefits Plan does not pay the expenses of a newborn to a dependent of an Exchange Participant.

The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

Medical Evacuation

Contact IMG to arrange transportation and medical care, and to obtain pre-approval. If pre-approval prior to travel or treatment outside of the host country is not obtained through IMG, and/or transportation and coordination of care is not provided by IMG, travel services and related claims will not be covered. The ASPE Health Benefits Plan will pay the actual expense incurred as a result of a covered Injury or Sickness for medical evacuation of a Participant, including Physician or nurse accompaniment to the nearest suitable medical facility. This evacuation will be paid only upon approval by ASPE/IMG and coordination of the medical evacuation through IMG. ASPE/IMG will arrange for your evacuation to the nearest suitable medical facility, which may be in a different country than your host or home country.

Men's Health Benefits

Services are covered after completing six (6) months of eligibility, for men age fifty (50) and older for one (1) annual prostate exam, including a PSA.

Mental or Nervous Disorders

Treatment of mental and nervous conditions are payable subject to the following schedule:

Inpatient Care: Lifetime maximum benefit is thirty (30) days of Hospital confinement;

Outpatient Care: Lifetime Maximum benefit is thirty (30) visits.

Virtual Visits: Lifetime Maximum benefit is six (6) sessions or more depending on clinical necessity and must be provided by TELUS Health. Any additional sessions will require medical recommendation from TELUS Health in conjunction with IMG and current ASPE benefits. *(See Mental Health Services Hotline on page 24.)*

Authorized providers of care: A licensed Physician, licensed clinical psychologist or a Master of Social Work (MSW) may provide services that are medically necessary for mental and nervous disorders.

Physical Therapy

Services provided by a licensed Physician or a licensed physical therapist when prescribed by a Physician or chiropractor and directly related to the complications associated with a covered Injury or Sickness incurred during the period of coverage.

Physiotherapy

A physical or mechanical therapy, diathermy, ultrasonic, a heat treatment in any form, manipulation or massage, when ordered by a licensed Physician or chiropractor. *(See massage therapy benefit on page 10.)*

Prescription Drugs

When prescribed by a licensed Physician. Refer to Prescription Drug Program section of this guide and/or the website for more information.

Repatriation of Mortal Remains

In the event of a covered Exchange Participant's death, the ASPE Health Benefits Plan will pay for actual charges incurred up to the maximum limit of $25,000 for services related to the preparation and transportation of the body. This benefit does not include funeral/ceremony expenses, the transportation of others or to accompany the body, or shipment of any personal effects. IMG should be contacted immediately, in the event of an Exchange Participant's death.

Benefit Coverage *(continued)*

Telemedicine

Covers consultations when provided by a licensed Physician, subject to service availability or while using Teladoc, IMG's partner for providing telephonic and virtual teleconsultation services. *(Please see page 24 for more information.)*

Utilization Management Program

The ASPE Health Benefits Plan includes a utilization management program to review the Exchange Participant's medical care to identify conditions that may adversely affect their completion of an exchange program. The ASPE utilization management program is administered by IMG's registered nurses and board-certified physicians and is focused on individual case management of potentially catastrophic cases.

Women's Health Benefits

Covers one (1) annual gynecological health exam per Benefit Year, including one (1) pelvic examination, Pap smear, breast examination, and lab work related to gynecological health ONLY when performed at the time of annual gynecological exam. If follow-up diagnostic Pap smears are medically necessary, they will be covered. The plan also covers one (1) baseline mammogram for women age thirty-five (35) and older and one (1) annual mammogram for women age forty (40) and over. In addition, one (1) Bone Mineral Density (BMD) screening test for all women over age sixty-five (65) and estrogen deficient women and women at clinical risk for osteoporosis when performed as part of the annual gynecological exam. A repeat BMD test is covered every two (2) years.

Benefit Exclusions

Services/Expenses that are not covered include the following:

Abortion

A surgical procedure used for the purpose of birth control and/or an elective termination of pregnancy.

Acupuncture

This plan does not cover acupuncture before or after the Enrollment period.

Alcohol, Drug Abuse, or Detoxification Treatment

Except in the event of medically necessary acute stabilization, expenses incurred resulting from the use of alcohol or intoxicants, or any illicit drugs or abused drugs by the Exchange Participant (abused drugs include prescription drugs that may be used illicitly); expenses incurred due to substance abuse treatment.

Allergy Tests or Injections

Any services related to the treatment of allergies including diagnostic testing, injections, and treatment.

Chiropractic

This plan does not cover chiropractic services before or after the Enrollment period.

Claim Submission

Expenses submitted after one (1) year from the date of service.

Congenital Anomalies

The plan does not cover expenses incurred for curative treatment.

Cosmetic Surgery

Expenses incurred for elective plastic or cosmetic surgery. Plastic surgery is only covered if the service is a direct result of a covered Injury that necessitated medical treatment within twenty-four (24) hours of the accident.

Dental

This plan does not cover dental services, unless for Emergency treatment to alleviate pain.

Dependents

Coverage for accompanying spouses and dependent children must be purchased separately

After Extended Benefit Period

Expenses incurred for the treatment of an Injury or Sickness more than one calendar year after the time of the Injury or onset of the Sickness, where the conclusion of that one (1) calendar year occurs after the exchange program has ended.

Expenses incurred within your home country or country of regular domicile, unless:

1. it is necessary and authorized treatment received after the individual has proven Injury or Sickness in the country of assignment; or
2. it is related to a pre-approved medical evacuation, and which would have otherwise been covered had the expenses occurred in the country of assignment up to the maximum benefit allowed.

Expenses in excess of Usual, Customary, and Reasonable Charges (UCR).

