GlobalSelect® Group

A worldwide benefits program designed for groups of two or more internationally assigned employees

IMG®

GLOBAL peace of mind®

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Understanding Your Market. Exceeding Your Expectations.

As an international employer it's important to provide quality medical coverage for your employees to help you recruit and retain top-level staff. You want to ensure your staff receives worldwide access to quality care, superior international claims administration and the financial stability from an established leader in the international medical insurance field.

At International Medical Group®, Inc. (IMG®), we have dedicated our efforts to providing international and expatriate medical insurance and world-class services to the international community for years. We realise that travelling abroad can be an exciting experience. We also know that anything can happen while away from home - whether visiting on a short-term assignment or living abroad indefinitely. It's important your employees are prepared for any unexpected illness, injury or medical emergency. Many traditional medical plans simply are not designed for international travel or overseas assignment.

IMG understands the intricacies of worldwide health care delivery. Since 1990, we have worked closely with large, multi-national corporations, small businesses, not-for-profits and non-governmental organizations from around the world. We have earned a reputation for excellence by providing quality, dependable medical care programs to organizations like yours, and we have the resources to support you and your employees wherever they are. We have a strong focus on the international medical insurance market while performing administrative functions in-house, ensuring your employees get quality, efficient, and effective care. This also helps you control your group medical care costs now and into the future.

Your insurance consultant and IMG will work with you to design your plan around your unique requirements.

Global Select® Group

Product Summary

The following pages offer a summary of the benefits and plan conditions of GlobalSelect Group.

Designed for

- Multi-national employers with two or more employees
- Employers with internationally contracted employees

Highlights

- Flexible plan options
- Choice of underwriting options
- Security and political evacuation and repatriation*
- Natural disaster evacuation and accommodation*
- Out of area elective treatment in US
- Full cancer cover on all products
- Chronic condition cover

Choosing Your Geographic Area of Cover

By restricting your cover to certain geographic areas, you can reduce the premium you pay. With GlobalSelect, you have a choice of three areas of cover:

AREA ONE - EUROPE INCLUDING (choice of three geographical areas of cover):
Albania, Andorra, Armenia, Austria, Azerbaijan, Azores, Belgium, Belarus, Bosnia-Herzegovina, Bulgaria, Channel Islands, Corsica, Croatia, Cyprus, Czech Republic, Denmark (including Faroe Islands), Estonia, Finland, France (including Corsica), Georgia, Germany, Gibraltar, Greece (including Greek Islands), Hungary, Iceland, Ireland, Italy (including Aeolian Islands, Sardinia & Sicily), Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway (including Jan Mayen, Svalbard Islands), Poland, Portugal (including Azores & Madeira), Romania, Russia (West of Urals), San Marino, Serbia (including Kosovo), Slovakia, Slovenia, Spain (including Balearic and Canary Islands), Sweden, Switzerland, Turkey, Ukraine, United Kingdom (including Great Britain, Northern Ireland and the Isle of Man) and Vatican City.

AREA TWO - WORLDWIDE EXCLUDING:
USA, Canada, China, Hong Kong, Macau, Japan, Singapore, and Taiwan.

AREA THREE - WORLDWIDE

Worldwide Accident and Emergency Out of Area Cover
Your plan may also allow Worldwide Accident and Emergency cover outside your chosen Area of Cover up to a specific monetary limit and to a maximum number of days per year. This is particularly beneficial if you travel out of your geographic area of cover frequently on short trips or decide to go abroad on holiday. Please refer to the Schedule of Cover for further details.

Universal Pharmacy Discount Savings

This discount savings program is available to all GlobalSelect Group members when receiving treatment in the US. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the US and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price.

This is not insurance coverage. It is purely a discount program. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

IMG also offers a prescription drug card option for an additional cost. *Available on Standard Plan. For more information, please see Supplemental Programs.

