

CREWSELECT INTERNATIONALSM

Schedule of Cover & Excesses



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The following is only a summary of available covers, and is subject to the specific terms and conditions of the plan concerning eligible covers, limitations, eligibility and exclusions. Please refer to the Policy Wording for a complete description, which is available upon request. The currency in which you pay your premium, being either £ Sterling, \$ USD or € Euro, is the currency that applies to your plan for the purposes of benefits and limits.

Underwritten by Sirius International Insurance Corporation (the "Insurer"). Administered, as agent for and on behalf of the Insurer, by International Medical Group, Inc. ("IMG"). Coordinated, as agent for and on behalf of the Insurer for the purposes of receiving premiums, receiving and holding claims money; and receiving and holding premium refunds, by IMG Europe Ltd.

	Standard	Elite	Standard	Elite
Overall Annual Maximum Sum Insured Per Period of Insurance	£1.5M/\$2.5M/€1.75M	£5M/\$8M/€6M	£1.5M/\$2.5M/€1.75M	£5M/\$8M/€6M
A In-Patient and Day-Patient Treatment				
1 Hospital Accommodation and Theatre	Full Cover	Full Cover	Full Cover	Full Cover
2 Accidents, Emergencies, Intensive Care				
3 Surgeons, Consultants, Anesthetists & Nurses and Ancillary Charges				
4 Medical Practitioners				
5 Prescribed Drugs, Dressings and Durable Medical Equipment				
6 Reconstructive Surgery				
7 Diagnostic Tests and Procedures, X-rays, Pathology and MRI/CT Scans				
8 Cancer Tests, Drugs, Treatment and Consultants				
9 Physiotherapy				
10 Parental Hospital Accommodation - With an insured Child under 18				
11 Post Hospitalisation Treatment - Received within 90 days of being discharged from hospital				

12 Hospital Cash Benefit	£150/\$255/ €175/night 60 nights	£200/\$340/ €235/night 60 nights	£150/\$255/ €175/night 60 nights	£200/\$340/ €235/night 60 nights
13 Organ Transplant (for major organs)	£100,000/\$160,000 €117,000 Lifetime Limit	£200,000/\$320,000 €234,000 Lifetime Limit	£100,000/\$160,000 €117,000 Lifetime Limit	£200,000/\$320,000 €234,000 Lifetime Limit
14 Prosthetic Devices	Full Cover	Full Cover	Full Cover	Full Cover
15 Psychiatric Treatment - After 12 months continuous cover under the Policy	Full Cover To a maximum of 30 days	Full Cover To a maximum of 30 days	Full Cover To a maximum of 30 days	Full Cover To a maximum of 30 days

B Out-Patient Treatment and Wellness Benefits (continued on reverse side)				
1 Family Doctor, Treatment and Referrals	Up to £5000/ \$8500/ €6000	Full Cover	Up to £5000/ \$8500/ €6000	Full Cover
2 Specialists and Consultants				
3 X-rays, Pathology, Diagnostic Tests and Procedures				
4 Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment				
5 Out-Patient Surgery	Full Cover	Full Cover	Full Cover	Full Cover
6 MRI and CT Scans				
7 Cancer Tests, Drugs, Treatment and Consultants				
8 Physiotherapy, Homeopathic and Osteopathic Therapy	Maximum 15 visits as part of the £5000/\$8500/ €6000 limit above	Up to £2500/\$4250/ €2950 for up to 20 visits	Maximum 15 visits as part of the £5000/\$8500/ €6000 limit above	Up to £2500/\$4250/ €2950 for up to 20 visits