Experimental Procedures

Services or supplies which are Experimental or Investigative in nature; including any treatment, procedure, facility, equipment, drugs, drug use, devices, or supplies that are not recognized as accepted medical practice; and any such items that require federal or other governmental agency approval not received at the time services were rendered.

Eyes

Vision services unless for eye examination, eyeglasses or contact lens repair caused by a covered Injury.

Feet

Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails, shoes, and other supportive devices for the feet. This does not apply to infections of the toenails or feet and does not apply to casts, splints or braces for treatment of injuries.

Genetic Testing

Except for standard tests given during pregnancy, including but not limited to Cystic Fibrosis, Trisomy 18, and Down syndrome, coverage is provided up to $500. ASPE follows guidelines set by the American College of Obstetricians and Gynecologists (ACOG).

Benefit Exclusions *(continued)*

Hearing Aids

Services in connection with hearing aids, except as required when caused by a covered Injury.

Impotence/Erectile Dysfunction

Infertility

Expenses incurred for services related to the diagnostic testing, treatment of infertility, or other problems related to the inability to conceive a child.

Maternity

This plan does not cover maternity before or after the Enrollment period.

Newborn Expenses

For coverage beyond the 31-day period, an Exchange Participant must obtain commercial health insurance coverage for the newborn dependent at their personal expense.

The ASPE Health Benefits Plan does not pay the expenses of a child newly born to a dependent of an Exchange Participant. The Exchange Participant is advised to obtain commercial insurance to cover maternity care of the dependent and dependent's newborn.

Non-Medically Necessary Services and Supplies

The diagnosis or treatment of a covered Injury or Sickness, which are not recommended by an attending Physician.

Nasal

Surgical correction of deviated nasal septum, including submucosal resection.

Perilous Activity

1. Flying, except:
   - as a passenger on a regularly scheduled airline;
   - as a passenger on a chartered carrier for purposes of an approved program activity;
   - as a passenger in the Military Airlift Command of the U.S. or similar air transport services of other countries.
2. Playing, practicing, or participating in professional sports, or during travel for such purposes. Professional sports also include skateboarding, snowboarding, BMX racing, X-games (extreme sports), and boxing.
3. Operation of a vehicle while not properly licensed to do so or riding in a non-commercial vehicle operated by a person not licensed to do so in the jurisdiction in which the accident takes place.
4. Operation of a vehicle while under the influence of drugs or alcohol.
5. Dangerous activity not directly related to the fulfillment of program objectives, e.g., boxing, bungee jumping, scuba diving, skydiving, rock climbing (indoor/outdoor), hang gliding, operation or passenger of an all-terrain vehicle (ATV) or motocross bike, downhill skiing, horseback riding, parachuting, zip lining, parasailing, water skiing, wakeboard riding, jet skiing (operation or passenger of), windsurfing, snowmobiling (operation or passenger of), spelunking, and motorcycle/motor scooter/e-bike riding (operation and passenger of).

If your participation in a professional sports event is part of your program the perilous activity clause does not apply.

If your program requires that you travel to areas requiring an ATV, motorcycle/motor scooter or snowmobile then item 5 does not apply.

Personal Comfort Items

Any personal comfort item (purchased or rented) such as a dehumidifier, humidifier, or air cleaner.

Political Demonstration

Injuries due to participating in any demonstrations against the government of your host country while you are on an ECA program in your host country.

Pre-Existing Conditions

Pre-existing conditions are covered during your Benefit Period. This plan does not cover treatment of Pre-existing Conditions before or after the Enrollment period.

Professional Medical Services

Rendered by a member of the Exchange Participant's immediate family or anyone who lives with the Exchange Participant.

Routine Physical or Health Examinations

"Routine exams" included but are not limited to health exams for school, sports physicals, etc.

Services or Supplies

For any Injury or Sickness received prior to the Exchange Participant's effective date under the ASPE Health Benefits Plan, or which are not actually incurred while this plan.

Benefit Exclusions *(continued)*

Sexual Transformations, Sexual Impairment, or Sexual Inadequacy Treatment

Temporomandibular Joint Disease (TMJ)

Medical or dental services or supplies for the treatment of TMJ.

Transplants

Services or supplies for or related to any tissue, solid organ, or stem cell transplants and any complications resulting from any such procedures. Immunosuppressant drugs and drugs related to transplant procedures.

Transportation

Expenses incurred for taxicabs or other transportation to and from the Physician's office or other place of treatment, except when related to an approved medical evacuation expense.

Treatment of an Injury or Sickness during any period of unofficial travel outside the host country of assignment.

Unreceipted blood, blood plasma, or blood expanders.

Vaccinations

Except those specifically included in Covered Expenses.

War

Loss due to war, declared or undeclared, while in the service in the Armed Forces of any country.

Weight Loss Programs including Gastric Bypass and/or Banding Surgery

Workers Compensation

Expenses covered under any occupational benefit plan, Workers Compensation Act or similar law, automobile medical payment or no-fault plans, public assistance programs, government plan, any other valid/collectible group insurance, or any primary insurance. ASPE will pay medical expenses not paid by such primary insurance due to application of deductibles or limitations on benefits, provided that such expenses would otherwise be covered by the provisions of this plan.

GLOBAL peace of mind®

INSIDE THE US: Medical Provider Network

The ASPE Health Care Benefit Plan through the Department of State utilizes the UnitedHealthcare PPO network in the US in all states. The UnitedHealthcare PPO network serves as a premier national network with superior access to over 1 million medical providers in urban, suburban, and rural markets across the country. In the US, when you call a doctor's office or present your ID card, it is important for you to say "My healthcare plan utilizes the United Healthcare PPO Network. Are you a United Healthcare participating provider?"

