

# GLOBAL MEDICAL INSURANCE®

## Plan Options:

Bronze  
Silver  
Gold  
Platinum



GLOBAL  
*peace of mind*®

A WORLDWIDE MEDICAL INSURANCE PROGRAM FOR INDIVIDUALS AND FAMILIES.

# Global Medical Insurance®

## Worldwide Coverage. World-Class Services.

Being a global citizen can be an exciting experience, but it also comes with potential complications. Your health care should not be one of those concerns. With Global Medical Insurance, a revolutionary program from IMG® (International Medical Group®), you will receive the worldwide medical coverage you need, backed by the world-class services you expect.

Global Medical Insurance allows you to choose from several plan options, areas of coverage, multiple deductibles, and modes of payment. With your medical history in mind, the program provides different underwriting methods to extend medical coverage to you that may be declined by other

companies. Quite simply, we help you build the cover you need.

With IMG, you will rest assured knowing that we have a dedicated department working to keep your insurance as affordable as possible. The costs of health care are rising, but we are committed to controlling those costs.

You need the proper worldwide coverage, provided by a company that's there for you when you need us most. When you select Global Medical Insurance, you receive IMG's promise to deliver exceptional medical benefits, medical assistance, and service—all designed to give you Global Peace of Mind®.

## Plan Highlights

- » **Flexibility** - Multiple plan options and payment modes to fit your budget
- » **Choice of Coverage Area** - Worldwide or Worldwide Excluding the U.S., Canada, China, Hong Kong, Japan, Macau, Singapore, and Taiwan
- » **Freedom to Choose** - Select your own health care provider, no matter where you are in the world
- » **Travel Intelligence** - Receive location-specific alerts on health, transportation, security, and weather
- » **Assistance Services** - Available on all plans
- » **Preventative Care** - No waiting period on wellness benefits
- » **Healthy Travel Preventative Coverage** - Receive vaccinations and preventative prescriptions prior to departure
- » **Pre-Existing Condition Waiver** - For individuals with proof of comprehensive health insurance and no significant break in coverage (63 days)

## SAFETY SOLUTIONS *Products and services designed with your safety in mind.*

No matter your reason for being a global citizen, we know your safety is important to you. IMG's Global Medical Insurance has solutions designed to protect you and give you Global Peace of Mind.



### PHYSICAL HEALTH

You can't plan when you get sick, and unfortunately, it can happen anytime and anywhere. Medical bills can be expensive, and IMG plans provide the cross-border medical coverage you need for unexpected medical care and routine visits.



### MENTAL WELLNESS

Being away from your support system can be challenging. IMG provides access to mental health services, like virtual counseling, to help with the transition as you adapt to cultural differences, adjust to a change in job or education, and navigate new relationships while you're away from loved ones.



### FINANCIAL PROTECTION

Costs can add up while seeking medical treatment. However, access to IMG's international physician and provider networks and pharmacy discount programs can help you save on out-of-pocket medical expenses and prescription medications.



### CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a travel intelligence app to warn you of imminent dangers and security threats. Plus, a multilingual staff of nurses, doctors, and case managers provide 24/7 assistance services to facilitate a response to urgent and emergency situations, such as evacuations or search and rescue missions.



### PERSONAL PROPERTY

There are some belongings you know you can't live without. IMG has you covered and can reimburse costs if your mobile device is lost, stolen, or damaged during your travels abroad.



*Our Service, Strength, and Safety Solutions provide you with the ultimate advantage: Global Peace of Mind.*



**SERVICE** *Help when and where you need it.*

Nobody wants to experience an emergency while traveling the world, but if you do, you'll want a team you can trust to have your back. IMG's expert staff is here for you 24/7. We're accustomed to working in multiple time zones, languages, and currencies, so rest assured we have the training to assist you—even in remote and hazardous locations. Our international and U.S. provider networks include more than one million physicians and facilities across the globe, giving you access to quality care while away from your primary care team. Our innovative technology allows you to manage your claims, your account, and search for providers through our online portal and mobile app around the clock.

