



# YOUR GUIDE

to MP+International®

G L O B A L  
*peace of mind*®

WWW.IMGGLOBAL.COM



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MP+International®

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# Welcome

Please take a few minutes to look through this guide. It contains general information about how the MP+International plan works. It can assist you in getting the most out of your benefits. For a complete description of your plan benefits, please refer to your Certificate of Insurance.

We would like to

## Thank You!

for making IMG and  
MP+International your  
international insurance  
choice.

## MP+International from IMG

At International Medical Group® (IMG®), our team of professionals is available to assist you with your medical needs should they arise. In addition to this guide, enclosed in your insurance packet, you will find the following helpful, important items:

### 1. Declaration of Insurance:

The declaration includes specific provisions. We recommend that you review these documents closely, and notify IMG or your agent if you have any questions. Your complete Declaration of Insurance includes all of the following:

Declaration Page—contains your insured ID as well as certain terms of your coverage, including certificate number, effective dates, and deductible selected.

Certificate of Insurance—contains a complete outline and certification of coverage under the Master Policy, including definitions and other provisions that are intended to help you understand the various terms and conditions which apply to the coverage you have purchased, including benefits, exclusions, eligibility requirements, and limitations.

### 2. Identification Card:

Please keep your identification card with you at all times and present it to your healthcare provider if/when you seek medical treatment. Your identification card contains important telephone numbers for precertification purposes (please refer to the applicable provisions of your Certificate of Insurance for precertification details). Your provider may offer to precertify for you; however, it is ultimately your responsibility to see that the appropriate requirements are met.

### 3. Claim Form:

In the event that you need to file a claim for benefits, these documents will assist you in filing a Proof of Claim, and will help you understand the various terms and conditions of the coverage you have purchased. Specific provisions regarding the filing of Proofs of Claim can be found in the enclosed Certificate.

### 4. Privacy Policy:

Please review our corporate policy regarding your privacy: <https://www.imglobal.com/legal/privacy-policy>.

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# How to Contact IMG

IMG's Customer Care Team is available to assist you with questions and emergency needs. By following these guidelines, you will be able to **access IMG quickly and easily.**

IMG can be contacted 24 hours a day for emergency services, medical evacuations, and precertifications. Non-emergency related inquiries may be best handled by utilizing MyIMG, IMG's online member portal.

## SELF SERVICE

- MyIMG Member Portal: [www.imglobal.com/member](http://www.imglobal.com/member)

## SERVICE CENTER CONTACT INFORMATION

**Phone:** +1.317.927.6808 (Worldwide)

**Website:** [www.imglobal.com](http://www.imglobal.com)

### Services available:

- Precertification
- Claims, verification of benefits, and provider inquiries

### Precertification:

- We urge you to start the precertification process online prior to the appointment. You may also call to initiate the process.

## IMG ASSISTANCE SERVICES / EMERGENCY MEDICAL EVACUATION

**Phone:** +1.317.927.6808

## Secure Message Center

When sending payment information, health information, and other documents and data regarding your confidential personal information, please use <http://www.imglobal.com/secure-message-center>.



## WEB CHAT

You can chat directly with a Customer Care representative through Live Chat. Simply visit [www.imglobal.com/member](http://www.imglobal.com/member), and click on the "Live Help" icon to send a message. You will be asked to provide your certificate number and date of birth. Once the information has been entered, you can begin your conversation.

Chat with us

To help us serve you better, please provide some information before we begin your chat.

I'm a

Choose item from the list

What is your name? \*

Enter text here

What is your IMG Certificate Number or Vista Member ID (if applicable)?

Enter text here

What is your Date of Birth (for policy holders only)?

# Getting the Most from Your Plan

- **Know your plan benefits.** Take the time to review your Certificate of Insurance.
- **Understand your benefits** with regard to any specific benefit waiting periods.
- **Understand the terms about waiting periods** for pre-existing medical conditions.
- **Know the preauthorization and precertification requirements** in order to avoid paying extra charges.
- **Manage your account online through MyIMG.** Access your account information 24/7/365 from anywhere in the world.
- **When you don't understand your medical plan,** contact IMG's Customer Care department via phone, email, mail, or Live Chat.
- **Keep your medical identification card in a safe place.**
- **When you go to the doctor,** hospital, clinic, lab, or other facility for medical services, be sure to take your IMG medical identification card.
- **When receiving medical care outside of the USA,** minimize the paperwork and upfront expenses by choosing a direct billing provider from IMG's International Provider Access<sup>SM</sup> (IPA) database.
- **When receiving medical care in the USA,** reduce your out-of-pocket costs by choosing a provider from IMG's independently contracted Preferred Provider Network (PPO).
- **Keep track of your claims.** Check the status of your claims via MyIMG.
- **After you file a medical reimbursement** MP+International claim form with IMG, you'll receive an Explanation of Benefits (EOB). Read the EOB carefully as this is a detailed record of how your claim was processed.