A Medical Provider Network is a network, or group, of doctors and hospitals that have entered into an agreement with IMG to accept discounted fees for medical services. The Medical Provider Network is a Preferred Provider Network (PPO). Claims for services provided by a Preferred Provider are filed on your behalf directly to IMG at the address on the back of your identification card.

If you receive your medical services from one of the doctors and hospitals in the Medical Provider Network your benefits will be paid at the negotiated provider contracted rate if they are a covered benefit. Also, if you use a provider in the Medical Provider Network the provider cannot bill you for any covered benefits except the co-pay amount.

Usual, Customary and Reasonable Charges (UCR)

If you do not receive care from a provider in the Medical Provider Network, benefits will be paid at standard Usual, Customary and Reasonable Charges (UCR) for the area in which care was delivered if they are a covered benefit. If the provider bills more than UCR, you will be responsible for any charges over and above the UCR, as non-preferred providers are not under negotiated contracted rates.

35 mile exemption

If your home address is over 35 miles from the nearest medical network provider, you are exempt from the provider network guideline. You are free to see any provider of your choice. You will need to call IMG Customer Service to coordinate this exemption.

Using a Medical Provider Network means lower out-of-pocket expense for you.

To locate a provider or hospital in the United Healthcare Network:

> Go to aspe.imglobal.com and select the tab marked "find a provider".

The website will provide you with the most up to date information about Medical Network Providers in your area. If you do not have access to the Internet or want to discuss your provider choice with Customer Services, you can call customer service toll free in the US at **+1.463.276.5286**.

Do not wait to find a provider for Emergency Care.
Go straight to the nearest ER. Emergency care is defined by IMG as a need for hospitalization, trauma (i.e., broken bones, accidents), acute and spontaneous non-controllable pain, blurry vision, intense headache, chest pain, shortness of breath, unmanageable high fever, open wounds, or any life-threatening situation.

If you have a life-threatening emergency, please call your local emergency service or go to the nearest hospital.
If you are unsure where the nearest hospital is located, IMG staff can assist.

Out-of-Network charges

If you visit an out-of-network provider, you may need to pay for your medical services out-of-pocket and may be billed at the time of service. If so, please submit a claim for reimbursement via MyIMG.

OUTSIDE THE US: Medical Network

Exchange participants on grants outside the US may go to any provider they choose. IMG offers a Medical Network outside of the US, but the non-US Medical Network works slightly differently from the US Medical Networks.

IMG offers **aspe.imglobal.com** for exchange participants to locate providers overseas who are associated with their non-US medical network. You can also directly search for providers by going to **ipa.imglobal.com**

Non-US doctors and hospitals are contracted to provide access to participants based on payment of Usual and Customary Rates for Local Nationals. IMG has built Usual and Customary Rate tables for specific regions outside of the United States. There are two types of Non-US Medical Network Providers which are defined below:

Direct Pay Contracted Providers are defined as providers that IMG has reviewed and determined that the provider meets all the necessary requirements for quality care based on their country licensing authority. Additionally, these providers have agreed to a payment fee schedule which is not more than the rates local nationals pay and they have agreed to accept payment directly from IMG without billing the participant first. Participants may not be required to pay out of pocket when accessing these providers for covered services. IMG wire transfers payment to provider's bank account in the currency of the providers' choice or can mail the provider a check.

Emergency

If you have a life-threatening emergency, please call your local emergency service or go to the nearest hospital.

In the case of an emergency during which the Exchange Participant is outside the United States our Assistance Department should be contacted immediately. We ask that you gather as many details as possible for our Assistance staff during this call. Our office can be reached 24/7/365 days a year by calling **+1.463.276.5286.** You may dial this number direct or you may contact your local operator and request to make a collect call to this line.

IMG is available to support you with an emergency number and guide you to a Direct Pay or Referral Provider, but clearly we want you to seek immediate care at the nearest facility. In emergency situations where care is needed immediately, you are not required to call IMG.

ASPE

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

INSIDE THE US: Pharmacy Program

Universal Rx is your prescription drug plan administrator. Through their nationwide network community and chain pharmacies, and their mail-service pharmacy option, you have the broadest choice of pharmacies to choose from to satisfy your prescription drug needs. The Universal Rx network of pharmacies includes over 60,000 pharmacy locations nationwide. To find a participating pharmacy, go to the website **aspe.imglobal.com** or call the URX Pharmacy Help Desk at **+1.800.800.7364**.

Pharmacy Fills and Payment

You will have one healthcare identification card containing all of the information required by your medical care provider and/or pharmacy. Simply present your card to have your prescriptions filled at any one of the network pharmacies in your area. The pharmacy will then electronically transmit a claim for that medication and within minutes have approval for filling the prescription.

You may obtain up to a one-month supply of your prescription medication from a retail network pharmacy and up to a three-month supply through the Universal Rx Direct Mail Service.

Your health plan encourages all maintenance medications or medications taken on an ongoing basis must be purchased through the Direct Mail Service. You may obtain information regarding online ordering via a link at **aspe.imglobal.com**.

In the unlikely event a pharmacy in your area is not part of our network, please ask your pharmacist to request a participation agreement by calling the Universal Rx Network Service Department at **+1.800.800.7364**.

Brand versus Generic Drugs

You can help lower your cost, and the cost ASPE Health Care Benefit Plan pays each year for medications, by using generics whenever possible. When you need a new prescription, ask your doctor whether a generic can be substituted for a brand name. You can also ask your pharmacist. In many cases they can substitute a generic for the brand without further approval. In some cases your pharmacist may need your doctor's permission.

There is a **$15 copay for brand drugs** when there is a generic available. There is **NO COPAY** for generic drugs.

