

Students enrolling in a Johns Hopkins University in the summer course, including Engineering Innovation, must have health insurance, issued by a provider headquartered in the United States. Traveler’s insurance does not meet this requirement. A parent or guardian may not waive or permit students to attend without health insurance that is U.S. based. Documentation of health insurance must be provided to the program before enrollment is confirmed.

International students must also meet this U.S. based health insurance requirement. For students who cannot document satisfactory coverage, a temporary, summer-only plan is provided by [IMGlobal](#), through the [Gateway Patriot Exchange program](#). This is a limited, emergency plan, and does not cover pre-existing conditions.

At the Gateway Patriot Exchange insurance purchase site, the following elements of coverage must be met:

1. Your Start Date and End Date must be set as outlined in the table below.
2. You can choose the deductible amount you and your family prefer, but coverage must be based on the 500,000 Maximum Limit column.

Terms of Coverage:	Insurance Start Date	Insurance End Date
Residential Programs	Sunday, July 4, 2021	Saturday, July 31, 2021
<ul style="list-style-type: none"> ◦ Hood College ◦ JHU Homewood (Baltimore) 		
Commuter Programs	Monday, July 5, 2021	Saturday, July 18, 2020
<ul style="list-style-type: none"> ◦ Bossier Parish Community College ◦ California State University – Fullerton ◦ HACC - Harrisburg ◦ Hood College ◦ JHU Applied Physics Lab ◦ JHU Homewood (Baltimore) ◦ Loyola University Maryland ◦ Moorpark College ◦ Mt. San Antonio College ◦ Ohlone College ◦ Pasadena City College ◦ University of San Diego ◦ University of the District of Columbia ◦ Western Kentucky University 		

Navigate to the insurance application at https://www.imglobal.com/application/patriot_exchange?imgac=182036 to purchase insurance.

Please see the screenshots below for assistance in purchasing your insurance policy. You will also see a sample IMG Insurance Policy ID card.

PATRIOT EXCHANGE PROGRAMSM

[+ VIEW PLAN DETAILS](#)

Primary Insured's Age *

At time of coverage start date

- or - **Primary Insured's Date of Birth ***

 - -

Primary Insured's Gender *

[+ ADD SPOUSE](#)

[+ ADD DEPENDENT\(S\)](#)

Length of Coverage

(Minimum of 1 month required)

Start Date *

End Date *

Country of Citizenship *

Country of Residence *

Primary Destination Country *

Select United States if any of your destinations include the U.S.

[SEE PRICES →](#)

PATRIOT EXCHANGE PROGRAMSM

[+ VIEW PLAN DETAILS](#)

Primary Insured's Age *

At time of coverage start date

16

- or - **Primary Insured's Date of Birth ***

 - -

Primary Insured's Gender *

Male

[+ ADD SPOUSE](#)

[+ ADD DEPENDENT\(S\)](#)

Length of Coverage

(Minimum of 1 month required)

Start Date *

22-Jun-2020

End Date *

18-Jul-2020

Country of Citizenship *

Spain

Country of Residence *

Spain

Primary Destination Country *

Select United States if any of your destinations include the U.S.

United States

[SEE PRICES →](#)

Coverage Options

Selected Coverage Options:

- Adventure Sports Rider [?](#)

Preferred Currency:
USD

Payment Frequency:
Event

Term:
1 Month(s) [\(Edit\)](#)

Please click on a premium amount to purchase that coverage type.
*The \$50,000 maximum limit option does not meet J1-Visa requirements.

Standard Short-Term Travel Plan

Deductible	Without Add-On Plan				With Add-On Plan			
	*50,000 Maximum Limit	100,000 Maximum Limit	250,000 Maximum Limit	500,000 Maximum Limit	*50,000 Maximum Limit	100,000 Maximum Limit	250,000 Maximum Limit	500,000 Maximum Limit
\$ 0	<input type="radio"/> \$61.20	<input type="radio"/> \$70.80	<input type="radio"/> \$75.60	<input checked="" type="radio"/> \$80.40	<input type="radio"/> \$64.80	<input type="radio"/> \$74.40	<input type="radio"/> \$79.20	<input type="radio"/> \$84.00
\$ 100	<input type="radio"/> \$51.00	<input type="radio"/> \$59.00	<input type="radio"/> \$63.00	<input checked="" type="radio"/> \$67.00	<input type="radio"/> \$54.00	<input type="radio"/> \$62.00	<input type="radio"/> \$66.00	<input type="radio"/> \$70.00
\$ 250	<input type="radio"/> \$45.90	<input type="radio"/> \$53.10	<input type="radio"/> \$56.70	<input checked="" type="radio"/> \$60.30	<input type="radio"/> \$48.60	<input type="radio"/> \$55.80	<input type="radio"/> \$59.40	<input type="radio"/> \$63.00
\$ 500	<input type="radio"/> \$40.80	<input type="radio"/> \$47.20	<input type="radio"/> \$50.40	<input checked="" type="radio"/> \$53.60	<input type="radio"/> \$43.20	<input type="radio"/> \$49.60	<input type="radio"/> \$52.80	<input type="radio"/> \$56.00

Display Options

Plan Type(s) To Display [?](#)

- Standard Short-Term Travel Plan

Add-On Plan(s) To Display [?](#)

- Without Add-On Plan
- With Add-On Plan

Maximum Limit(s) to Display:

- 50,000
- 100,000
- 250,000
- 500,000



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EPSWN00275505

30-JUN-2019

04-AUG-2019

**This coverage contains precertification requirements (see back).
Possession of this card does not guarantee coverage.**

Failure to comply will result in a reduction of benefits. To precertify, prenotify, or verify eligibility and/or benefits, please contact IMG at:

Inside the U.S. and Canada: +1.800.628.4664

Outside the U.S. and Canada: +1.317.655.4500

From the Bahamas: +1.866.677.4500

From the U.K.: +44 2920 474 236

Email: insurance@imglobal.com

Fax: +1.317.655.4505

Online Provider Network: www.imglobal.com/provider

Electronic Claim Payor ID: IMGIN

Mail all claims to: International Medical Group (IMG)
P.O. Box 88500
Indianapolis, IN 46208-0500 USA