**STRENGTH** *A market leader you can trust.*

You can feel confident with IMG knowing our industry expertise has led us to serve millions of customers worldwide since 1990. Owned by SiriusPoint, a multi-billion-dollar insurance industry leader and rated "A-" by A.M. Best, an independent analyst of the insurance industry, IMG has a strong financial backing and vision to become the preeminent provider of travel and health safety solutions. With loyal customers ranging from Fortune 500 companies, universities, to individuals and other insurance companies, our personalized offerings allow us to meet the needs of nearly anyone traveling internationally.



*BE  
Here*

# Summary Schedule of Benefits

| PLAN DETAILS                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                              | BRONZE                                                                                                                                                                                                                                                  | SILVER                                                                                                                                                                                                                                                  | GOLD                                                                                                                                                                                                                                                    | PLATINUM |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Carrier</b>                                                                                                                                                                                                                                  | Sirius Specialty Insurance Corporation                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Underwriting approach</b>                                                                                                                                                                                                                    | Full Medical Underwriting                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Period of Coverage</b>                                                                                                                                                                                                                       | 12 months (Annually renewable)                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Area of Coverage</b>                                                                                                                                                                                                                         | Area 2: Worldwide excluding United States, Canada, China, Hong Kong, Japan, Singapore and Taiwan<br>Area 3: Worldwide                                                                                                                                                                        |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Age</b>                                                                                                                                                                                                                                      | Up to Age 74                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Lifetime Maximum</b>                                                                                                                                                                                                                         | \$1,000,000 per individual                                                                                                                                                                                                                                                                   | \$5,000,000 per individual                                                                                                                                                                                                                              | \$5,000,000 per individual                                                                                                                                                                                                                              | \$8,000,000 per individual                                                                                                                                                                                                                              |          |
| <b>Deductible</b><br><i>Medical Concierge and International: 50% of the deductible waived up to a maximum of \$2,500.</i>                                                                                                                       | \$250 to \$10,000                                                                                                                                                                                                                                                                            | \$250 to \$10,000                                                                                                                                                                                                                                       | \$250 to \$25,000                                                                                                                                                                                                                                       | \$100 to \$25,000                                                                                                                                                                                                                                       |          |
| <b>Coinsurance</b>                                                                                                                                                                                                                              | Medical Concierge: 100%<br>U.S. in-network: 100%<br>U.S. out-of-network: 80% up to \$5,000 then 100%<br>International: 100%                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Precertification</b>                                                                                                                                                                                                                         | Transplants, Interfacility Ambulance Transfer, Medical Evacuation, Orphan Drugs or Biologic Drugs: No coverage if pre-certification requirements are not met<br>All other Treatments and supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Pre-existing Conditions</b><br><i>(only applicable when insured is not on a certificate with creditable coverage)</i>                                                                                                                        |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Known Disclosed Conditions</b>                                                                                                                                                                                                               | N/A                                                                                                                                                                                                                                                                                          | Covered the same as any illness or injury unless excluded by a Rider                                                                                                                                                                                    | Covered the same as any illness or injury unless excluded by a Rider                                                                                                                                                                                    | Covered if disclosed and not excluded by rider                                                                                                                                                                                                          |          |
| <b>Non-disclosed Conditions</b>                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                                                                                          | No Coverage                                                                                                                                                                                                                                             | No Coverage                                                                                                                                                                                                                                             | Covered if disclosed and not excluded by rider                                                                                                                                                                                                          |          |
| <b>Unknown Conditions</b><br><i>After 24 months of continuous coverage</i>                                                                                                                                                                      | N/A                                                                                                                                                                                                                                                                                          | Period of Coverage: \$5,000<br>Lifetime Maximum: \$50,000                                                                                                                                                                                               | Period of Coverage: \$5,000<br>Lifetime Maximum: \$50,000                                                                                                                                                                                               | Covered if disclosed and not excluded by rider                                                                                                                                                                                                          |          |
| <b>Inpatient</b><br><i>Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum</i> |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |          |
| <b>Eligible Medical Expenses</b>                                                                                                                                                                                                                | ✔                                                                                                                                                                                                                                                                                            | ✔                                                                                                                                                                                                                                                       | ✔                                                                                                                                                                                                                                                       | ✔                                                                                                                                                                                                                                                       |          |
| <b>Physician Visits</b>                                                                                                                                                                                                                         | ✔                                                                                                                                                                                                                                                                                            | ✔                                                                                                                                                                                                                                                       | ✔                                                                                                                                                                                                                                                       | ✔                                                                                                                                                                                                                                                       |          |
| <b>Hospitalization Room/Board</b>                                                                                                                                                                                                               | ✔                                                                                                                                                                                                                                                                                            | \$600 per day/ 240 day max                                                                                                                                                                                                                              | ✔                                                                                                                                                                                                                                                       | ✔                                                                                                                                                                                                                                                       |          |
| <b>Hospital Indemnity</b><br><i>(Inpatient hospitalization outside the U.S. only)</i>                                                                                                                                                           | Private Hospitals: \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage<br>Public Hospitals: \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance                                      | Private Hospitals: \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage<br>Public Hospitals: \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance | Private Hospitals: \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage<br>Public Hospitals: \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance | Private Hospitals: \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage<br>Public Hospitals: \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance |          |