Mail Order Service Pharmacy

Universal Rx is partnered with the mail order pharmacy service Birdi to provide you with a convenient way to have your medication delivered right to your home or office. Birdi should be the first choice for people using maintenance medications. These are medications taken on an ongoing basis such as asthma, heart and cardiovascular conditions, diabetes and even oral contraceptive medications. With mail order pharmacy service, you are authorized 90-day supplies of your medications at each fill.

To start using mail service, you'll need a current prescription from your doctor for each medication. Ask your doctor to authorize a 90-day supply and four refills. Be sure to also obtain a prescription for an initial fill at your local pharmacy if you need to use the medication right away or don't have existing supplies of your medications.

To order mail service prescriptions through Birdi please call Birdi at **+1.888-773-6380**.

OUTSIDE THE US: Prescription Drugs

PHARMACY PROGRAM EXCLUSIONS

The following Exclusions apply to both U.S. and Outside of U.S. Pharmacy Programs:

- Any over-the-counter drug or medical supplies that can be bought without a prescription
- Any quantity of drugs dispensed which exceeds the supply and refill limits
- Any prescription or refill dispensed more than one year after the original prescription
- Prescriptions filled prior to the effective date or after the termination date of the Exchange Participant's coverage
- Anorexiants, anti-obesity drugs
- Biological sera
- Any drug for cosmetic purposes, including, but not limited to, Rogaine
- All drugs related to Erectile Dysfunction (ED)
- Fertility drugs
- Fluoride preparations
- Human growth hormones
- Immunization agents
- Drugs not approved by the FDA
- Drugs labeled "Caution-Limited by Federal Law to Investigational Use," drugs which are in connection with Experimental or investigative services or supplies, including drugs requiring federal or other governmental agency approval or granted at the time they are prescribed.
- Multiple Sclerosis agents such as Betaseron, Avonex, Copaxone, Tysabri
- Non-insulin syringes/needles
- Nutritional supplements
- Drugs used to deter smoking
- Therapeutic devices or appliances or other non-medical substances, regardless of their intended use
- Services or supplies including, but not limited to, administration of high dose chemotherapy or radiation therapy
- Immunosuppressant drugs
- Drugs related to tissue or solid organ transplants procedures
- Over-the-counter vitamins, or vitamin derivatives
- Medical marijuana

OUTSIDE THE US: Prescription Drugs

Prescriptions Outside the US

Universal Rx EXPATRIATE PRESCRIPTION SERVICES is designed to provide exchange participants outside of the US convenient access to high-quality, low-cost prescription drugs using an efficient and reliable delivery system to over 160 countries worldwide.

EPS has a licensed pharmacy staff with over 40 years of experience and a proven track record of working with customs to eliminate delivery delays. The EPS Staff are well trained and dedicated to providing accurate and helpful information ensuring your prescription needs are met and orders are shipped promptly with minimal customs delays. Safe and reliable delivery carriers are used to ensure orders are shipped in the fastest and most direct shipping routes and can be tracked online, and overnight priority shipping is available to some countries.

Expatriates often find themselves unable to obtain the prescription drugs they need to maintain a healthy lifestyle. The EPS program provides prescription drug delivery right to the location of the participant. It utilizes the fastest and most direct shipping routes to expedite the delivery process.

Universal Rx EPS service also provides exceptional convenience and savings on most prescriptions. Substantial savings on prescription drugs is an immediate benefit of using the EPS overseas prescription drug program. The EPS program has special pharmacy contracting that allows ASPE participants to take advantage of deeply discounted prices on prescription drugs. Although the costs of the prescription drugs are deeply discounted, the quality remains the same and medications are packaged securely for safe travel.

The EPS customer service experts are well trained and dedicated to providing accurate and helpful information to ASPE participants. EPS staff provide one-on-one personal attention and superior customer service. Participants are assigned to an EPS representative who will oversee all participation will place the initial and ongoing orders and are readily available to assist personally with any questions.

ASPE participants can use the online order form at

www.expatps.com to submit a copy of prescription(s). Signed prescription copies can be emailed to **eps@universalrx.com** or sent via traditional fax to 540-777-7184.

Eligible ASPE participants can obtain their prescription medications through the EPS program at a co-pay determined by the ASPE benefit plan. Refer to your benefit outline to determine if you have an applicable co-payment or if your plan requires that you reach a specific deductible.

It is your responsibility to determine and ensure that you will be able to purchase maintenance medication in and/ or receive mail order prescriptions in your host country. To ensure you do not encounter issues, get all the facts! We are unable to ship to U.S. addresses if your host country is not in the U.S. If you are unable to receive or purchase medications in your host country, please contact your program or the Embassy for assistance.

Prescriptions must be written by a licensed U.S. Physician.

- Prescriptions ordered through the mail service will be filled using generics, unless specified by your Physician.
- Mail order prescriptions cannot be filled until you are active on your program and in your host country. ASPE does not pay for prescription medications before or after your program. (See dates on your ASPE ID card.)
- Mail order prescriptions cannot be shipped to an American Embassy or through the Embassy pouch unless you have written permission from the Embassy. Written permission must accompany the prescription form — no exceptions.

Shipments going through the Embassy pouch cannot be tracked, nor can ASPE/IMG guarantee timely delivery.

Remember that if you have less than ninety (90) days left on your program, your refill will not be a full 90-day refill. It will be filled with an amount necessary to cover you during your remaining eligibility period.