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Schedule of Cover and Excesses

GLOBALSELECT		HEADSTART	BASIC	STANDARD
OVERALL AGGREGATE MAXIMUM SUM INSURED PER PERIOD OF INSURANCE PER INSURED PERSON		£1,000,000 $1,750,000 €1,200,000	£1,000,000 $1,750,000 €1,200,000	£1,500,000 $2,625,000 €1,800,000
A	**Inpatient & Day Patient Treatment**			
1	Hospital Accommodation & Theatre	Full Cover	Full Cover	Full Cover
2	Accidents, Emergencies, Intensive Care inc. Surgical Care, Second Surgical Opinion, Anaesthetics, Medical Practitioner charges for Surgery, Treatment, Services and Supplies routinely provided			
3	Surgeons, Consultants, Anaesthetists, Nurses and Ancillary Charges			
4	Medical Practitioners			
5	Prescribed Drugs, Dressings and Durable Medical Equipment			
6	Reconstructive Surgery-following an accident or following surgery for an eligible condition			
7	Diagnostic Tests and Procedures, X-rays, Pathology, & MRI/CT Scans			
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy			
9	Physiotherapy			
10	Parental Hospital Accommodation			
11	Post Hospitalisation Treatment ▪ Received within 90 days of being discharged from hospital			
12	Hospital Cash Benefit	£100/ $175/ €120/night 60 nights	£150/ $263/ €180/night 60 nights	£200/ $350/ €240/night 60 nights
13	Organ Transplant *(major covered organs)*	No Cover	£100,000/ $175,000/ €120,000 Lifetime Limit	£100,000/ $175,000/ €120,000 Lifetime Limit
14	Prosthetic Devices		No 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" means up to the applicable overall aggregate maximum sum insured shown above.
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	GLOBALSELECT	HEADSTART	BASIC	STANDARD
B	**Outpatient Treatment and Wellness Benefits**			
1	Family Doctor, Treatment & Referrals	No Cover	Up to £300/ $525/ €360 per Period of Insurance	Up to £5,000/ $8,750/ €6,000*
2	Specialists and Consultants *(fees for consultations)* **Coverage is NOT dependent upon admission*	Up to £400/ $700/€480 per condition prior to admission*, then up to £1,000/ $1,750/ €1,200 following out-patient surgery or in-patient/ day-patient treatment	Up to £1,500/ $2,625/ €1,800 per condition for pre and post hospital treatment	
3	X-rays, Pathology, Diagnostic Tests and Procedures **Coverage is NOT dependent upon admission*	Up to £200/$350 /€240 per condition prior to admission* and following out-patient surgery or in-patient/ day-patient treatment	As part of £1,500/ $2,625/ €1,800 per condition for pre and post hospital treatment limit	As part of £5,000/ $8,750/ €6,000*
4	Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment	No Cover		
5	Outpatient Surgery	Full Cover	Full Cover	Full Cover
6	MRI and CT Scans			
7	Cancer Tests, Drugs, Treatment and Consultants			
8	Physiotherapy, Homeopathic and Osteopathic Therapy	No Cover	Maximum 10 visits as part of the £1,500/ $2,625/ €1,800 limit	Maximum 15 visits as part of the £5,000/ $8,750/ €6,000 limit
9	Complementary Medical Treatment: Acupuncture, Aroma Therapy, Chiropractic Therapy, Herbal Therapy, Magnetic Therapy, Massage Therapy, Vitamin Therapy, Traditional Chinese Medicine when referred by a Doctor, General Medical Practitioner (GP)		No Cover	Up to £500/ $875/ €600
10	AIDS/HIV Treatment			Up to £8,750/ $15,000/ €10,285, with a Lifetime Limit of £28,570/ $50,000/ €34,285
11	Hormone Replacement Therapy-Early Onset			Full Cover 18 Month Lifetime Limit
12	Home Nursing Care Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, Inpatient/Day Patient Treatment	Up to £75/$132/ €90/visit to a maximum of 15 visits	Up to £75/$132/ €90/visit to a maximum of 30 visits	Up to £75/$132/ €90/visit to a maximum of 45 visits
13	Rehabilitation	No Cover	Full Cover Up to 30 Days	Full Cover Up to 90 Days
14	Extended Care Facility		Full Cover Up to 6 Months	Full Cover Up to 6 Months
15	Hospice Care			
16	Adult Wellness and Health Check ▪ Medical check-up including, cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests *(e.g. blood pressure, cholesterol checks)* ▪ Hearing Test, Sight Test and Vaccinations/Inoculations ▪ After 12 months continuous cover under the Policy		No Cover	Up to £400/$700/ €480 *(Nil Excess)*
17	Child Wellness and Health Check ▪ Hearing Test, Sight Test and Vaccinations/Inoculations ▪ After 12 months continuous cover under the Policy			Up to £400/$700/ €480 *(Nil Excess)*
18	Psychiatric Treatment ▪ After 12 months continuous cover under the Policy			Up to £2,500/ $4,375/ €3,000

