# GlobalFusion℠

INTERNATIONAL PRIVATE MEDICAL INSURANCE

Flexible, long-term, international private medical insurance for individuals and families

# Table of **Contents**


| | |
|---|---|
| Why Choose IMG? | 3 |
| The GlobalFusion Difference | 3 |
| How to Design Your Cover | 4 |
| Summary of Benefits | 6 |
| Other Benefits | 13 |
| Your Number One Choice | 13 |
| What IMG Provides You | 14 |
| How to Join Us | 14 |


GLOBAL
*peace of mind*®

# Why Choose **IMG?**

At IMG we realise that working and travelling abroad can be an exciting experience. We also know that anything can happen while away from home, whether visiting on a short-term basis or living abroad indefinitely. It's important to be prepared for any unexpected illness, injury or medical emergency. However, the reality is that many traditional medical plans simply are not designed for overseas assignment or international travel.

As a global citizen, it's important for you and your family to select international medical coverage that meets your unique needs. You need to ensure that you receive worldwide access to quality care, superior international claims administration and financial stability from an established leader in the global medical insurance and assistance services industry.

As an experienced company working closely with clients worldwide, IMG understands the intricacies of global health care delivery. We have earned a reputation for excellence by providing quality, dependable health care programs to millions of customers in almost every country in the world.

We focus solely on the international private medical insurance market, while performing all administration functions in-house, ensuring you get the highest quality and most cost-effective care available. This also helps you control your family's health care costs now and into the future. With IMG, you'll receive more than just insurance. Our products provide the Global Peace of Mind® you deserve, backed by a team of professionals committed to being there with you 24/7.

# The Global**Fusion Difference**

- **Financial stability** provided by 'A-' rated SiriusPoint International Insurance Corporation (publ), which insures and fully underwrites the policy
- Three plan options designed to meet a **wide range of budgets**
- **Choice of payment frequency** if paying by Visa, MasterCard or American Express
- **Choice of underwriting** terms - Full Medical Underwriting or Moratorium
- Ability to seek eligible treatment with **any doctor or hospital** within geographical area of cover, including home country
- Worldwide Accident and Emergency **out of area of cover**
- State **Hospital Cash Benefit** available on all plans

*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.*

# How to Choose **Your Cover**

You can select an entry-level, inpatient-based plan, up to a superior benefit plan. The flexibility of GlobalFusion allows you many options to select a plan that best suits your needs.

Follow these simple steps to design your perfect coverage plan:

1. Select your medical plan option: Bronze / Silver / Gold Plus
2. Select optional additional coverage:
   - Maternity cover
   - Dental and Vision cover
   - Extended Sports cover (only optional in Gold Plus)
3. Select your underwriting terms: Full Medical Underwriting / Moratorium (up to 64 years of age)
4. Select your medical excess from Nil to $10,000 / £5,500 / €6,700 to suit your budget
5. Select your geographical area of cover:
   - Area 1 Europe
   - Area 2 Worldwide, excluding USA, Canada, China, Hong Kong, Macau, Japan, Singapore, and Taiwan
   - Area 3 Worldwide
6. Select your currency: USD $ / GBP £ / Euro €
7. Select your payment options: Visa, MasterCard, or American Express for all premium options. Bank transfer accepted for annual payment

With GlobalFusion, IMG makes it easy to select the international private medical insurance plan that best fits your needs. To get a quote, please contact your intermediary directly or visit imgeurope.co.uk

Restaurant
IMG

# Summary of **Benefits**

*Your cover is always subject to the overall lifetime maximum sum insured per insured person. Each section of cover is per insured person and per period of insurance, unless stated otherwise and always subject to the benefits stated for each sub-plan and plan terms, conditions, limitations, and exclusions. Please note that sub-limits and precertification requirements apply within certain benefit sections - refer to the policy wording for further details.*