Worldwide  
coverage,  
multilingual  
capabilities,  
international  
claims specialists,  
and access to IMG  
from anywhere  
at anytime—all  
designed to provide  
you true

*Coverage*  
WITHOUT  
BOUNDARIES®



## 24-Hour Services

To help enhance your global experience, we provide you with an assortment of interactive services through a secure, user-friendly website. Service at your fingertips anytime, anywhere—that's what MyIMG provides. MyIMG is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world.

Our service centers are always available to help or handle emergencies 24 hours a day, but through MyIMG you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some quick, easy features that can help accommodate you while you are on the move include:

- Submit and check status of a claim
- Obtain certificate documents
- Retrieve explanation of benefits
- Initiate precertification
- Request ID cards
- Search for physicians through our networks

MyIMG is easy to use and allows you 24-hour secure access to your account. Get started today by following these easy steps, and gain access to your information anytime you need it:

1. Go to [www.imglobal.com/member](http://www.imglobal.com/member)
2. As a first time user, follow the login instructions link and proceed to the new user registration
3. Have your certificate number or Insured ID ready
4. Follow steps 1-4 as instructed online

### LOCATING A PROVIDER IN THE U.S.

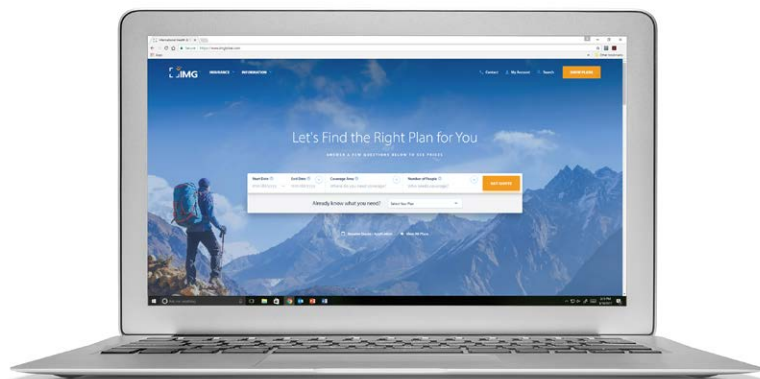
Whenever or wherever you travel, it's comforting to know that the extensive Preferred Provider Organization (PPO) Network is there to serve you. The independent PPO includes hundreds of thousands of established, highly qualified physicians and facilities, including some of the most well-recognized university medical centers and transplant facilities in the U.S.

Of course, you have the freedom to choose any physician or healthcare facility you wish. However, choosing a provider in the PPO network can significantly reduce your out-of-pocket expenses.

### LOCATING A PROVIDER OUTSIDE THE U.S.

If you are seeking treatment outside the U.S., we provide you access to our proprietary International Provider Access (IPA), a database that includes more than 18,550 highly qualified physicians and facilities that encompass a comprehensive array of specialties to handle any healthcare emergency. Our direct billing arrangements can also ease the time and up-front expense at select providers. Direct billing providers are indicated with a star.

You can instantly access a list of providers and facilities within the PPO and IPA network online at [imglobal.com](http://imglobal.com) or through MyIMG. The directories allow you to search by physician or facility name, specialty, or location.



*Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

Your Guide to [MP+International](#)





GLOBAL  
*peace of mind*®

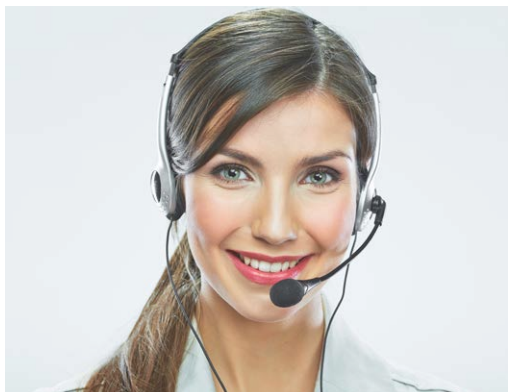


# Medical Concierge Service (MCS)

Members can utilize MCS for non-emergency medical information.