PLAN DETAILS

PHYSICAL HEALTH

Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses").

4 This is a summary schedule of benefits that are subject to exclusions, limitations, maximums, deductible and coinsurance unless otherwise noted. 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 Schedule of Benefits (Continued)

PHYSICAL HEALTH

| PLAN DETAILS                                                                                                                                                                                                                                                                                                                                          | BRONZE                                                                                                                                        | SILVER                                                                                                                                                                                                                                                                   | GOLD                                                                                                                                        | PLATINUM                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Ancillary Services</b>                                                                                                                                                                                                                                                                                                                             | Covered under Hospitalization room & board/professional fees                                                                                  | \$400 per day                                                                                                                                                                                                                                                            | Covered under Hospitalization room & board/professional fees                                                                                | Covered under Hospitalization room & board/professional fees                                                                                 |
| <b>Anesthesiologist &amp; Anesthesia</b>                                                                                                                                                                                                                                                                                                              | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Surgeon &amp; Surgery</b>                                                                                                                                                                                                                                                                                                                          | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Reconstructive Surgery</b>                                                                                                                                                                                                                                                                                                                         | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Assistant Surgeon</b><br><i>20% of primary surgeon's charges</i>                                                                                                                                                                                                                                                                                   | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Intensive Care Unit</b>                                                                                                                                                                                                                                                                                                                            | ✓                                                                                                                                             | Maximum consecutive days: 180<br>Maximum Limit per day: \$1500                                                                                                                                                                                                           | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Extended Care Facility</b>                                                                                                                                                                                                                                                                                                                         | ✓                                                                                                                                             | Maximum days: 30                                                                                                                                                                                                                                                         | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Hospice</b>                                                                                                                                                                                                                                                                                                                                        | ✓                                                                                                                                             | Maximum days: 30 (combined with outpatient)                                                                                                                                                                                                                              | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Laboratory</b>                                                                                                                                                                                                                                                                                                                                     | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Radiology/X-ray</b>                                                                                                                                                                                                                                                                                                                                | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Physical Therapy</b>                                                                                                                                                                                                                                                                                                                               | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | \$50 Maximum Limit per visit                                                                                                                | \$50 Maximum Limit per visit                                                                                                                 |
| <b>Chemotherapy or Radiation Therapy</b>                                                                                                                                                                                                                                                                                                              | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Prescriptions</b>                                                                                                                                                                                                                                                                                                                                  | ✓                                                                                                                                             | Included in Ancillary Services \$400 per day limit                                                                                                                                                                                                                       | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Transplants</b>                                                                                                                                                                                                                                                                                                                                    | \$250,000 lifetime maximum<br>Organ procurement and harvesting costs Lifetime Max: \$10,000<br>Travel & Lodging Lifetime Maximum: \$5,000     | \$250,000 lifetime maximum<br>Organ procurement and harvesting costs Lifetime Max: \$10,000<br>Travel & Lodging Lifetime Maximum: \$5,000                                                                                                                                | \$1,000,000 lifetime maximum<br>Organ procurement and harvesting costs Lifetime Max: \$10,000<br>Travel & Lodging Lifetime Maximum: \$5,000 | \$2,000,000 lifetime maximum<br>Organ procurement and harvesting costs Lifetime Max: \$20,000<br>Travel & Lodging Lifetime Maximum: \$10,000 |
| <b>Outpatient Services</b><br><i>Outpatient Services must follow Inpatient Treatment or Outpatient Surgery (Bronze Only)<br/>Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum</i> |                                                                                                                                               |                                                                                                                                                                                                                                                                          |                                                                                                                                             |                                                                                                                                              |
| <b>Eligible Medical Expenses</b>                                                                                                                                                                                                                                                                                                                      | ✓                                                                                                                                             | ✓                                                                                                                                                                                                                                                                        | ✓                                                                                                                                           | ✓                                                                                                                                            |
| <b>Physician/Specialist Visit</b>                                                                                                                                                                                                                                                                                                                     | Maximum Limit: \$500 (Prior to Inpatient Treatment)<br><br>Maximum Limit: \$500 (90 days following Inpatient Treatment or Outpatient Surgery) | Mental or Nervous disorders available after 12 months of continuous coverage<br>Combined maximum visits: 25<br>Physician/Specialist maximum per visit: \$70<br>Chiro max per visit: \$50 (with referral from physician)<br>Surgical Intervention Consultation max: \$500 | ✓                                                                                                                                           | ✓                                                                                                                                            |