*All benefit limits and excesses in this summary schedule of cover and excesses are set in US Dollars $, GB Pounds £, and Euros €. The currency in which you pay your premium being US Dollars $, GB Pounds £, or Euros €, is the currency that applies to your sub-plan for the purposes of the benefit limits.*

| **Benefit**<br>*All sub-limit sums insured are the maximum per insured person, per period of insurance unless otherwise stated* | **Bronze** | **Silver** | **Gold Plus** |
|---|---|---|---|
| Lifetime maximum limit per individual insured person | $2,500,000<br>£1,375,000<br>€1,675,000 | $5,000,000<br>£2,750,000<br>€3,350,000 | $5,000,000<br>£2,750,000<br>€3,350,000 |

**Full cover means up to the applicable lifetime limit per individual insured person shown above, and is based upon usual, reasonable, and customary eligible charges.*

| A | INPATIENT & DAY PATIENT TREATMENT | | | |
|---|---|---|---|---|
| 1 | **Surgery, surgeons, consultants, second surgical opinion, medical practitioners, nurses, treatment, services, and supplies routinely provided and ancillary charges** | Full cover* | Full cover* | Full cover* |
| 2 | **Hospitalisation /room & board** | | Up to<br>$600 / £350 /€400 per day<br>240 day maximum | |
| 3 | **Intensive care unit** | | Up to<br>$1,500 / £850 / €1,000 per day – 180 day per event | |
| 4 | **Anaesthetist's charges** associated with surgery | | 20% of surgery benefit | |
| 5 | **Diagnostic tests and procedures, X-rays, pathology, & MRI/CT scans** | | Full cover* | |
| 6 | **Dressings and durable medical equipment** | | | |
| 7 | **Reconstructive surgery**-following an accident or following surgery for an eligible condition | | | |
| 8 | **Cancer tests, treatment, and consultants,** including cover for radiotherapy | | | |
| 9 | **Prescribed drugs and medication**<br>Including chemotherapy<br>Combined per period of insurance limit for inpatient, day patient, and outpatient services | Up to<br>$250,000 / £150,000 / €200,000<br>per Period of Insurance | Up to<br>$250,000 / £150,000 / €200,000<br>per Period of Insurance | Up to<br>$250,000 / £150,000 / €200,000<br>per Period of Insurance |
| 10 | **Physiotherapy** | Full cover* | Full cover* | Full cover* |
| 11 | **Parental hospital accommodation** | | | |
| 12 | **Prosthetic devices** | | | |
| 13 | **Transplants** | $250,000 / £137,500 / €167,500<br>per transplant | $250,000 / £137,500 / €167,500<br>per transplant | $1,000,000 / £550,000 / €670,000<br>lifetime limit |
| 14 | **State hospital cash benefit** | $300 / £165 / €200 per night;<br>up to 60 nights | $300 / £165 / €200 per night;<br>up to 60 nights | $300 / £165 / €200 per night;<br>up to 60 nights |
| 15 | **Terrorism coverage** | $10,000 / £5,500 / €6,700<br>lifetime limit | $10,000 / £5,500 / €6,700<br>lifetime limit | $10,000 / £5,500 / €6,700<br>lifetime limit |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| **B** | **OUTPATIENT TREATMENT, WELLNESS BENEFITS AND OTHER COVERAGES** | | | |
| 1 | **Outpatient including: family doctor, treatment and referrals, specialists and consultants, X-rays, pathology, diagnostic tests, and procedures**<br>*Not dependent upon admission | **No Family Doctor Cover**<br>Specialists & consultants:<br>up to $500 / £275 / €335 prior to admission,<br>then<br>up to $500 / £275 / €335 following related outpatient surgery or inpatient/day patient treatment: for 90 days after leaving hospital.<br>Including pre & post hospital: $250 / £140 / €170 X-ray per examination maximum limit;<br>$300 / £165 / €200 lab tests per examination maximum limit* | 25 visit maximum<br>Maximums per visit/ examination:<br>$70/ £40 / €50 doctor/specialist;<br>$60 / £35 / €40 psychiatrist;<br>$50 / £30 / €35 chiropractor;<br>$250 / £140 / €170 X-ray per examination maximum limit;<br>$500 / £275 / €335 surgery intervention consultation;<br>$300 / £165 / €200 lab tests per examination maximum limit | Full cover* |