IMG's MCS provides worldwide assistance and medical management services. This service is designed to provide you with information when you are in need of a non-emergency medical procedure in the U.S. MCS assists you in making the right decision for treatment by providing information on provider ratings, past outcomes, and general costs—all in the area where you are planning treatment.



## WHEN DO I CALL MCS?

Early notification is key! Call MCS any time you have a **non-emergency** need to find a provider or have a test/procedure done while in the U.S. MCS will provide information on:

- Doctors (beyond primary care physicians, e.g., specialists)
- Hospitals for inpatient services
- Labwork and imaging services (including MRIs, PET scans, CT scans, etc.)
- Any outpatient surgical procedures



## WHY IS IT IMPORTANT?

Without access to basic information such as facility quality, cost, charges, or markup, you cannot make an informed decision as to where to have a procedure performed. **By utilizing MCS, you will be referred to high-quality, cost-effective facilities and reduce your coinsurance costs.**

**Use of the MCS should result in a lower out-of-pocket cost to you.**

For more information, please call:

+1.877.654.6229 or email us at [mcs@akesocare.com](mailto:mcs@akesocare.com)

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# Medical Travel (Tourism)

*When seeking medical care in the U.S., members should also consider our medical travel benefit.*



## WHAT IS INTERNATIONAL MEDICAL TRAVEL?

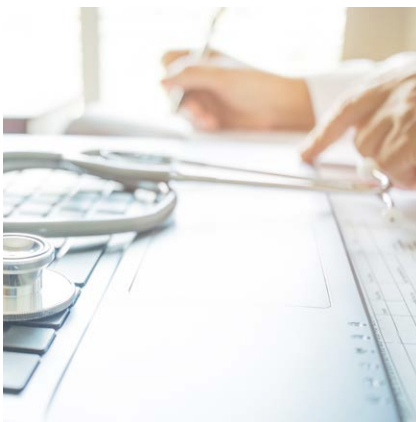
IMG offers an international medical travel benefit, which encourages participants to access non-emergency medical treatment at high-quality Joint Commission International or other qualified overseas providers, while generating significant cost savings for the plan and sharing a portion of that savings with the participant.



## WHEN DO I CALL?

Members may contact IMG's precertification team prior to non-emergent medical treatment in order to determine if eligible for this benefit. International medical travel is designed for non-emergency medical treatment, such as:

- Joint replacements
- Cardiac procedures
- Hysterectomies
- Spinal surgeries
- Other services as approved by the plan



## HOW DOES IT WORK?

A designated nurse case manager will evaluate the cost effectiveness of an international medical travel case to assess whether the minimum savings required can be achieved as defined by the plan. The case manager will then assist the member in identifying a qualified medical provider to render the specified care while negotiating medical fees.

Upon approval, the case manager will coordinate the necessary services including patient care, travel, scheduling, and housing. The case manager will assist with coordination of a medical follow-up visit upon returning home, when needed.



## WHY IS IT IMPORTANT?

When a participant or dependent elects to use the international medical travel benefit to maximize plan savings, your plan administrator may provide a percentage of the cost savings achieved from treatment back to the participant.

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# Precertification

Precertification is the process for determining whether the services delivered or scheduled to be delivered to a patient are medically necessary and appropriate.

## HOW IT WORKS

- To initiate the required precertification, refer to the phone number or email address on the back of your medical insurance card, or begin the process online through your MyIMG account at <https://www.imglobal.com/member>.
- Either you, the treating physician, or health care provider may initiate the precertification process.
- In case of an emergency, you have the flexibility to notify IMG within 48 hours after the emergency to initiate precertification. You must be admitted to request precertification; emergency room visits do not require precertification.

### Note:

Precertification is not a verification of benefits or a guarantee of payment.

## ADDITIONAL NOTES

If your hospital stay is extended, then you should request that the hospital or provider notify the IMG precertification team that your stay has been extended.

If a step in the process is missed, then the precertification team will attempt to complete the process via a callback to you and/or your provider.

If IMG does not receive a response during the attempt to complete the process, then the precertification request may be withdrawn.