Pharmacy Program Exclusions

The following Exclusions apply to both U.S. and Outside of U.S. Pharmacy Programs:

- Any over-the-counter drug or medical supplies that can be bought without a prescription
- Any quantity of drugs dispensed which exceeds the supply and refill limits
- Any prescription or refill dispensed more than one year after the original prescription
- Prescriptions filled prior to the effective date or after the termination date of the Exchange Participant's coverage
- Anorexiants, anti-obesity drugs
- Biological sera
- Any drug for cosmetic purposes, including, but not limited to, Rogaine
- All drugs related to Erectile Dysfunction (ED)
- Fertility drugs
- Fluoride preparations
- Human growth hormones
- Immunization agents
- Drugs not approved by the FDA
- Drugs labeled "Caution-Limited by Federal Law to Investigational Use," drugs which are in connection with Experimental or Investigative services or supplies, including drugs requiring federal or other governmental agency approval or granted at the time they are prescribed.
- Multiple Sclerosis agents such as Betaseron, Avonex, Copaxone, Tysabri
- Non-insulin syringes/needles
- Nutritional supplements
- Drugs used to deter smoking
- Therapeutic devices or appliances or other non-medical substances, regardless of their intended use Services or supplies including, but not limited to, administration of high dose chemotherapy or radiation therapy
- Immunosuppressant drugs
- Drugs related to tissue or solid organ transplants procedures
- Over-the-counter vitamins, or vitamin derivatives
- Medical marijuana

ASPE Compass: Coordinated Care & Resource Engagement

IMG, in partnership with TELUS Health, provides access to a mental health consultant and referral services hotline. ASPE Compass is a benefit available to all Exchange Participants throughout their USDOS exchange programs in their host countries. ASPE Compass is designed to augment the health benefits that are concurrently provided through ASPE. IMG partners with TELUS Health to provide Mental Health Assistance and Support.

ASPE Compass Services

- Mental health advice
- Mental health crisis support
- Sexual assault response
- Violent crime response
- Providing advice to Exchange Participants
- ASPE Compass is a telephonic/virtual support service that is accessible 24 hours a day and is available to provide mental health support to exchange participants in urgent and non-urgent situations, including identification and referral of mental health conditions requiring immediate, in-person medical evaluation, crisis intervention, or any time a participant feels vulnerable. The medical staff responding to exchange participant calls are trained to handle serious situations such as sexual assault and mental health crises. They can also provide general mental health advice.

ASPE Compass: Coordinated Care & Resource Engagement provided by TELUS Health

Call: +1.855.302.9087

When contacting TELUS Health for the first time, please be prepared to provide your full name, date of birth, ID card number, program name, and host country. This will allow their staff to verify your status as an Exchange Participant with the ASPE Health Benefits Plan, and to begin the intake process to appropriately resource your case.

BE there.

ASPE Compass Sessions

Six (6) sessions or more depending on clinical necessity. Sessions do not incur a copay.

(For details on visit limitations, see Benefit Coverage for Mental or Nervous Disorders on page 13.)

TELUS Health Support respects your privacy and treats your information with great care. Engagement with TELUS Health Participant Support is confidential, in keeping with the privacy laws and regulations protecting personal identifiable and health-related information in the jurisdiction your institution is located.

Any questions not related to mental health support services — including benefits, claims and coverage — should be directed to IMG Customer Service for assistance.
IMG and USDOS disclaim any and all liability for ASPE Compass, or other third-party services.

Furthermore, while ASPE Compass is a confidential emotional health and wellbeing support and telemedicine service, there are limitations. Some health and/or mental health emergencies may not be able to be fully addressed through this service and may require immediate, in-person evaluation by a medical professional.

Teladoc® HEALTH

Why wait for the care you **need now?**

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

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

TELADOC	VS.	ER OR URGENT CARE
Request a consult from work or home		Drive to the nearest office while sick
A doctor calls you back in minutes		Wait hours before seeing the doctor
Get the care you need at a price you can afford		Pay high ER and urgent care fees

COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:

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

GET THE CARE YOU NEED

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

Talk to a doctor anytime!

Teladoc.com

1-800-Teladoc (835-2362)

Available on the iPhone App Store

ANDROID APP ON Google play

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Teladoc HEALTH For Inside the U.S.

You are automatically enrolled in Teladoc Health, and coverage is effective the day your program starts. If you need to schedule an appointment, follow the instructions below.

If you attempt to access the Teladoc portal before your program begins, you will not have access.

STEP 1

Go to **www.teladochealth.com** or download the app.

STEP 2

Click on "Register Now" on the upper right-hand corner of the screen. Enter the following:

- First and last name, as it appears on your ID card
- Complete date of birth
- Email
- Destination Country
- Gender
- Zip code: 46208 (The zip code must be 46208 only when creating your account. This allows the IMG option to pop up so you can select your health plan.)
- Do not check the box that says you received a code from your employer or insurance company. Click next.

STEP 3

Confirm your account

- The screen will auto-populate with your selected plan. Click next.

STEP 4

Add account details

- Create a username and password
- Enter your information
  - » *(You will not be able to change this address on this screen. You will be able to change your address once you create an account and login for the first time.)*
- Secure your account and provide security questions and answers
- Complete contact information under Visit Preferences
- Complete registration

Get the Care you Need:

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

Visit Teladoc.com or call 1-800-Teladoc (835-2362) to start your free consultation today!

Teladoc HEALTH For Outside the U.S.

You are automatically enrolled in Teladoc Health, and coverage is effective the day your trip starts. If you need to schedule an appointment, follow the instructions below.

If you attempt to access the Teladoc portal before your trip begins, you will not have access.

GET THE CARE YOU NEED

Teladoc Health doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults. This service is included in the price of your IMG plan.