This is a summary schedule of benefits that are subject to exclusions, limitations, maximums, deductible and coinsurance unless otherwise noted. 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 Schedule of Benefits (Continued)

| PLAN DETAILS                                             |                                                                                                                                  | BRONZE                                                                            | SILVER                                                                               | GOLD                                                                                 | PLATINUM                                                                                                                                                                        |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHYSICAL HEALTH                                          | <b>Teleconsultation</b><br><i>(Non-Insurance Benefit)</i>                                                                        | N/A                                                                               | N/A                                                                                  | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Hospital Emergency Room: International</b>                                                                                    | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Surgery/Outpatient Surgical Facility &amp; Surgeon</b>                                                                        | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Anesthesiologist &amp; Anesthesia</b>                                                                                         | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Reconstructive Surgery</b><br><i>20% of primary surgeon's charges</i>                                                         | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Second Surgical Opinion</b>                                                                                                   | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Laboratory</b>                                                                                                                | Maximum Limit per visit: \$300 (Prior to and post Inpatient Treatment only)       | Maximum Limit per visit: \$300                                                       | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Radiology/X-ray</b>                                                                                                           | Maximum Limit per examination: \$250 (Prior to and post Inpatient Treatment only) | Maximum Limit per examination: \$250                                                 | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>CAT Scans, MRI, Echocardiography, Endoscopy, Gastroscopy, Cystoscopy</b>                                                      | Maximum Limit per examination: \$600 (Prior to Inpatient Treatment only)          | Maximum Limit per examination: \$600                                                 | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Chemotherapy or Radiation Therapy</b>                                                                                         | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Pre-Admin Testing</b>                                                                                                         | ✓                                                                                 | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Durable Medical Equipment</b>                                                                                                 | See above                                                                         | ✓                                                                                    | ✓                                                                                    | ✓                                                                                                                                                                               |
|                                                          | <b>Maternity</b>                                                                                                                 | N/A                                                                               | N/A                                                                                  | N/A                                                                                  | Available after 10 or 24 months after Underwriting's review of the application.<br>Maternity Deductible: \$2,500 (In addition to plan Deductible)<br>Lifetime Maximum: \$50,000 |
|                                                          | <b>Newborn Care/Congenital Disorders</b>                                                                                         | N/A                                                                               | N/A                                                                                  | N/A                                                                                  | Maximum Limit: \$250,000<br>Eligible if the Pregnancy is covered under the plan<br>Routine Care during the first 31 days of life                                                |
|                                                          | <b>Newborn Wellness</b>                                                                                                          | N/A                                                                               | N/A                                                                                  | N/A                                                                                  | Maximum Limit: \$200<br>Eligible if the Pregnancy is covered under the plan<br>Routine Care after 31 days of life through 12 months                                             |
|                                                          | <b>Podiatry Care</b>                                                                                                             | N/A                                                                               | N/A                                                                                  | Maximum Limit: \$750                                                                 | Maximum Limit: \$750                                                                                                                                                            |
| <b>Physical Therapy</b><br><i>Medical order required</i> | Available for 90 days following Inpatient Treatment or Outpatient Surgery<br>Maximum Limit per visit: \$40<br>Maximum visits: 10 | Maximum Limit per visit: \$40<br>Maximum visits per day: 1<br>Maximum visits: 30  | Maximum Limit per visit: \$50<br>Maximum visits per day: 1<br>Medical order required | Maximum Limit per visit: \$50<br>Maximum visits per day: 1<br>Medical order required |                                                                                                                                                                                 |
| <b>Home Nursing Care</b>                                 | Maximum days: 30<br>Maximum Limit per day: \$150                                                                                 | Maximum days: 30                                                                  | ✓                                                                                    | ✓                                                                                    |                                                                                                                                                                                 |