| 2 | **Emergency room illness**<br>Additional $250/£138/€168 excess if not admitted (not applicable to the Bronze sub-plan)<br>Additional excess waived if admitted as an inpatient or day patient | Full cover* | Full cover* | |
| 3 | **Emergency room accident** | | | |
| 4 | **Supplemental accident benefit** | No cover | No cover | $300 / £165 / €200 per covered accident |
| 5 | **Outpatient surgery** | Full cover* | Full cover* | Full cover* |
| 6 | **MRI, CAT scan, echocardiography, endoscopy, gastroscopy, colonoscopy, cystoscopy** | $600 / £330 / €400 maximum per examination | $600 / £330 / €400 maximum per examination | |
| 7 | **Cancer tests, treatment and consultants, including cover for radiotherapy** | Full cover* | Full cover* | |
| 8 | **Prescribed outpatient dressings, and durable medical equipment** | Up to $600 / £330 / €400<br>Following and in relation to inpatient/day patient treatment or outpatient surgery: for 90 days after leaving hospital | Full cover* | Full cover* |
| 9 | **Prescribed drugs and medication** including chemotherapy<br>**Combined per period of insurance limit for inpatient, day patient, and outpatient services** | Up to $250,000 / £150,000 / €200,000 per period of Insurance | Up to $250,000 / £150,000 / €200,000 per period of Insurance | Up to $250,000 / £150,000 / €200,000 per period of Insurance |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| 10 | **Physiotherapy, homeopathic, chiropractic therapy and osteopathic therapy** | Physiotherapy only: relating to inpatient/day patient treatment or outpatient surgery<br>Up to $40 / £25 / €30 per visit<br>10 visit maximum<br>for 90 days after leaving hospital | Up to $40 / £25 / €30 per visit<br>30 visit maximum | Maximum of 1 visit per day<br>45 visit maximum<br>Up to $4,000 / £2,500 / €3,000 per period of insurance |
| 11 | **Complementary medicine therapies: acupuncture, aroma, herbal, magnetic, massage, vitamin, traditional chinese medicine** | No cover | No cover | Up to<br>$200 / £110 / €135 |
| 12 | **AIDS/HIV treatment** | | | Up to<br>$5,000 / £2,750 / €3,350 per period of insurance<br>$50,000 / £27,500 / €33,500 lifetime limit |
| 13 | **Home nursing care** | 30 days limit:<br>up to $150 / £85/ €100<br>per visit | 30 days limit:<br>up to $150 / £85/ €100<br>per visit | 45 days limit:<br>up to $150 / £85/ €100<br>per visit |
| 14 | **Rehabilitation** | No cover | No cover | Full cover*<br>up to 90 days |
| 15 | **Extended care facility** | | Full cover*<br>up to 30 Days | Full cover*<br>up to 90 days |
| 16 | **Hospice care** | | No cover | Full cover*<br>up to 180 days |
| 17 | **Adult wellness and health check**<br>▪ Includes hearing test, sight test and vaccinations/inoculations<br>*(Not subject to annual excess or co-insurance)*<br>▪ After 12 months continuous coverage | | | Up to<br>$250 / £140 / €170 |
| 18 | **Child wellness and health check (Under 18 years of age)**<br>▪ Includes hearing test, sight test and vaccinations/inoculations<br>*(Not subject to annual excess or co-insurance)*<br>▪ After 12 months continuous coverage | No cover | 3 visits per period of insurance<br>up to $70 / £40 / €50 per visit | Up to<br>$200 /£110 / €135 |
