

# Returned Peace Corps Volunteers (RPCVs)

Short-term Health Insurance For Transition & Travel



PLAN YEAR: 07/01/2026 - 06/30/2027

Find out more at  
[PEACECORPS.IMGLOBAL.COM](https://www.peacecorps.org/transition)

POWERED BY 

# Plan Overview

RPCV Short-term Health Insurance For Transition & Travel is designed to provide worldwide medical insurance, including emergency medical evacuation. This competitively priced insurance plan offers coverage for medical expenses not related to Peace Corps service and is available for all Returned Peace Corps Volunteers (RPCVs).

Whether you are heading home to start a new career, advancing your education or continuing to explore the world, this program is designed to meet your needs as a Returned Peace Corps Volunteer.

Our program offers a medical plan tailored to meet your needs, and offers competitive premiums, affordable doctors visits and coverage for prescriptions.

## First Month Free

When you close service, Peace Corps automatically enrolls you in the plan and pays for the first month of coverage. All Returned Peace Corps Volunteers are guaranteed coverage and can choose to extend their coverage up to 2 months.

## Affordable Medical Insurance

This unique insurance plan is offered to meet the diverse health and budget needs of Returned Peace Corps Volunteers.

## Payment Flexibility

Flexible monthly payment plans are available including payment through the Peace Corps Readjustment Allowance.

# Take The Next Step!

## Confirm Eligibility

All Peace Corps Response Trainees & Volunteers are eligible for coverage when they leave service. Their spouses and eligible dependents may also enroll in the program. For more information about eligible family members, visit [peacecorps.imglobal.com](http://peacecorps.imglobal.com).

## Continuing Your Plan

Following your first month of free coverage, you have the option to extend your coverage up to an additional 2 months.

## Extend Your Coverage

It is important for all RPCVs to extend coverage and enroll eligible family members within 31 days of COS date, if they want to continue coverage.



# Instructions & Guidelines

## Enrollment

Returned Peace Corps Volunteers are automatically eligible, enrolled and covered for one month following Close of Service (COS). Spouses and eligible dependents must be enrolled within the first 31 days of coverage at the Volunteer's expense and will be effective on the Volunteers Close of Service Date.

## Coverage Extension

After the first month, Returned Peace Corps Volunteers, spouses and eligible dependents can extend coverage under the program for up to 2 months. To extend your coverage, you will need your Peace Corps Volunteer ID Number. This number was issued to you at the beginning of your Peace Corps service.

Submit your completed Extension Request Form with the Payment Options section to IMG or complete the form online.

## Payment Options

Peace Corps pays for the first month's premium for the Returned Peace Corps Volunteer. Dependents and spouses must pay for the first month's premium. All Returned Peace Corps Volunteers will be responsible for payment of all extension months which can be paid for in advance. Payments may be made in one of the following ways: 1) through the Peace Corps Readjustment Allowance 2) by check 3) by credit card or 4) by automatic monthly credit card deduction.

## Online Information & Resources

Our website offers extensive online information and resources regarding the program including:

- Payment Verification
- Policy Extension
- Benefit Detail
- Prescription Benefits
- Doctor Search
- Claims Assistance
- Certificate of Insurance

You may be asked to provide your member number (Peace Corps Volunteer ID Number).

Visit Us Online for Easy Enrollment and Information [peacecorps.imglobal.com](http://peacecorps.imglobal.com)

## Claims Information

For assistance, contact Peace Corps Care: Toll-free: 855.731.9442 or Collect (in all places): 317.927.6825 or online at [peacecorps.imglobal.com](http://peacecorps.imglobal.com). Pre-certification/pre-notification does not guarantee benefits.

### Submit Claims to: IMG

**Attn:** Peace Corps Care

**Mailing Address:** P.O. Box 21605, Eagan, MN 55121

**Fax:** 855.731.9443 **Email:** [PCcare@imglobal.com](mailto:PCcare@imglobal.com)

If you are unsure of your medical benefits, contact IMG to determine whether your medical condition is covered:

**Toll-free:** 855.731.9442 or Collect: 317.927.6825.

### IMPORTANT NOTICE REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

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"). The insurance benefits provided by this policy are stated in your policy documents, and do not include any additional benefits required by the PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you. IMG reserves the right to immediately alter benefits, provisions, exclusions and/or premiums referenced in this proposal or subsequently bound insurance coverage, should any future United States Healthcare reform regulation require or have an adverse impact on the initial risk taken by the Underwriter or IMG.