## Summary Schedule of Benefits (Continued)

| PLAN DETAILS    |                                                                                                                                                                                                                                                                                         | BRONZE                                                                                                                                                                                      | SILVER                                                                                                                                                                                    | GOLD                                                                                                                                                      | PLATINUM                                                                                                                                                                                                                                                                      |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHYSICAL HEALTH | Hospice                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                         | Maximum days: 30<br>(combined with Inpatient)                                                                                                                                             | ✓                                                                                                                                                         | ✓                                                                                                                                                                                                                                                                             |
|                 | <b>Prescription Drugs and Medication</b><br><i>Subject to Deductible and Coinsurance unless otherwise noted</i><br><i>Eligible Expenses are limited to Usual, Reasonable and Customary amounts</i><br><i>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i>     |                                                                                                                                                                                             |                                                                                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                                                               |
|                 | Prescription Drugs, Dressings, and Durable Medical Equipment                                                                                                                                                                                                                            | Available for 90 days following Inpatient Treatment or Outpatient Surgery<br>Maximum Limit per event: \$600<br>(Orphan Drugs or Biologic Drugs do not apply to the Maximum Limit per event) | Subject to deductible and coinsurance. 90-day supply per prescription following related covered event.<br>U.S. Retail Pharmacy out-of-network: 80%<br>International Retail Pharmacy: 100% | Subject to deductible and coinsurance. 90-day supply per prescription.<br>U.S. Retail Pharmacy out-of-network: 80%<br>International Retail Pharmacy: 100% | U.S. Retail Pharmacy: prescription drug card required. Copay per 30-day supply: \$20 for generic/\$40 for brand name where generic is not available.<br>International Retail Pharmacy (subject to deductible): 100%                                                           |
|                 | Expatriate Prescription Services Program                                                                                                                                                                                                                                                | N/A                                                                                                                                                                                         | N/A                                                                                                                                                                                       | N/A                                                                                                                                                       | Copay per 30-day supply: \$20 for generic/\$40 for non-preferred brand name.<br>Must enroll via provider website: www.expatsps.com<br>Dispensing maximum: 180 days                                                                                                            |
|                 | <b>Orphan or Biologic Drugs</b> <i>(Available when all conditions are met)</i><br>» Approved in writing by company<br>» Medically necessary<br>» Not experimental or investigational<br><br><i>Applies to period of coverage max.</i><br><i>Max limit applies towards lifetime max.</i> | Inpatient Treatment maximum limit: \$250,000.<br>Outpatient Surgery: up to the maximum limit.<br>Subject to deductible and coinsurance.<br>Does not apply to maximum limit per event        | Outpatient and Emergency Department Treatment maximum limit: \$250,000.<br>Subject to deductible and coinsurance                                                                          | Inpatient & Outpatient Treatment maximum limit: \$250,000.<br>Subject to deductible and coinsurance                                                       | Maximum limit \$250,000.<br>U.S. Retail Pharmacy & expatriate prescription services program: Subject to copayments.<br>International retail pharmacy: Subject to deductible and coinsurance.<br>Inpatient/outpatient medical treatment: Subject to deductible and coinsurance |
|                 | <b>Preventative Care</b><br><i>NOT Subject to Deductible and Coinsurance unless otherwise noted</i><br><i>Eligible Expenses are limited to Usual, Reasonable and Customary amounts</i><br><i>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i>                 |                                                                                                                                                                                             |                                                                                                                                                                                           |                                                                                                                                                           |                                                                                                                                                                                                                                                                               |
|                 | Child Preventative Care<br><i>Ages 18 years and younger</i>                                                                                                                                                                                                                             | N/A                                                                                                                                                                                         | Maximum Limit per visit: \$70<br>Maximum visits: 3                                                                                                                                        | Maximum Limit: \$200                                                                                                                                      | Maximum Limit: \$400                                                                                                                                                                                                                                                          |
|                 | Adult Preventative Care                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                         | N/A                                                                                                                                                                                       | Maximum Limit: \$250                                                                                                                                      | Maximum Limit: \$500                                                                                                                                                                                                                                                          |