STEP 1

Go to **www.all360health.com**

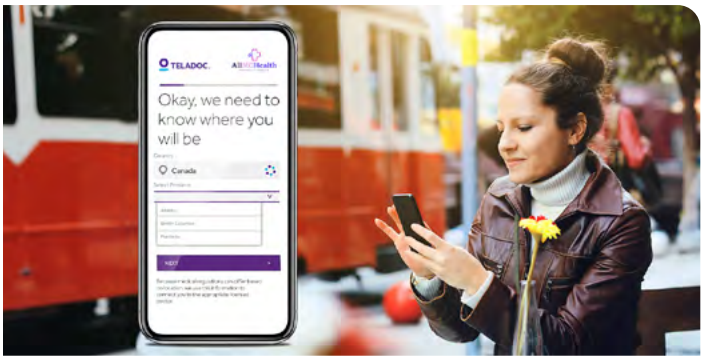
STEP 2

- Anyone new to All360Health will need to use the CREATE YOUR ACCOUNT link and complete the online form with their details.
- On the registration form you, will be asked for a Membership/ Access Code - this will be your IMG Insured ID reference that is included in your IMG fulfilment pack that accompanied this flyer.
- When registering in the UK, you will be prompted to provide additional ID verification. This can be completed online.

STEP 3

- When you've finished applying all the details, just press REGISTER. You will receive an email confirmation from All360Health (please check your Junk folder) that will include a link to activate your account.

If you require any assistance with your registration, please contact IMG's Customer Care at +1.463.276.5286.



YOU'RE ALL SET

You're now all set up with global access to our network of medical professionals, and as All360Health has been designed with the user in mind, the easy-to-follow processes mean you'll be discussing your medical problem in a phone call or video conference in no time.

In addition to speaking to a medical professional, All360Health will help Exchange Participants arrange prescriptions, referrals and sick notes. If you need assistance with anything, just use the link on the webpage to Frequently Asked Questions or contact **telehealthteam@teladochealth.com** if you need help.

All360Health is not for emergencies, and conditions that can't be treated remotely include (but are not limited to):

- Chest pains
- Shortness of breath
- Severe abdominal pain
- Heavy bleeding
- Thoughts of suicide or self-harm
- Seizures
- Loss of consciousness/blackouts
- High fever in an infant

Payment of Medical Bills

Healthcare Services Received through a Doctor that is NOT in the Provider Network or Outside the US.

If you receive covered medical services from a medical provider outside the US or inside the US, but not part of the medical provider network, you may have paid out of pocket. If so, you must file a claim for reimbursement and include a copy of an itemized billing statement and proof of payment to receive reimbursement.

Claims can be filed online by logging into your MyIMG account.

- Log into your MyIMG account on **aspe.imglobal.com**, click "My Account" on the top right, and then click "Manage/ Submit Claims" to fill out an Online Claim Form.
- When filling out the Online Claim Form, fill it out to the best of your ability! IMG will review the information and attachments and respond to your claim.
- For help with filing a claim, do not hesitate to contact IMG's customer service. **+1.463.276.5286**

You must submit information NO LATER than one year from the date of the medical service to receive reimbursement. Original bills will not be returned. Keep a photocopy of all bills and receipts for your personal records. The bills you submit MUST INCLUDE the following information:

- Name, address and professional status of the person or organization providing the service Provider Tax ID number (for providers in the US), and name of patient receiving service
- Date of service
- Description of each service
- Diagnosis
- Charge for each service
- For eligible mental health expenses, include the length of each session and session type (ex. individual or group).
- Proof of Payment

Once you complete the online claim form and have attached billing statements and matching receipts, you can electronically sign and send the form directly to IMG.

Once submitted you can use your MyIMG account to track the claim's progress. Once complete, you may review results and download an Explanation of Benefits (EOB) letter.

If necessary, downloadable pdf file forms are also available if needed online in the Forms Library.

Healthcare Services Received through a Doctor in the Provider Network

Claims are automatically submitted to IMG by the provider or hospital when you use a medical provider that is in the Medical Provider Network. You are responsible for paying your co-pay at the time of service. Payment for services, other than the co-pay, will not be expected in advance. Additionally, when you use the Medical Provider Network, you will not be responsible for charges over the usual, customary and reasonable charges. All covered services are paid according to the negotiated fee schedule.

Your Co-Pay

ASPE requires Exchange Participants to pay co-pays, $25 co-pay for office visits, $75 co-pay for ER, Hospitalization and Urgent Care. As a reminder the co-pay amounts will be pre-printed on the ASPE ID card.

Appealing a Payment Decision

If your claim is denied for payment, you may appeal the denial. The Explanation of Benefit (EOB) will include a reason for any denial.

You can file an appeal online via your MyIMG Manage Claims page and viewing the results of the claim. Once there, you will see an option to file an appeal, including how to attach additional documents or files to your claim.

We recommend this for expedient handling, but if you would rather submit an appeal in writing, you may send an appeal to:

ASPE Health Benefits
Attn: Appeals
PO Box 21605,
Eagan, MN 55121

Legal Action

No legal action may be brought against the ASPE prior to the expiration of 120 days after written claim form and other proof of loss have been submitted. Additionally, no legal action may be brought against the ASPE after the expiration of three years from the time of submission of written claim form and required proof of loss.

Coordination of Benefits

Multiple Plans

The ASPE program contains a Coordination of Benefits provision. This provision is used when you are eligible for payment of claims under more than one health care benefit plan.

When you have health care coverage other than ASPE (except Medicare or Medicaid), your other coverage is the primary payer and must pay claims first up to the limit of its policy. ASPE is then designated as the secondary payer and will pay for the remaining eligible medical expenses covered by your ASPE plan.

The ASPE is secondary to all other insurance policies, except Medicare/Medicaid

If you have health care coverage other than ASPE, use the following guidelines to determine when claims should be submitted to ASPE as the primary payer:

1. You or your provider should submit claims to private insurance carriers and obtain payment and EOBs.
2. You or your provider can submit your original medical bills and EOBs from your primary carrier, and IMG will pay the remaining charges covered under your ASPE Health Benefits Plan. (Whether your claim is paid or denied, please send us your claim information.)
3. If you carry primary/other insurance coverage, IMG will need the EOBs from your primary coverage to process any of your claims under ASPE.