The following treatments and services must be precertified or there could be a reduction in benefits:

- Chemotherapy
- Extended Care Facility
- Home Nursing Care
- Hospice Care
- Inpatient Hospitalization
- Interfacility Ambulance Transfer
- Radiation Therapy
- Surgery or Surgical Procedure
- Transplant
- Maternity Care

## PRECERTIFICATION AND MATERNITY

In order to precertify a birth, you must request precertification within 60 days of your due date. You should supply a birth location during the precertification process. It is of the utmost importance to keep IMG's precertification department in the loop if anything changes with admission/delivery dates and to contact them within 48 hours of giving birth with admission date and birth information. You must to notify your group administrator within 30 days after the birth to ensure the baby is set up with the appropriate benefits.

## PRECERTIFICATION PROCESS

1. Initial request comes in for precertification via email, MyIMG, fax, provider call, or member call. Precertification team reviews member's eligibility.
2. Request is built in the system and IMG requests medical records. If the request comes into IMG by provider phone call, the medical records are requested over the phone. If the precertification request is submitted via email, a response is sent to the provider requesting the records.
  - a. The medical records and a diagnosis code must support the procedure requested.
4. Once the medical records come into IMG's precertification team, a medical team reviews the request. The medical team will also determine if the procedure is medically necessary. Please note that even if the procedure is medically necessary, it may not be a covered benefit under this plan; the member should review their benefits to ensure that the plan covers the procedure and call IMG with any questions.
5. After the review for medical necessity, a letter is sent to the provider and the member to let them know the procedure is approved or denied (by email or by postal mail); if denied you have the right to appeal.
  - a. If a member is overseas and the precertification request comes in via email, the precertification decision will be sent back to the member via the email on file. IMG cannot mail a precertification notification overseas.
  - b. The member can also follow up with IMG via phone or email.

### To Initiate Precertification:

Phone: +1.317.655.4500

email: [precertification@imglobal.com](mailto:precertification@imglobal.com)

*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

# Claims Procedures

## SUBMITTING YOUR CLAIM AND RECEIVING PAYMENT

Whether stateside or overseas, IMG would like to help you as much as possible in having your claim processed in a timely fashion. In order to do that, allow us to provide you with some helpful hints and explanations.

Let's start by explaining that the claim adjudication process begins with proper notification that a claim has been incurred. To do this, you or the medical provider must submit a medical claim form and an itemized bill which lists the services rendered.

*We **always** recommend that you take time to practice the following steps in the claim process:*

- Prior to seeking medical treatment, read all documents provided at the time of enrollment.
- Make sure you understand what services and procedures require precertification prior to treatment so your benefits will not be reduced.
- Present your IMG ID card to all medical providers at the time of treatment.
- Complete a claim form, along with all proper documentation, once services have been rendered.

The claim form needs to be completed by you or your provider. This form explains to our claims department the history behind your claim submission and other pertinent information required to process the claim.

*If you don't **submit the required documents**, your claim could be delayed or unpaid.*

## CLAIM FILING DOCUMENTATION

### What types of documentation is needed?

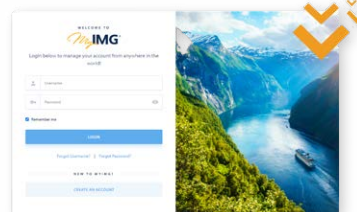
- Completed MP+ claim form
- Prescription from doctor (date, amount, drug name, and dispensary)
- In reimbursement situations, proof of payment
- Accident questionnaire form (when necessary)
- Wire transfer form (if the member lives overseas). Please be clear on where the reimbursement goes and include necessary information to reimburse the claim.
- For physical therapy claims, include the referral from your doctor with frequency and duration.

**Please remember to submit your original itemized bills and receipts promptly following your medical visit/ care (must be submitted within 180 days).** Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.