		Standard	Elite	Standard	Elite
B Out-Patient Treatment and Wellness Benefits (continued from reverse side)					
9	Complementary Medical Treatment - Including Acupuncture and Chiropractic Therapy	Up to £500/\$850/ €600	Up to £2500/\$4250/ €2950	Up to £500/\$850/ €600	Up to £2500/\$4250/ €2950
10	AIDS/HIV Treatment	Up to £5000/\$8500/ €6000 with a lifetime limit of £10,000/\$17,000/ €11,800	Up to £5000/\$8500/ €6000 with a lifetime limit of £20,000/\$34,000/ €23,600	Up to £5000/\$8500/ €6000 with a lifetime limit of £10,000/\$17,000/ €11,800	Up to £5000/\$8500/ €6000 with a lifetime limit of £20,000/\$34,000/ €23,600
11	Hormone Replacement Therapy	Full Cover 18 Month Limit Lifetime	Full Cover 18 Month Limit Lifetime	Full Cover 18 Month Limit Lifetime	Full Cover 18 Month Limit Lifetime
12	Home Nursing Care - Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, in-patient or day care treatment	Up to £75/\$130/ €90/night to a maximum of 45 visits	Up to £75/\$130/ €90/night to a maximum of 60 visits	Up to £75/\$130/ €90/night to a maximum of 45 visits	Up to £75/\$130/ €90/night to a maximum of 60 visits
13	Rehabilitation	Full Cover Up to 90 Days	Full Cover Up to 180 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
14	Extended Care Facility	Full Cover Up to 6 Months	Full Cover Up to 6 Months	Full Cover Up to 6 Months	Full Cover Up to 6 Months
15	Hospice Care				
16	Adult Wellness and Health Check - Medical check-up, cervical smear, mammogram, prostate cancer test - After 12 months continuous cover under the Policy	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)
17	Child Wellness and Health Check - After 12 months continuous cover under the Policy	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)	Up to £150/\$255/€175 (Nil Excess)	Up to £250/\$425/€295 (Nil Excess)
18	Psychiatric Treatment - After 12 months continuous cover under the Policy	Up to £2500/\$4250/ €2950	Up to £2500/\$4250/ €2950	Up to £2500/\$4250/ €2950	Up to £2500/\$4250/ €2950
19	Podiatry Benefit	Up to £500/\$750/ €525 per Period of Insurance	Up to £500/\$750/ €525 per Period of Insurance	Up to £500/\$750/ €525 per Period of Insurance	Up to £500/\$750/ €525 per Period of Insurance
C Travel, Transportation and Out of Area Benefits					
1	Emergency Local Ambulance	Full Cover	Full Cover	Full Cover	Full Cover
2	Emergency Evacuation and Transportation	Full Cover To nearest medical facility, country of choice, country of residence, or country of nationality within Your Area of Cover			
3	Accompanying Relative Travel and Accommodation	Full Cover	Full Cover	Full Cover	Full Cover
4	Cremation/Burial or Repatriation of Remains	Up to £7500/ \$13,000/€9000	Up to £10,000/ \$17,000/€11,800	Up to £7500/ \$13,000/€9000	Up to £10,000/ \$17,000/€11,800
5	Compassionate Home Visit - After 12 months continuous cover under the Policy	Up to £1500/ \$2550/€1750	Up to £1500/ \$2550/€1750	Up to £1500/ \$2550/€1750	Up to £1500/ \$2550/€1750
6	USA Elective treatment within the Provider Network - Excludes non-emergency travel and accommodation (Applicable to insureds who have not selected Area 3 - Worldwide Cover)	Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess)	Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess)	Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess)	Up to £500,000/\$850,000/ €600,000 with 20% co-insurance (Nil Excess)
7	Worldwide Accident and Emergency Out-of-Area Cover	45 Days Maximum	60 Days Maximum	45 Days Maximum	60 Days Maximum

		Standard	Elite	Standard	Elite
D Cover in Respect to Pre-Existing Conditions and Chronic Conditions					
1	Pre-Existing Conditions INDIVIDUAL - Available after 24 months continuous cover under the Policy. GROUP - Declared and accepted conditions, within previous 3 months. Covered if treatment free for 6 months or after 12 months.	Up to £2000/\$3400/ €2350 with a lifetime limit of £20,000/ \$34,000/€23,500	Up to £3000/\$5100/ €3550 with a lifetime limit of £30,000/ \$51,000/€35,500	Full Cover	Full Cover
2	Chronic Conditions and Palliative Care	Covered as part of the pre-existing medical limits above		Covered as part of the pre-existing medical limits above	
3	Stabilisation of Acute Chronic Episode	Full Cover	Full Cover	Full Cover	Full Cover
E Dental Treatment					
1	Emergency Treatment (In-Patient or Day-Patient)	Full Cover		Full Cover	
2	Accidental Damage INDIVIDUAL - Out-Patient Treatment/Dental Surgery must be received within 5 days from the date of the Accident occurring, or immediately upon arrival in the next Port, whichever is later GROUP - As necessary to restore or replace sound natural teeth damaged in an accident leading to injury covered under this insurance	Up to £250/\$425/€295	Full Cover	Up to £250/\$425/€295	Full Cover
3	Emergency Treatment (Out-Patient/Dental Surgery) - For relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 5 days of the event, or immediately upon arrival in the next Port, whichever is later	No Cover	Up to £250/\$425/€295 in aggregate – subject to 25% co-insurance (Nil Excess)	No Cover	Up to £250/\$425/€295 in aggregate – subject to 25% co-insurance (Nil Excess)
4	<i>Routine Treatment (Out-patient)***</i> ***incurred after 180 days of continuous coverage a) examinations, check-up and x-rays b) tooth cleaning and polishing c) normal compound fillings, simple or non-surgical extractions	No Cover	Up To £400/\$675/€475 in aggregate a) £50/\$85/€60/ visit, maximum two visits each period of insurance b) £50/\$85/€60/ visit, maximum two visits each period of insurance c) £50/\$85/€60 each tooth (£80/\$135/€95 wisdom tooth) Subject to 25% co-insurance (Nil Excess)	No Cover	Up To £400/\$675/€475 in aggregate a) £50/\$85/€60/ visit, maximum two visits each period of insurance b) £50/\$85/€60/ visit, maximum two visits each period of insurance c) £50/\$85/€60 each tooth (£80/\$135/€95 wisdom tooth) Subject to 25% co-insurance (Nil Excess)
5	Major Restorative Treatment**** - Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridgework, new or repair of crowns (not precious metal), root canal treatment, new or repair of upper or lower dentures ****incurred after 12 months from the Effective Date of Coverage	No Cover	Up to £750/\$1300/€900 in aggregate, subject to 50% co-insurance (Nil Excess)	No Cover	Up to £750/\$1300/€900 in aggregate, subject to 50% co-insurance (Nil Excess)
F Maternity Cover - Available After 12 Months Continuous Coverage (continued on reverse side)					
1	Pregnancy Complications Including Medically Required C-Section	Up to £10,000/ \$17,000/€11,800	Full Cover	Up to £10,000/ \$17,000/€11,800	Full Cover
2	Normal Pregnancy and Delivery - Including Premature Birth Treatment, Pre-, Post- and Routine Natal Care	No Cover	Up to £5000/ \$8500/ €6000 subject to 20% co-insurance	No Cover	Up to £5000/ \$8500/ €6000 subject to 20% co-insurance