If you become disabled prior to age 65 or are otherwise entitled to Medicare benefits (i.e. for renal dialysis), the benefits you are entitled to receive from Medicare will be reduced by the amount the ASPE Health Benefit Plan would pay. You must first use ASPE Health Plan Benefits to which you are entitled before submitting charges to Medicare or Medicaid for reimbursement.

Subrogation

If you receive an injury due to the actions of another person, and benefits are paid under your ASPE plan due to that injury, ASPE will be entitled to a refund from such recovery of all benefits paid if money is recovered from the third party, its insurer, or uninsured motorist insurance. Upon request, you must complete the required Accident forms and return them to IMG and cooperate fully with IMG asserting its right to recover.

Overpayment

When payments for a given medical treatment have been made in excess of the amount necessary, ASPE has the right to recover such overpayments. The Administrator (IMG) for ASPE will notify you (the Exchange Participant) of the overpayment and request reimbursement from you or the health care provider.

Glossary of Terms

Administrator

A private company contracted by the USDOS to administer the ASPE Health Benefits Plan. The current ASPE Administrator is IMG.

Ambulatory Surgical Facility

An establishment which may or may not be part of a Hospital and which meets the following requirements:

1. is in compliance with the license or other legal requirements in the jurisdiction where it is located;
2. is primarily engaged in performing surgery on its premises;
3. has a licensed medical staff, including Physicians and Registered Nurses;
4. has permanent operating room(s), recovery room(s) and equipment for Emergency care; and
5. has an agreement with a Hospital for immediate acceptance of patients who require Hospital care following treatment in the Ambulatory Surgical Facility.

Benefit Year

The one (1) year period that begins on your start date with the ASPE plan.

Certificate of Coverage

This is a "Proof of Coverage" letter providing evidence of your prior health coverage. This document is provided by IMG upon request.

Congenital Anomalies

A physical abnormality or condition that is present at birth, whether inherited or caused by the environment.

Copay

Copay is the specified dollar amount that a patient is expected to pay directly to the provider at the time of service.

Covered Expenses

1. allowable by the ASPE Health Benefits Plan;
2. administered or ordered by a Physician;
3. medically necessary for the diagnosis and treatment of an Injury or Sickness; and
4. not in excess of the negotiated rate based on services provided or the Usual, Customary, and Reasonable fee schedule.

Covered Person

Exchange Participants in an eligible ECA/USDOS-sponsored exchange program enrolled in the ASPE Health Benefits Plan. "Eligible Program" does not include those for which USDOS support is primarily for administrative or facilitative support rather than direct participant costs. "Participants" does not include escorts, escort/interpreters, staff of organizations receiving program support directly or indirectly from USDOS, independent consultants associated with these organizations, or dependents of program participants.

Covered Services

Medical services or supplies covered by the ASPE Health Benefits Plan are those related to eligible medical conditions and rendered by a provider acting within the scope of their license. In order to be considered a Covered Service, charges must be incurred while your coverage is in force.

Durable Medical Equipment (DME)

DME means medical equipment which:

1. is prescribed by the Physician who documents the necessity for the item, including the expected duration of its use;
2. can withstand long term repeated use without replacement;
3. is not useful in the absence of Injury or Sickness; and
4. can be used in the home without medical supervision.

Emergency

A sudden, unexpected onset of a medical condition that is of such a nature that failure to render immediate care by a licensed medical provider would place the Exchange Participant's life in danger, resulting in the loss of life or limb, or would cause serious impairment to the Exchange Participant's health.

Enrollment

Exchange Participants are eligible to participate in the ASPE Health Benefits Plan when they are enrolled in the program by their program agency, commission or cooperating agency. The program agency, commission or cooperating agency issues each Exchange Participant an ASPE Identification Card.

Exclusions

Any services or supplies related to non-covered plan benefits:

Glossary of Terms *(continued)*

EOB - Explanation of Benefits

A statement sent by a health insurance company detailing how a claim was processed, what was covered and how much, and what you may owe the provider.

Experimental

Any treatment, procedure, facility, equipment, drug, device or supply which:

1. is not accepted as standard medical treatment for the condition being treated; or
2. requires but has not received federal or other governmental agency approval at the time of service.

Health Care Provider

A licensed Physician, Hospital or clinic that provides medical services.

Hospital

An institution which:

1. operates as a Hospital pursuant to law for the care and treatment of sick or injured persons as Inpatients;
2. provides 24-hour nursing service by Registered Nurses on duty or on call;
3. has a staff of one or more Physicians available at all times;
4. provides organized facilities for diagnosis, treatment, and surgery either on its premises, or in facilities available to it on a pre-arranged basis; and
5. is not primarily a nursing, rest, convalescent home or similar establishment, or any separate ward, wing, or section of a Hospital used as such.

Identification Card

A card issued by the ASPE Health Benefits Plan that bears the Exchange Participant's name, identifies the membership by number and may contain information about your coverage.

Injury

An accidental bodily Injury sustained by an Exchange Participant while covered under the ASPE Health Benefits Plan and which occurs independent of all other causes.

Inpatient

A person who is a resident patient, using and paying for the room and board facilities of a Hospital.

Intensive Care Facility

An intensive care unit, cardiac care unit, or other unit or area of a Hospital:

1. reserved for the critically ill requiring close observation; and
2. equipped to provide specialized care by trained and qualified personnel and special equipment and supplies on a standby basis.

Loss

The financial Loss associated with an Injury or Sickness for a claim submitted to the Administrator.

Medical Network Provider

Providers of Service who have been selected or have decided to become part of a preferred network to work with an insurer to help control costs to patients.

Medicare

The program of health care for the aged and disabled established by Title XVIII of the Social Security Act of 1965, as amended.