# Plan Summary

BENEFIT	LIMITS
<b>Premium</b> (per month)	\$263.41 Returned Peace Corps Volunteer \$241.27 Spouse \$243.55 per Young Adult (19-26) \$223.15 per Dependent Child
<b>Individual Deductible</b> (per coverage period)	\$250 in-network \$500 out-of-network
<b>Family Deductible</b>	\$750 in-network \$1,500 out-of-network
<b>Benefit Percentage</b>	90% in-network 80% out-of-network 100% out-of-country
<b>Out-of-Pocket Maximum</b> (per coverage period)	\$1,000 per individual \$2,000 per family
<b>Office Visit</b> (per visit)	\$25 Co-payment in-network \$35 Co-payment out-of-network
<b>Preventive Care</b>	Routine physical exam including a cytological screening for female RPCVs: \$25 Co-payment with a maximum benefit of \$150 per Coverage Period, covered for Returned Peace Corps Volunteers only. Screening Mammogram for RPCVs: \$25 Co-payment, then 100% to a maximum benefit of \$150 per Coverage Period for females over age 45.  Prostate exam including PSA for Returned Peace Corps Volunteers: \$25 Co-payment, then 100% to a maximum benefit of \$150 for males over the age of 40.
<b>Pre-existing Conditions</b>	Volunteer only
<b>Rx</b>	\$25,000 Calendar year limit. Maximum Supply = 30 days Dependent/Spouse are subject to pre-existing conditions. Primary policy holders are covered. Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization
<b>Emergencies</b>	\$100 Co-payment in-network Emergency Room visit. Subject to Deductible and Coinsurance for out-of-network Emergency Room visit.
<b>Urgent Care</b>	\$25 Co-payment in-network Urgent Care visit. Subject to Deductible and Coinsurance for out-of-network Urgent Care visit.
<b>In-Patient Stay</b>	Semi-private room rate
<b>Chiropractic/Physiotherapy Benefit</b>	\$50 maximum per day, when referred in advance by a Physician
<b>Emergency Medical Evacuation</b>	\$50,000 per Coverage Period
<b>Pre-notification</b>	50% reduction of eligible benefits if prenotification requirement is not met



# Information

For more information, contact IMG:

Our representatives are available to discuss your options and guide you to a solution that is right for you. Information is also available on our website.

**International Medical Group**  
**Attn: Peace Corps Care**  
**Mailing Address: P.O. Box 21605, Eagan, MN 55121**

**Toll-Free:** 855.731.9442  
**Email:** PCcare@imglobal.com

**Collect:** 317.927.6825  
**Online:** peacecorps.imglobal.com

**Fax:** 855.731.9443

Co-payments and limitations may apply to the coverage listed above. Additional limitations may apply to spouse and dependent coverage. Detailed information is provided in the plan certificate which is available online at <http://peacecorps.imglobal.com>.

## About IMG\*

Since 1990, we've served over a million people around the globe with customer service that's second to none. How do we do that? We provide on-site, multi-lingual claims administrators and customer service representatives who process tens of thousands of claims each year. And we work seamlessly with our IMG family of companies to ensure that your experience is a smooth one.

This brochure is only an outline of the RPCV Short-term Health Insurance program and does not supersede in any way the Certificate of Insurance and governing policy documents "Insurance Contract". Benefits are subject to exclusions and limitations as set forth in the Insurance Contract. Peace Corps strongly recommends all volunteers and dependents review the insurance policy prior to purchase. A complete description of this program is contained within. You may obtain a copy of the Certificate of Insurance by going online or contacting IMG. Peace Corps is only responsible for payment of the first month of coverage for the Volunteer. Volunteers will be responsible for any premium for extension of coverage or addition of dependents.

The underwriter reserves the right to change the plan at any time. In the event the premium rates change and an insured has paid in advance, the underwriter will refund any excess premium, or the insured person will owe the additional balance due for the period of coverage purchased in advance.