| 19a<br>or | **Pre-existing conditions underwriting/ coverage options**<br>**Full Medical Underwriting Option:***<br>▪ After 24 months continuous cover<br>▪ Declared and accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing)<br>▪ Flexible underwriting option available - endorsement issued if applicable | No cover | Up to<br>$5,000 / £2,750 / €3,350<br>$50,000 / £27,500 / €33,500 lifetime limit | Up to<br>$5,000 / £2,750 / €3,350<br>$50,000 / £27,500 / €33,500 lifetime limit |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| 19b | **Moratorium enrolment & underwriting option****<br>▪ After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation (refer to endorsement for further details)*<br>▪ Available to insureds up to age 64 | No cover | Full cover* | Full cover* |
| | ***Coverage in respect of pre-existing conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to section B for further details and endorsements issued for full policy definitions, terms, conditions, and restrictions.* | | | |
| 20 | **Newly diagnosed chronic conditions** | Covered | Covered | Covered |
| 21 | **Mental/nervous**<br>▪ After 12 months continuous coverage | No cover | Outpatient only<br>▪ See section B1 | Up to<br>$10,000 / £5,500 / €6,700<br>$50,000 / £27,500 / €33,500 lifetime limit |
| **C** | **TRAVEL, TRANSPORTATION AND OUT OF AREA BENEFITS** | | | |
| 1 | **Emergency local ambulance** | Up to<br>$1,500 / £825 / €1,000 per event<br>Not subject to annual excess or co-insurance | Up to<br>$1,500 / £825 / €1,000 per event<br>Not subject to annual excess or co-insurance | Full cover* |
| 2 | **Emergency evacuation and transportation to the nearest suitable hospital facility** | Up to<br>$50,000 / £27,500 / €33,500<br>Not subject to annual excess or co-insurance | Up to<br>$50,000 / £27,500 / €33,500<br>Not subject to annual excess or co-insurance | Full cover*<br>Not subject to annual excess or co-insurance |
| 3 | **Accompanying relative, travel and accommodation** | No cover | No cover | $10,000 / £5,500 / €6,700 lifetime limit |
| 4 | **Cremation/burial or return of mortal remains** | $10,000 / £5,500 / €6,700 lifetime limit<br>▪ Not subject to annual excess or co-insurance | $25,000 / £13,750 / €16,750 lifetime limit<br>▪ Not subject to annual excess or co-insurance | $25,000 / £13,750 / €16,750 lifetime limit<br>▪ Not subject to annual excess or co-insurance |
| 5 | **Worldwide accident & emergency out of area coverage**<br>*(USA treatment must be within PPO network)* | 15 days maximum | 30 days maximum | 30 days maximum |
| **D** | **DENTAL TREATMENT & VISION CARE BENEFITS** | | | |
| 1a | **Emergency dental due to accident** | Up to $1,000 / £550 / €670 | Up to $1,000 / £550 / €670 | Full cover* |
| 2a | **Emergency dental due to sudden unexpected pain to sound natural teeth** | No cover | No cover | Up to $100 / £55 / €70 |
| | Dental and vision optional add-on coverage<br>Additional premium applies<br>Coverage is issued via a Dental & Vision Care Coverage endorsement<br>Sections D1a & D2a above are replaced with:<br>Refer to policy wording/endorsement for full details & listing | | | |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| | Dental and vision optional add-on coverage<br>Additional premium applies<br>Coverage is issued via a Dental & Vision Care Coverage endorsement<br>Sections D1a & D2a above are replaced with:<br>Refer to policy wording/endorsement for full details & listing | | | |
| 1b | **Emergency dental due to accident** | Full cover* | Full cover* | Full cover* |
| 2b | **Emergency dental due to sudden unexpected pain to sound natural teeth** | Up to $100 / £55 / €70 | Up to $100 / £55 / €70 | Up to $100 / £55 / €70 |