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	GLOBALSELECT	HEADSTART	BASIC	STANDARD
C	**Travel, Transportation and Out of Area Benefits**			
1	Emergency Local Ambulance	Full Cover	Full Cover	Full Cover
2	Emergency Medical Evacuation and Transportation	Full Cover To nearest medical facility within Your Area of Cover	Full Cover To nearest medical facility, Home Country, or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country, or country of choice within Your Area of Cover
3	Accompanying Relative, Travel and Accommodation	No Cover	Full Cover	Full Cover
4	Cremation/Burial or Repatriation of Remains	Up to £5,715/ $10,000/ €6,860	Up to £5,715/ $10,000/ €6,860	Up to £8,570/ $15,000/ €10,285
5	Compassionate Visit ▪ After 12 months continuous cover under the Policy	No Cover	Up to £1,428/ $2,500/ €1,715	Up to £3,000/ $5,250/ €3,600
6	USA Elective Treatment within Provider Network Excludes non-emergency travel & accommodation *(Applicable to Insureds who have not selected Area 3 - Worldwide Cover)*		No Cover	Up to £500,000/ $875,000/ €600,000 with 20% Co-Insurance *(Nil Excess)*
7	Worldwide Accident and Emergency Out of Area Cover		30 Days Maximum, up to £15,000/ $26,250/ €18,000	45 Days Maximum, up to £20,000/ $35,000/ €24,000

D	**Cover in respect of Pre-Existing Medical Conditions and Chronic Conditions (not applicable for MHD underwriting)**			
1. Underwriting/Cover Options				
1a	**Full Medical Underwriting Option*** ▪ After 24 months continuous cover under the Policy *(unless excluded or terms applied as indicated otherwise in writing)* *Cover in respect of Pre-Existing Conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to Underwriting Guidelines sheet for further details and Policy Wording for full Policy definitions, terms, conditions and restrictions.	No Cover	Up to £1,500/ $2,625/ €1,800 with a Lifetime Limit of £15,000/ $26,250/ €18,000	Up to £2,000/ $3,500/ €2,400 with a Lifetime Limit of £20,000/ $35,000/ €24,000
1b	**MHD Underwriting**	Full Cover	Full Cover	Full Cover
1c	**Moratorium Enrolment & Underwriting Option** *After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation (refer to Endorsement for further details)	No Cover	Full Cover	Full Cover
1d	Chronic Conditions and Palliative Care	No Cover	No Cover	Up to £2,000/ $3,500/ €2,400 with a Lifetime Limit of £20,000/ $35,000/ €24,000
1e	Stabilisation of Acute Chronic Episode		Up to £5,000/ $8,750/ €6,000	Full Cover

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	GLOBALSELECT	HEADSTART	BASIC	STANDARD
E	**Dental Treatment**			
1	Emergency Dental Treatment *(Inpatient or Day Patient)*	Optional Add-On Coverage	Full Cover	Full Cover
2	Accidental Dental Damage caused to sound natural teeth lost or damaged in an accident. Out-patient Treatment/Dental Surgery must be received within 5 days from the date of the accident occurring		Optional Add-On Coverage	Up to £250/ $438/ €300
3	Emergency Dental Treatment *(Outpatient /Dental Surgery)* ▪ For the immediate relief of severe pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 24 hours from the onset of pain and no more than 5 days from the event			Optional Add-On Coverage
4	Routine Dental Treatment *(Outpatient)* for the restoration of natural teeth a) examinations, check-up and x-rays b) tooth cleaning and polishing c) normal compound fillings, simple or non-surgical extractions ▪ incurred after 180 days from the Effective Date.			
5	Major Restorative Dental Treatment ▪ Removal of impacted, buried or unerrupted teeth, removal of roots, removal of solid odontomes, apicetomy, 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.			

Dental benefits are available for an optional rider.