## HOW TO FILE ONLINE:

Log in to your MyIMG account at [www.imglobal.com/member](http://www.imglobal.com/member)



## HOW TO FILE VIA EMAIL:

- Fill out MP+ claim form completely.
- Attach copies of documents to your email.
- Double check to ensure the documents are legible.
- Send your claim securely to [customercare@imglobal.com](mailto:customercare@imglobal.com)

*When sending payment information and personal health information, please send by fax, secure email, or the secure message center.*

Your Guide to **MP+International**



## EXAMPLE OF COMPLETED CLAIM FORM

PART C. Complete for all treatment received outside of the United States								
Date of service (month/day/year)	Provider	What type of service and/or name of drug provided?	What was the illness/injury?	City, state, country	Type of currency paid or billed	Total charge paid or billed	Converted to U.S. funds	Office use only
01/06/2021	Dr. John Smith 1120 N.State St. Nashville, TN 45344	Sickness Exam	Sore throat	Nashville, TN	Dollars	45.00	45.00	
03/04/2021	Dr. Jane Doe London Hospital 4453 North America St. London, England	Leg setting, cast	Broken leg	London, England	Pounds	1,054.00	1,465.19	


### FOR THE BEST CLAIMS EXPERIENCE AND TO AVOID DELAYS

- Submit your claim online via MyIMG at [www.imglobal.com/member](http://www.imglobal.com/member). You will receive an email that your claim has been submitted. If you file your claim through email or postal mail, you will not receive a notification.
- Logging into your MyIMG account on a regular basis will help you stay on top of your claims status. It may take up to 24 hours for your claim status to update from "Submitted" to "Processed."
- If your claim is denied, be sure to look at the **explanation of benefits and review remark codes** to see if your claim needs additional attention or additional documentation to process.
- If you don't submit a claim within the timely filing period, then your claim may be denied.
- If your claim submission is lacking the proper documentation, then your claim will be delayed.
- Complete the form in its entirety.** Be descriptive in regards to services the doctor performed, past medical history, date the condition and/or symptoms were first experienced, and addresses of prior physicians. Remember, if a question applies to your particular situation, please answer it.
- Submit a new claim form for each family member AND for each new medical condition being treated.
- Even though we can process claims in other languages, when possible, provide translations in English for charges being submitted.
- Keep copies of all forms submitted to IMG—this will help you should you need to refer back to your submission.
- Claims submitted via fax, secure email, or the secure message center can only be accepted when they are clear, legible, and do not appear to be altered.
- When submitting prescription drug charges for reimbursement, we require more than a cash register receipt. Please forward information including your name, date of service, name of the drug, quantity dispensed, price, prescribing physician, and name of pharmacy. To help the process, it is most helpful if you affix any loose paper receipts to a full piece of paper.
- If requesting a wire transfer, we must have complete banking information on file before we can honor that request.
- If you are the group administrator submitting claims on behalf of a dependent minor child and wish for the reimbursement to be sent to the parent or guardian, that request needs to be added to the claim form so special handling may be arranged.
- Provide an email address where you can be contacted. Resolution by secure email is much faster than postal mail.



# Explanation of Benefits (EOB)

The EOB is a summary of how your claim was processed. Take a moment to review the key terms highlighted on this sample EOB. If you have a question about your EOB, please contact the IMG Customer Care department.




**IMG™**  
2960 North Meridian Street  
Indianapolis IN 46208

20170421T06  
3042  
1301 12145

Page 1 of 2

**Payment To Member** 45] 1 of 1



**1 Explanation of Benefits**

**RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL**

**Forwarding Service Requested**

JOHN SAMPLE  
123 MAIN STREET  
ANYWHERE, USA 55555

JOC2 45

**2 Customer Service**

**Date Prepared:** 04/21/17

If you have any questions regarding  
this claim, please call  
(800) 628-4664 or (317) 655-4500

**3 Color Key:** Plan Responsibility Amount You Pay

**4 Member ID:** XXXXX9999 **5 Claim#:** 12345678900 **6 Provider:** Member Paid **7 Group Name:** GROUP ABC123 **8 Patient #:**

Dates of Service	Service Code	Total Charge	Not Covered	Reason Code	Discount Amount	Covered by Plan	Less Deductible	Less Co-Pay	Amount Subject to Coins	Paid At	Less Patient Share of Coins	Payment Amount
12/09-12/29/2016	CC	\$35.80	\$0.00	60U	\$0.00	\$35.80	\$0.00	\$0.00	\$35.80	50%	\$17.90	\$17.90
<b>Column Totals</b>		\$35.80	\$0.00		\$0.00	\$35.80	\$0.00	\$0.00	\$35.80		\$17.90	\$17.90
<b>Patient's Responsibility:</b>												\$17.90
<b>Other Credits or Adjustments</b>												\$0.00
<b>Total Payment</b>												\$17.90