| 3 | **Non-emergency dental sections D4, D5, & D6 combined:**<br>i) Calendar year maximum sum insured<br>ii) Dental annual excess<br>iii) Maximum annual excesses per family per calendar year<br>▪ After 6 months continuous cover | i) $750 /£425 /€500<br>ii) $50 / £30 / €35<br>iii) 2 | i) $750 /£425 /€500<br>ii) $50 / £30 / €35<br>iii) 2 | i) i) $750 /£425 /€500<br>ii) $50 / £30 / €35<br>iii) 2 |
| 4 | **Class I treatment:****<br>▪ Preventative & diagnostic<br>▪ Emergency palliative treatment<br>▪ Includes up to two dental check-ups per calendar year to include scraping, cleaning, and polishing<br>▪ After 6 months continuous cover<br>**Refer to policy wording for full details & listing* | 90% coverage,<br>dental annual excess waived | 90% coverage,<br>dental annual excess waived | 90% coverage,<br>dental annual excess waived |
| 5 | **Class II treatment:****<br>▪ Radiographs & X-rays<br>▪ Oral surgery & extractions<br>▪ Routine compound fillings, restorations, re-cementing crowns, inlays and bridges & prosthetic repairs<br>▪ Endodontics & root canals<br>▪ Periodontics & gum disease<br>▪ Minor restorative services<br>▪ After 6 months continuous cover<br>**Refer to policy wording for full details & listing* | 70% coverage<br>after dental annual excess | 70% coverage<br>after dental annual excess | 70% coverage<br>after dental annual excess |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| 6 | **Class III treatment:****<br>▪ 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.<br>▪ Major restorative treatment including: crowns, jackets, gold-related services required when teeth cannot be restored using other filling material.<br>▪ After 6 months continuous cover<br>**Refer to policy wording for full details & listing* | 50% coverage<br>after dental annual excess | 50% coverage<br>after dental annual excess | 50% coverage<br>after dental annual excess |
| 7 | **Vision care**<br>Not subject to annual excess or co-insurance.<br>*(Benefit payable per 24 months)* | Exams: up to $100 / £55 / €70<br>Materials: up to $150 / £85 / €100 | Exams: up to $100 / £55 / €70<br>Materials: up to $150 / £85 / €100 | Exams: up to $100 / £55 / €70<br>Materials: up to $150 / £85 / €100 |
| **E** | **ADDITIONAL BENEFITS & SERVICES** | | | |
| 1 | **Recreational scuba** | No cover | No cover | Full cover* |
| 2 | **24-Hour emergency helpline** | Included | Included | Included |
| **F** | **MATERNITY** | | | |
| 1 | **Maternity**<br>▪ Only available to female insureds<br>▪ After 10 months of continuous cover<br>**All benefits reduced by 50% for births occurring in the 11th or 12th month of continuous coverage* | **Optional add-on coverage**<br>additional premium applies | **Optional add-on coverage**<br>additional premium applies | **Optional add-on coverage**<br>additional premium applies |
| 2 | **Maternity annual excess** | Section F1 & F2:<br>Not subject to annual excess or co-insurance | Section F1 & F2:<br>Not subject to annual excess or co-insurance | Section F1 & F2:<br>Not subject to annual excess or co-insurance |
| 3 | **Lifetime limit** | *$50,000 / £27,500 / €33,500<br>lifetime limit | *$50,000 / £27,500 / €33,500<br>lifetime limit | *$50,000 / £27,500 / €33,500<br>lifetime limit |
| 4 | **Normal delivery**<br>▪ Including premature birth treatment, pre, post, and routine natal care | *Up to<br>$5,000 / £2,750 / €3,350 | *Up to<br>$5,000 / £2,750 / €3,350 | *Up to<br>$5,000 / £2,750 / €3,350 |
| 5 | **C-section** | *Up to<br>$7,500 / £4,125 / €5,025 | *Up to<br>$7,500 / £4,125 / €5,025 | *Up to<br>$7,500 / £4,125 / €5,025 |