		Standard	Elite	Standard	Elite
F Maternity - Available After 12 Months Continuous Coverage (continued from reverse side)					
3	Newborn Hospital Accommodation	No Cover	Up to 14 Days	No Cover	Up to 14 Days
4	Newborn Examination		Up to £150/\$255/€175		Up to £150/\$255/€175
5	New Baby Benefit		£100/\$170/€120 (Nil Excess)		£100/\$170/€120 (Nil Excess)
6	Cover for Newborns	£10,000/\$17,000/ €11,800 must enroll with parents in 31 days	£25,000/\$42,500/ €29,500 must enroll with parents in 31 days	£10,000/\$17,000/ €11,800 must enroll with parents in 31 days	£25,000/\$42,500/ €29,500 must enroll with parents in 31 days
G Non-Medical Covers and Benefits					
1	Out-of-Country Legal Expenses	Up to £5000/\$8500/ €6000 (£250/\$425/€295 Excess)	Up to £7500/\$13,000/ €9,000 (£250/\$425/€295 Excess)	Up to £5000/\$8500/ €6000 (£250/\$425/€295 Excess)	Up to £7500/\$13,000/ €9,000 (£250/\$425/€295 Excess)
2	Vision Contribution Benefit	No Cover	£200/\$340/€235 subject to 50% co-insurance	No Cover	£200/\$340/€235 subject to 50% co-insurance
3	Trip Interruption	Up to £5000/\$8500/ €6000 per Period of Insurance (Nil Excess)	Up to £7500/\$13,000/ €9000 per Period of Insurance (Nil Excess)	Up to £5000/\$8500/ €6000 per Period of Insurance (Nil Excess)	Up to £7500/\$13,000/ €9000 per Period of Insurance (Nil Excess)
4	Lost / Theft- Luggage / Personal Papers	Up to £500/\$850/€600 per Period of Insur- ance (Nil Excess)	Up to £500/\$850/€600 per Period of Insur- ance (Nil Excess)	Up to £500/\$850/€600 per Period of Insur- ance (Nil Excess)	Up to £500/\$850/€600 per Period of Insur- ance (Nil Excess)
H Special Marine Benefits					
1	Amateur Sailboat Racing Coverage	Full Cover	Full Cover	Full Cover	Full Cover
2	Recreational Underwater Activities Coverage - Includes Sports Diving to depths of 30 meters	Full Cover	Full Cover	Full Cover	Full Cover
3	Special Crew Member Return Benefit	Up to £2000/\$3000/ €2100 per Period of Insurance	Up to £5000/\$7500/ €5250 per Period of Insurance	Up to £2000/\$3000/ €2100 per Period of Insurance	Up to £5000/\$7500/ €5250 per Period of Insurance
I Other Services and Benefits					
1	24 Hour Emergency Helpline	Included	Included	Included	Included
2	USA Medical Concierge Service (For Eligible Treatment in the USA)	Included	Included	Included	Included
3	Medical Information Service - Access to board-certified physicians, licensed psychologists and pharmacists to assist with any routine health related questions	Included	Included	Included	Included

EXCESS OPTIONS AVAILABLE

Nil; £25/\$40/€30 (Elite Only); £50/\$85/€60; £100/\$170/€120; £250/\$425/€295; £500/\$850/€600;
£1000/\$1700/€1200; £2500/\$4250/€2950; £5000/\$8500/€6000; £10,000/\$17,000/€11,800

An Excess, as identified on your Certificate, is payable per Period of Insurance, unless stated otherwise. Choose carefully, as you cannot select a lower excess at renewal.