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	GLOBALSELECT	HEADSTART	BASIC	STANDARD
F	**Non-Medical Insured Covers and Benefits**			
1	Out of Country Legal Expenses	No Cover	No Cover	Up to £5,000/ $8,750/ €6,000 *(£250/ $438/ €300 Excess)*
2	Security & Political Evacuation & Repatriation			Up to £7,500/ $13,125/ €9,000 Lifetime Limit
3	Identity Theft Cover & Assistance			Up to £250/ $438/ €300
4	Out of Country Criminal Assault Benefit ▪ When admitted to hospital for 48 hours or more			£500/ $875/ €600 per admitted night to a maximum of £2,500/ $4,375/ €3,000
5	Natural Disaster Evacuation & Accommodation			Up to £150/ $263/ €180 per 24 hours for up to 5 days

G	**Other Services and Benefits**			
1	24 Hour Emergency Helpline	Included	Included	Included
2	USA Medical Concierge Service ▪ For eligible treatment in the USA			
3	Medical Information Service – Access to board-certified physicians, licensed psychologists, and pharmacists to assist with any routine health related questions	Not Applicable	Not Applicable	

H **Maternity Cover (OPTIONAL) - after 10 months continuous coverage**

Optional Add-On Maternity Coverage Available With All Plans – Additional Premium Applies. Only available to Female Insureds – after 10 months of continuous coverage. *All benefits reduced by 50% for births occurring in the 11th or 12th month of continuous coverage. Must be applied for upon initial Application, as it cannot be added or changed at renewal or a later date.

	Maternity Cover – Optional Levels of Cover	Level 1: Essentials	Level 2: Premier
1	Pregnancy Complications Including Medically Required C-Section	Full Cover	Full Cover
2	Normal Pregnancy and Delivery Including Premature Birth Treatment, Pre, Post and Routine Natal Care	*Up to £5,000/$8,750/€6,000 subject to 20% Co-Insurance	*Up to £5,000/$8,750/€6,000 subject to 20% Co-Insurance
3	Newborn Hospital Accommodation *(**only when accompanied by Newborn Examination within 24 hours of delivery)*	Up to £143/$250/€172**	Up to 14 Days
4	Newborn Examination & Wellness ▪ Not subject to Excess or Co-Insurance ▪ For the first 12 months of life	Up to £100/$175/€120	Up to £150/$263/€180
5	New Baby Benefit	No Cover	£100/$175/€120 *(Nil Excess)*
6	Cover for Newborns including non-hereditary birth defects and congenital abnormalities		Up to *£25,000/$43,750/€30,000 must enrol with parents in 31 days

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In the following Schedule of Cover and Excesses, any reference to 'continuous cover' means continuous, unbroken cover under the GlobalSelect plan. The applicable benefits described will become first available to the Insured Person only at the end of the continuous cover period as specified.

GLOBALSELECT	HEADSTART	BASIC	STANDARD
Plan Excesses			
▪ Annual excess ▪ Per condition, per year excess ▪ Nil excess *(unless indicated otherwise)*	£100/$180/€150	£100/$180/€150	£50/$90/ €75
Maximum Excess Per Person Per Period of Insurance *(whichever is the greatest)*	10X standard/ voluntary excess	5X standard/ voluntary excess	5X standard/ voluntary excess
Maximum Total Family Excess Per Period of Insurance *(whichever is the greatest)*	20X standard/ voluntary excess	10X standard/ voluntary excess	10X standard/ voluntary excess
Voluntary Medical Excesses			
Plan Excess Options - If chosen by you and as identified on your Certificate of Insurance *(Note: Choose carefully as you cannot select a lower excess at renewal)*	Nil £100/$180/ €150 £250/$450/ €375 £500/$900/ €750 £1,000/ $1,800/ €1,500 £2,500/ $4,500/ €3,750 £5,000/ $9,000/ €7,500 £10,000/ 18,000/ €15,000	Nil £100/$180/ €150 £250/$450/ €375 £500/$900/ €750 £1,000/ $1,800/ €1,500 £2,500/ $4,500/ €3,750 £5,000/ $9,000/ €7,500 £10,000/ 18,000/ €15,000	Nil £100/$180/ €150 £250/$450/ €375 £500/$900/ €750 £1,000/ $1,800/ €1,500 £2,500/ $4,500/ €3,750 £5,000/ $9,000/ €7,500 £10,000/ $18,000/ €15,000

KEY Schedule of Excesses - Unless identified elsewhere within the Policy Wording, the Excesses applicable per Section are:	
	Full Cover after the Standard Plan Excess *(or your Voluntary Medical Excess)* as identified on your Certificate of Insurance, per Medical Condition claimed per Period of Insurance, unless stated otherwise
	Covered up to the amounts shown after the Standard Plan Excess *(or your Voluntary Medical Excess)* as identified on your Certificate of Insurance, per Medical Condition claimed per Period of Insurance, unless stated otherwise
Note: With regards to Treatment in the USA - The Excess and Co-Insurance will be reduced by 50% for Eligible Charges incurred within the Plan Administrator's Network of Providers or incurred within a facility arranged via the USA Medical Concierge Service *(with the exception of claims under Section C6 Elective Treatment in the USA and Dental Claims).*	

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Optional Additional Cover options

As a complement to the medical benefits, GlobalSelect Group offers the following supplemental insurance programs.