*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.*

# Summary of **Benefits** *(Continued)*

| | Benefit | Bronze | Silver | Gold Plus |
|---|---|---|---|---|
| G | **ANNUAL EXCESS AND CO-INSURANCE** | | | |
| 1 | **Annual Excess Options**<br>▪ Per Insured Person, Per Period of Insurance | NIL<br>$250 to $10,000<br>£138 to £5,500<br>€168 to €6,700 | NIL<br>$250 to $10,000<br>£138 to £5,500<br>€168 to €6,700 | NIL<br>$250 to $10,000<br>£138 to £5,500<br>€168 to €6,700 |
| | | 50% waived (up to a maximum reduction of $2,500 / £1,375 / €1,675) for: US PPO outpatient & Emergency inpatient Treatment & Non-Emergency inpatient US Medical Concierge Provider Treatment | | |
| 2 | **Co-insurance within the USA & Canada PPO network** | No co-insurance | No co-insurance | No co-insurance |
| 3 | **Co-insurance outside the USA & Canada** | No co-insurance | No co-insurance | No co-insurance |
| 4 | **Co-insurance payable by insured inside the USA**<br>▪ When treatment is taken outside the USA PPO network (no co-insurance for non-emergency inpatient treatment when utilising a USA medical concierge provider) | 20% of the next $5,000 / £2,750 / €3,350 eligible expenses after the annual excess, then no co-insurance to the overall maximum per period of insurance | 20% of the next $5,000 / £2,750 / €3,350 eligible expenses after the annual excess, then no co-insurance to the overall maximum per period of insurance | 20% of the next $5,000 / £2,750 / €3,350 eligible expenses after the annual excess, then no co-insurance to the overall maximum per period of insurance |

*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.*

# Other **Benefits**

| GLOBAL PERSONAL ACCIDENT PLAN - TABLE OF BENEFITS AND LIMITS PER INSURED PERSON AS A RESULT OF BODILY INJURY CAUSED BY ACCIDENT *(Worldwide Cover)* | | |
|---|---|---|
| 1 | **Accidental Death Benefit** | |
| | ▪ (Adult) Aged 19 years and over | $125,000 / £70,000 / €105,000 per unit |
| | ▪ (Child) Aged 31 days through 18 years | $9,000 / £5,000 / €7,500 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)* | $125,000 / £70,000 / €105,000 per unit |
| 3 | **Total and permanent loss of sight of one or both eyes** | $125,000 / £70,000 / €105,000 per unit |
| 4 | **Total and permanent loss of use of one or more limbs** | $125,000 / £70,000 / €105,000 per unit |
| 5 | **Total and permanent loss of sight of one eye, and loss of one limb** | $125,000 / £70,000 / €105,000 per unit |
| 6 | **Total and permanent loss of hearing in both ears** | $18,000 / £10,000 / €15,000 per unit |
| 7 | **Total and permanent loss of speech** | $18,000 / £10,000 / €15,000 per unit |
| 8 | **Second-degree Burns** *(affecting more than 10% of the body surface)* | $4,500 / £2,500 / €3,750 per unit |
| 9 | **Third-degree Burns** *(affecting more than 15% of the body surface or more than 50% of the surface of either hand)* | $9,000 / £5,000 / €7,500 per unit |

| GLOBAL DAILY INDEMNITY - BENEFITS PAYABLE PER DAY Maximum of 2 Units of Cover May Be Purchased | |
|---|---|
| Available only between ages 19-69 | $100 / £55 / €83 |
| Lifetime Maximum Limit *(Per Unit)* | $25,000 / £14,000 / €21,000 |

# Your **Number One Choice**

IMG provides more than just insurance—we provide the Global Peace of Mind® you deserve, backed by a team of professionals committed to being there with you 24/7. Our mission is to protect and enhance your health and well-being. How do we do that? Through our world-class customer service, seamless international coordination and customisable coverage plans.

- **International Assistance Centres** - To ensure that we are available when and where you need us, we have established multiple international service and assistance centres.
- **Service Without Obstacles** - With a team of international, multilingual specialists, we are accustomed to working in multiple time zones, languages and with multiple currencies. Our global reach means we can work without barriers.
- **Flexibility and Choice** - We understand that insurance isn't a one-size-fits-all solution. That's why IMG offers you the ability to tailor your coverage to meet your unique needs.
- **Single Resource** - International Medical Group® (IMG®) provides everything you need, all in the same place. One resource. One company. Your number one choice.