- 5. Claim Number** – This number is assigned by IMG's claims system when the claim is processed.
- 6. Provider and Patient Information** – This section includes the provider's name, group name, member's name, and member's account number (assigned by the provider). For member-paid claims, the provider name may be "Member Paid."
- 7. Date of Service** – The date(s) the member received treatment.
- 8. Service Code** – The type of services or products the member received from the provider.
- 9. Total Charge** – The full amount billed by the provider to the plan.
- 10. Not Covered** – The portion of the total charge that was not covered or eligible for payment under the plan.
- 11. Reason Code** – A code that corresponds with the "Remark Code" description.
- 12. Discount Amount** – The amount saved by using an in-network provider.
- 13. Covered by Plan** – The portion of the charges eligible for benefits.

- 14. Less Deductible** – The deductible is the amount for which the member is responsible during each period of coverage.
- 15. Less Copay** – A set amount that the member pays for certain covered services, such as office visits or prescriptions. Copays are usually paid at the time of service.
- 16. Amount Subject to Coins** – The total benefit amount subject to coinsurance.
- 17. Paid At** – The actual coinsurance percentage.
- 18. Less Patient Share of Coins** – The amount of the member's share of the coinsurance.
- 19. Payment Amount** – The amount paid by the plan for each claim line.
- 20. Column Totals** – The total of each of the columns.
- 21. Patient's Responsibility** – Total amount that the member is responsible for paying after the plan benefits have been applied.
- 22. Other Credits or Adjustments** – Any adjustments, credits, or previous payments applied.
- 23. Payment** – The total amount paid by the plan.
- 24. Service Code Description** – An explanation of the procedure (service) codes listed on the claim. These codes describe the services that were rendered by the provider.

**24 Service Code Description**

CC	CHIROPRACTIC CARE
----	-------------------

**25 Remark Code Description**

60U	THE MEDIAN EXCHANGE RATE WAS USED IN CALCULATING BENEFIT REIMBURSEMENT FOR EACH DATE OF SERVICE. THERE IS NO ALLOWANCE FOR ANY BANK EXCHANGE FEE.
-----	---

**26**

**30**

ENDORSE CHECK HERE

**27 Additional Information**

IMG acts solely as the agent and Third Party Administrator for the insurance carrier/group plan on whose behalf this instrument is issued. Please contact IMG for further details and specific information concerning the carrier/group plan.

**28 Payment Details**

Paid To	Check No.	Amount
JOHN SAMPLE	000006163949	\$17.90

**29 Accumulator**

Accumulator	Amount
Deductible	\$1,500.00

- 25. Remark Code Description** – An explanation of the remark code used on the claim.
- 26. Copy of the Front of the Voided Check Image**
- 27. Additional Information** – Applicable appeal language and/or general information.
- 28. Payment Details** – Explains to whom the payment was issued, the check/wire number, and amount.
- 29. Accumulators/Amount** – Amount applied to deductible or out-of-pocket amounts.
- 30. Copy of the Back of the Voided Check Image**



# Frequently Asked Questions

**Q: How do I submit a claim?**

**A1:** If you're outside the USA and you paid for medical treatment, complete a Group Claim Form, attach copies of the original itemized bills and paid receipts, and mail, email to IMG, or submit your claim online at [www.imglobal.com/member](http://www.imglobal.com/member).

**A2:** If you receive a bill from a PPO Provider while in the USA, please send it to IMG. If you pay your bill directly to the provider, you may not receive a PPO Provider discount.

**Note:** Claims must be filed within 180 days from the date that the eligible expenses were incurred.

**Q: How are claims processed?**

**A:** Your claim will be processed when we have received all necessary information. Your claim may be delayed if additional information is needed from you and/or your provider.

**Q: When should I submit a claim?**

**A:** Claims must be submitted to IMG within 180 days from the date of service.

**Q: What is required to accurately complete a claim form?**

**A:** It's important to submit the fully completed MP+ Group Claim Form along with itemized bills, statements, and invoices for services and supplies you have received.

**Q: What typically delays a claim from being paid?**

**A:** The most common problems are missing information such as:

- Incomplete claim form
- Missing itemized receipts
- Missing or incomplete wire transfer form for overseas payments
- If related to a pre-existing condition, a prior Certificate of Credible Coverage may be required

**Q: What if I want to designate someone to act on my behalf?**

**A:** If you wish to have someone act on your behalf, IMG requires that a Privacy and Confidentiality Statement be signed by the insured person or guardian. This form is part of the claim form. The Customer Care department will not discuss any information with the designated person unless the completed form is on file.