Global Personal Accident Plan - Worldwide Cover

Table of Benefits and Limits per Insured Person as a result of bodily injury caused by Accident				
		£ GBP	**$ USD**	**€ Euro**
1	**Accidental Death Benefit**			
	-(Adult) Aged 19 years and over	£70,000 per unit	$125,000 per unit	€105,000 per unit
	-(Child) Aged 31 days through 18 years	£5000 maximum	$9000 maximum	€7500 maximum
2	**Permanent Total Disablement** *(which entirely prevents an insured person from any occupation to which he or she is suited by way of education, training or experience and which lasts 12 months and at expiry of this period is beyond expectation of improvement).*	£70,000 per unit	$125,000 per unit	€105,000 per unit
3	**Total and permanent loss of sight of one or both eyes**			
4	**Total and permanent loss of use of one or more limbs**			
5	**Total and permanent loss of sight of one eye and one limb**			
6	**Total and permanent loss of hearing in both ears**	£10,000 per unit	$18,000 per unit	€15,000 per unit
7	**Total and permanent loss of speech**			
8	**Second Degree Burns** *(affecting more than 10% of the body surface)*	£2500 per unit	$4500 per unit	€3750 per unit
9	**Third Degree Burns** *(affecting more than 15% of the body surface or more than 50% of the surface of either hand)*	£5000 per unit	$9000 per unit	€7500 per unit

Global Daily Indemnity - Hospital Income Plan

Benefit Payable Per Day Maximum of 2 Units of Cover May be Purchased			
Daily Unit of Cover *(Available only between ages 19-69)*	£55 per night	$100 per night	€83 per night
Lifetime Maximum Limit *(Per Unit)*	£14,000	$25,000	€21,000

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Dental Treatment & Vision Care Benefits

Dental and Vision benefits available as an optional add-on within the HeadStart, Basic and Standard plans.

	Dental Care Benefits	
1	Emergency Dental Due to Accident	Full Cover
2	Emergency Dental Due to Sudden Unexpected Pain to Sound Natural Teeth	Up to $100/£55/€70
3	Non-Emergency Dental Sections D4, D5 & D6 Combined: i) Calendar Year Maximum Sum Insured ii) Dental Annual Excess iii) Maximum Annual Excesses per Family per Calendar Year - After 6 months continuous cover	 i) $750 /£425 /€500; ii) $50 / £30 / €35 iii) 2
4	Class I Treatment*: - Preventative & Diagnostic - Emergency Palliative Treatment - includes up to two dental check-ups per calendar year to include scraping, cleaning and polishing - After 6 months continuous cover * Refer To Rider Endorsement for full details	90% Coverage, Dental Annual Excess Waived
5	Class II Treatment*: - Radiographs & X-Rays - Oral Surgery & Extractions - Routine Compound Fillings, Restorations, Re-cementing crowns, inlays and bridges & Prosthetic Repairs - Endodontics & Root Canals - Periodontics & Gum Disease - Minor Restorative Services - After 6 months continuous cover * Refer to Rider Endorsement for full details	70% Coverage, after Dental Annual Excess
6	Class III Treatment*: - Prosthodontic Services including: appliances, bridges, full and partial dentures that replace missing natural teeth that were extracted while the person is covered with this Plan. - Major Restorative Treatment including: Crowns, Jackets, gold-related services required when teeth cannot be restored using other filling material. - After 6 months continuous cover * Refer to Rider Endorsement for full details	50% Coverage, after Dental Annual Excess
	Vision Care Benefits	
7	Vision Care Not subject to Annual Excess or Co-Insurance. (Benefit payable per 24 months)	Exams – up to $100 / £55 / €70 Materials – up to $150 / £85 / €100

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Do You Have Everything You Need?

We are confident that GlobalSelect Group will provide the quality medical coverage specific to your organization and group members' needs. For groups of a certain size, GlobalSelect Group also offers the flexibility to customize benefits. Please do not hesitate to contact your insurance intermediary and/or IMG for more information.

GLOBAL peace of mind®

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This is not a contract offer, but an invitation that 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. The Insurance Contract is the only source of the actual benefits provided.

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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