Mental Health Care Provider

A licensed Physician, licensed clinical psychologist, licensed clinical social worker (LCSW) or a Master of Social Work (MSW), acting within the scope of your license who is not the Exchange Participant or a member of the Exchange Participant's immediate family, who may provide services that are medically necessary for mental and nervous disorders only.

Outpatient

A person who receives medical services and treatment on an Outpatient basis in a Hospital, Physician's office, Ambulatory Surgical Facility, or similar centers, and who is not charged room and board for such services.

Pharmacy Network

The retail and mail service Pharmacy Network.

Glossary of Terms *(continued)*

Physician

A qualified, licensed health care practitioner, acting pursuant to a license, who is not the Exchange Participant or a member of the Exchange Participant's immediate family.

Precertification

IMG must be contacted to confirm coverage and benefits:

1. as soon as non-Emergency inpatient hospitalization is recommended (including mental health), or within forty-eight (48) hours of the first working day following an Emergency hospitalization;
2. for inpatient labor & delivery and/or pregnancy complications;
3. for any surgery, including Outpatient;
4. for MRI, CT Scans, PET Scan imaging services;
5. for Skilled Nursing;
6. for Outpatient Chemotherapy and Radiation Therapy;
7. for Physical Therapy and Occupational Therapy;
8. for Infusions;
9. for Home Health Care and Home Infusion Therapy; or
10. for medical evacuations, repatriation and assistance services, prior to any travel or treatment taking place outside of the host country; working day following an emergency hospitalization.

Pre-Existing Condition

Any condition for or which:

1. had its origins prior to the Exchange Participant's effective date of coverage;
2. a Physician was consulted prior to the Exchange Participant's effective date of coverage;
3. treatment or medication was received prior to the Exchange Participant's effective date of coverage; or
4. would have caused any prudent person to seek medical advice or treatment, prior to the Exchange Participant's effective date of coverage.

Note: For purposes of the ASPE, pregnancy is not defined as a Pre-existing Condition.

Providers of Service

When you are ill or injured, your coverage helps pay the Hospital and/or your Physician, as well as appropriate charges for other approved health care professionals. These providers include but are not limited to:

- **Hospital** Any Hospital accredited by the Joint Commission on the Accreditation for Health Organizations, including Veterans Administration Hospitals and Department of Defense Hospitals.
- **Physicians** Any provider licensed in the state or country where the services were provided. These include: Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgeries (DDS or DMD), Podiatrist (POD), and Psychologist (Ph.D.).
- **Certified Nurse Midwife** Must be a licensed Registered Nurse and certified as a nurse midwife by the American College of Nurse Midwives.
- **Other Providers** Nurse anesthetist, nurse practitioner, psychiatric social worker, respiratory therapist, speech therapist, occupational therapist, optician, optometrist, physicians' assistant, private duty nurse, technical surgical assistant, registered physical therapist, or physiotherapist. All of the abovementioned providers must be licensed or certified in the jurisdiction where services were provided.
- **Registered Nurse** A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters RN after their name.

Right of Recovery

When payments for a given medical treatment have been made in excess of the amount necessary, the USDOS has the right to recover such overpayments. The USDOS will notify the Exchange Participant of overpayment and request reimbursement from the Health Care Provider.

Sickness

An illness, disease, or physical condition of an Exchange Participant commencing while coverage is in force.

Glossary of Terms *(continued)*

Telemedicine

The use of telecommunications technologies to provide long-distance or remote clinical health care.

Usual, Customary and Reasonable (UCR)

The payment amount as determined by a nationally recognized Merchant Discount Rate (MDR) fee schedule based upon geographic location. The Administrator purchases the MDR fee schedule from Ingenix, and the Administrator reserves the right of final determination of the amount payable for any service or supply. The following is the basis for determination of UCR:

- **Usual** An amount a professional provider routinely charges for a given service.
- **Customary** An amount which falls within the range of charges for a given service billed by most professional providers in the same locality who have similar training wan amount not considered excessive in a particular case because of unusual circumstances.
- **Reasonable** An amount that is Usual and Customary or an amount not considered excessive in a particular case because of unusual circumstances.

If the charge is in excess of the UCR, no payment with respect to the excess is made, and the excess will not qualify as a Covered Expense under the ASPE Health Benefits Plan.

ACCIDENT AND SICKNESS PROGRAM FOR EXCHANGES

UNITED STATES DEPARTMENT OF STATE

The Accident and Sickness Program for Exchanges (ASPE) complies with the J-1 Visa regulations which govern incoming Exchange Participants. The ASPE Health Benefit Guide, when shown with a valid Identification Card is evidence of health benefit coverage under the ASPE and of the associated benefits and limitations. This guide is current as of 8/17/2026.

DISCLAIMER

No changes to the ASPE Health Benefit Plan shall be made, except by the Executive Director, R/EX, Public Diplomacy Executive Office, United States Department of State (USDOS) who will make such changes that might be required to address budget, policy, regulatory, or legislative mandates. This ASPE Health Benefit Guide replaces all Certificates, if any, previously issued to Eligible Participants and Covered Persons effective August 17 2026. The ASPE Health Benefit Plan is funded by the USDOS through the Fulbright-Hays authorizing legislation. The payment of medical benefits is subject to the availability of appropriated funds at the time when the claim is filed.

For all claims, final determination of what may or may not be eligible for coverage under ASPE is determined after IMG receives all claims - to include any supporting documentation, including but not limited to explanation of benefits (EOBs) from any other insurance coverage you may carry, receipts, notes, and records that may be required by IMG to fully review and process claims.

ASPE

ACCIDENT AND SICKNESS
PROGRAM FOR EXCHANGES

ASPE Health Benefit Plan Administrator

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Guide current as of 08/17/2026 v2.0