*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.*

# What **IMG Provides You**

With GlobalFusion, you get more than just coverage benefits. When you become an insured member with IMG, you'll also receive the following:

**Vast Product Documentation**
When your policy becomes active, you will receive the following documentation, which can be issued electronically, via standard mail or express delivery.

The pack includes:

- **Certificate of Insurance**
- **Medical ID Card**
- **Policy Wording**
- **Policy Summary**

**MyIMG℠**
It's easy to access and manage your IMG accounts any time, from anywhere and any device, via MyIMG.

Features include:

- Claims submission and management
- ID Card and insurance documents access
- Precertification process initiation
- Explanation of Benefit (EOB) access
- Customer Care live chat and contact information
- Find a Doctor locator

**MyIMG℠ Travel Intelligence**
With MyIMG Travel Intelligence, you can get location-specific alerts across ten threat categories that span health, transportation, security, and weather. Leverage location-specific travel intelligence like travel tips, tools, and key insights from local analysts.

**Efficient Claims Process**
Our in-house claims and customer care teams are here to assist you with any benefit, plan or claims enquiry. If your case is an emergency, we will be available 24/7 to assist you.
Upon receipt of all documentation requested from you, we aim to pay all eligible claims (payable in USD $, GBP £, or Euro €) within 15 working days and any other currency within 20 working days.

**Our World-Class Customer Service**
Since 1990, IMG has serviced clients all over the world. Our specialised international experience has helped us develop the world-class service we provide our customers. The unique benefits and support you'll receive include:

- Access to a Preferred Provider Organisation (PPO) Network in the USA, which includes over 90% of all hospitals
- Ability to log in to our International Provider Access (IPA) database to view more than 18,500 doctors and hospitals worldwide. The database gives address and contact details, plus indicates if a direct billing agreement is in place
- Personalised support provided by our customer care teams, who are available 24 hours a day in the case of an emergency, and are located across our worldwide service centres
- Ability to make claim reimbursements to a Visa or MasterCard to avoid bank charges

**30-Day Money-Back 'No Hassle' Guarantee**
To ensure your satisfaction, once you are accepted into the plan, we provide a 30-day period to review the plan. If during that 30-day period you find that you are not satisfied for any reason, and as long as you have not already made a claim under the plan, you may submit a written request for cancellation and full refund of your premium. See the Policy Wording for full details.

# How to **Join Us**

For an instant quote, contact your intermediary. We have an instant quote and application link, which your intermediary has full access to and will provide upon request.

If you have any questions and want to contact us, please use the following:

**Telephone:** +44.1737.306.710

**Email:** info@imgeurope.co.uk

# GlobalFusion℠

INTERNATIONAL PRIVATE MEDICAL INSURANCE

Flexible, long-term, international private medical insurance for individuals and families

IMG®

**FOR MORE INFORMATION, PLEASE CONTACT:**

*IMG Europe Limited is authorised and regulated by the Financial Conduct Authority with registered number 302948. Contact address: Kingsgate, High Street, Redhill, Surrey RH1 1SH United Kingdom.*

*London Global S.r.l. trading as IMG Europe, authorised and regulated by IVASS, Italy (A000620496) and the Financial Conduct Authority (849073).Trading address Kingsgate, High Street, Redhill, Surrey RH1 1SH United Kingdom.*

*Underwritten by SiriusPoint International Insurance Corporation (publ.) ("the Insurer"). SiriusPoint International Insurance Corporation (publ.) is rated A- (excellent) by A.M. Best and A- (strong) by Standard & Poor's (ratings are accurate as of the date of publishing and are subject to change).*

*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.*

*This brochure contains many of the valuable trademarks, names, titles, logos, images, designs, copyrights and other proprietary materials owned and registered and used by of International Medical Group, Inc. and its representatives throughout the world. © 2007-2021 International Medical Group, Inc. All rights reserved.*

*Capitalized terms are defined in the Certificate of Insurance.*