# Extend/Enroll Dependents

Full Legal Name: <i>(Last, First, Middle)</i>		Date of Birth: ___/___/___ <i>(MM/DD/YYYY)</i>	
Peace Corps Volunteer ID #:	Date of Application: ___/___/___ <i>(MM/DD/YYYY)</i>	End of Service Date (COS, ET or SEP): ___/___/___ <i>(MM/DD/YYYY)</i>	
Country of Service:			
<b>ADDRESS</b>			
Full Legal Name: <i>(Last, First, Middle)</i>		Mailing Address:	
		City:	State:
Postal/Zip Code:	Work Phone:	Home Phone:	Email:
<b>PLAN SELECTION</b>			
Following your first month of coverage, you have the option to extend your coverage with RPCV Short-Term Health Insurance. <input type="checkbox"/> Please extend my plan			
<b>SPOUSE / DEPENDENT COVERAGE</b>			
New spouses must be enrolled within 31 days of marriage, and new dependents must be enrolled within 31 days of birth / adoption. Please use a separate piece of paper if you wish to add additional dependents. If a Volunteer is married to another Volunteer, they must purchase separate policies.			
Effective Date of Coverage (Volunteer Close of Service Date): ___/___/___ <i>(MM/DD/YYYY)</i>			
Spouse Name: <i>(Last, First, Middle)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		Spouse Date of Birth: ___/___/___ <i>(MM/DD/YYYY)</i>	
A ) Dependent Name: <i>(Last, First, Middle)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		A ) Dependent Date of Birth: ___/___/___ <i>(MM/DD/YYYY)</i>	
B ) Dependent Name: <i>(Last, First, Middle)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		B ) Dependent Date of Birth: ___/___/___ <i>(MM/DD/YYYY)</i>	
C ) Dependent Name: <i>(Last, First, Middle)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female		C ) Dependent Date of Birth: ___/___/___ <i>(MM/DD/YYYY)</i>	
<b>CALCULATING YOUR PLAN COST</b> <i>(Please complete entire section.)</i>			
Please use the following chart to extend your coverage and determine your premium based on your plan of choice. Extension coverage begins after the first month.			
	Months	RPCV Premium	Subtotal
Volunteer:	_____ X	\$ _____ =	\$ _____
Spouse:	_____ X	\$ _____ =	\$ _____
A ) Dependent:	_____ X	\$ _____ =	\$ _____
B ) Dependent:	_____ X	\$ _____ =	\$ _____
C ) Dependent:	_____ X	\$ _____ =	\$ _____



**PAYMENT** *(Select One)*

Peace Corps Readjustment Allowance  Submitted to Peace Corps Administrative Office prior to COS Date.

Check/ Money Order  Check enclosed, payable to IMG  Money Order enclosed, payable to IMG

Credit Card  Pay in Advance  Automatic Monthly Deduction

**TO SUBMIT APPLICATION** *(Select One)*

International Medical Group  
**Attn:** Peace Corps Care  
**Mailing Address:** 21605, Eagan, MN 55121  
**Fax:** 885.731.9443

MasterCard  Visa  Discover  American Express

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature (Required): \_\_\_\_\_

**IMPORTANT!**

Your permanent medical ID card is below. This is for your **RPCV Short-term Health Insurance For Transition and Travel coverage.** Carry it with you at all times.

CUT LINE

FOLD

**Returned Peace Corps Volunteers (RPCVs)**



Member: \_\_\_\_\_

ID#: PEAC4: \_\_\_\_\_

Date Issued: \_\_\_\_\_

\*Your ID # will be the numeric value of your Peace Corps ID

Administered By: IMG  
[peacecorps.imglobal.com](http://peacecorps.imglobal.com)

For pre-notification of emergency and non-emergency medical treatment, an explanation of medical benefits, claim status, to find an in network provider, to extend your coverage, or verify payment, contact:

**Assistance**  
[PCcare@imglobal.com](mailto:PCcare@imglobal.com)  
 855.731.9442 or 317.927.6825  
[peacecorps.imglobal.com](http://peacecorps.imglobal.com)

**Co-payments**  
 \$25/\$35 office visits,  
 \$25 Urgent Care, \$100 ER visit

Contact 855.731.9442 or 317.927.6825 or you may access a list of in network pharmacies at [peacecorps.imglobal.com](http://peacecorps.imglobal.com)  
 Pharmacists call 800.800.7364  
 Use BIN#: 610020 and Group#: RX99992794

**To submit claims:**  
 IMG  
 Attn: Peace Corps Care  
 P.O. Box 21605, Eagan, MN 55121  
 Fax: 855.731.9443  
 Email: [PCcare@imglobal.com](mailto:PCcare@imglobal.com)





THANK YOU  
FOR YOUR SERVICE!

### Contact Information

#### International Medical Group

Attn: Peace Corps Care

PO Box 21605, Eagan, MN 55121

Telephone: +1.855.731.9442 (toll-free)

or +1.317.927.6825 (7:00 am – 9:00 pm EST)

Fax: +1.855.731.9443

Email: [PCcare@imglobal.com](mailto:PCcare@imglobal.com)

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable.

Benefits are offered as described in the Insurance Contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract. Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.

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