**Q: Will IMG pay directly to providers?**

**A:** In many cases, IMG works directly with the hospital or clinic, including those outside the USA PPO network, for direct payment of eligible medical expenses on your behalf. To have a claim paid in this manner, you or the provider must complete a Group Claim Form and submit it with copies of your itemized bills. If applicable, you will be responsible for direct payment of your deductible, coinsurance amounts, and non-eligible expenses and charges.

**Q: What happens if the provider bills me before IMG pays the bill?**

**A:** Many providers send copies of bills to the insurance company and to the patient. If you receive a bill after receiving treatment from a provider, please contact IMG's Customer Care department. The provider most likely sent the bill to IMG and the bill will be processed soon. Help us avoid duplicate payments by allowing IMG to make payments to providers on your behalf.

**Q: How do I access my personal account information on MyIMG?**

- A:**
1. Go to [www.imglobal.com/member](http://www.imglobal.com/member)
  2. As a first time user, follow the login instructions link and proceed to the New User Registration
  3. Have your certificate, group number, or Insured ID ready
  4. Follow steps 1-4 as instructed online

**Q: What types of assistance does IMG provide members?**

- A:**
- 24-hour online access to MyIMG
  - 24-hour availability for emergency services, medical evacuation, and precertification
  - On-site, physician-directed emergency medical services and large claim management
  - Ability to reimburse claims directly to you or the provider in most major currencies via wire transfer
  - Foreign language translation for claims

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# Optional Services

## MP+International Virtual Programs

### Mental Health Services and Employee Assistance Program

LifeWorks offers support with mental, financial, physical, and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to LifeWorks for a confidential service you can trust. Anytime, 24/7, 365 days a year.

### Teleconsultation

CareClix provides access to a national network of board-certified doctors and pediatricians in the U.S. who are available 24 hours a day, seven days a week, 365 days a year to help diagnose, treat, and prescribe medication (when necessary and available) for many non-emergent medical issues via phone or online video consultations. CareClix does not replace existing primary care physician relationships, but supplements them as a convenient, affordable alternative for non-emergency medical care. The use of CareClix will be considered as treatment inside the U.S. - PPO Network.

### Travel Intelligence Portal

This web-based portal allows the user to subscribe for location-specific alerts for ten threat categories, including Security, Transportation, Health, Entry/Exit, Financial, Language, Cultural, Environmental, Legal, and Technology. Prior to travel, the portal can also be accessed to provide information such as visa, passport, immunization requirements, local customs, and medical referrals.

Log in to MyIMG from any device and select Travel Intelligence to get the most of this service.



*Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

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# Optional Services (con't)

## MP+International Assistance Services

In the event that a member requires an evacuation, whether for a medical emergency or a political or natural disaster, IMG's staff will coordinate all aspects of the transfer. Because each evacuation is unique, a tailored action plan is developed to ensure the best outcome.

ADDITIONAL FEES MAY APPLY



### EMERGENCY MEDICAL TRANSPORT SERVICES

In a medical emergency, IMG provides Emergency Medical Transport Services that have a proven track record of helping travelers get the care they need. IMG also helps contain program costs and coordinates communications across borders and constituents every step of the way home. The transportation services outlined under Emergency Medical Transport are included at no additional cost.

Emergency Medical Evacuation

Medial Repatriation

Repatriation of Mortal Remains

Vehicle Return

Dispatch of Physician



### SECURITY ASSISTANCE SERVICES

Security and safety may be a traveler's biggest concern while away from home. Give your travelers hands-on guidance and peace of mind in the event of safety threats. Security evacuation services outlined in this section are offered to the member for up to 4 days of security evacuation coordination.

Political Evacuation

Natural Disaster Evacuation

IMG Assistance Services can be accessed 24/7/365 via the following:

Phone: +1.317.927.6808

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

BE There.



This document is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides for you will be determined by your services contract. IMG has procured first-dollar insurance, underwritten by a licensed third-party insurance company, to cover the cost of all services, including any medical transportation or political, natural disaster, or security evacuations. All services must be arranged and paid by IMG. The services described herein are not insurance benefits, and the services contract is not an insurance contract.

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## Your Guide to **MP+International**



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