## Summary Schedule of Benefits (Continued)

| PLAN DETAILS                                                                                                                                                                                                                                   |                         | BRONZE                  | SILVER                                                                                                                                                                          | GOLD                                                                                                                                                                                                                                                    | PLATINUM                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Vision Care</b>                                                                                                                                                                                                                             |                         |                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <i>NOT Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i>                |                         |                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <b>Routine Eye Examination</b>                                                                                                                                                                                                                 | N/A                     | N/A                     | N/A                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                     | Maximum Limit every 24 months: \$100                                                                                                                                                                                                                    |
| <b>Contact Lenses, Contacts, Frames</b>                                                                                                                                                                                                        | N/A                     | N/A                     | N/A                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                     | Maximum Limit every 24 months: \$150                                                                                                                                                                                                                    |
| <b>Other Services</b>                                                                                                                                                                                                                          |                         |                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <i>Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i>                    |                         |                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <b>Complementary Medicine</b>                                                                                                                                                                                                                  | N/A                     | N/A                     | N/A                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                     | Maximum Limit: \$500<br>Services include Acupuncture, Aromatherapy, Herbal Therapy, Magnetic Therapy, Massage Therapy and Vitamin Therapy                                                                                                               |
| <b>Dental Treatment</b>                                                                                                                                                                                                                        | N/A                     | N/A                     | Max limit: \$100<br>(Treatment due to unexpected pain to sound natural teeth)<br>Max limit: \$500<br>(Non-emergency Treatment at a Dental Provider's office due to an Accident) | Max limit: \$100<br>(Treatment due to unexpected pain to sound natural teeth)<br>Max limit: \$500<br>(Non-emergency Treatment at a Dental Provider's office due to an Accident)                                                                         | \$750 per period of coverage \$50 deductible (max. 2 per family)<br>Routine services-90% (deductible waived)<br>Minor restorative- 70%<br>Major restorative- 50%<br>6 month waiting period                                                              |
| <b>Traumatic Dental Injury</b>                                                                                                                                                                                                                 | Maximum Limit: \$1,000  | Maximum Limit: \$1,000  | Maximum Limit: \$1,000                                                                                                                                                          | ✓                                                                                                                                                                                                                                                       | ✓                                                                                                                                                                                                                                                       |
| <b>High School Sports</b>                                                                                                                                                                                                                      | N/A                     | N/A                     | N/A                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                     | Lifetime Maximum: \$20,000<br>Includes Collision Sports                                                                                                                                                                                                 |
| <b>Healthy Travel Preventative Coverage</b><br><i>Vaccinations and preventative prescription drugs administered by a Physician within 30 days prior to the insured Person's Initial Effective Date and before departing to any destination</i> | Lifetime Maximum: \$250 | Lifetime Maximum: \$250 | Lifetime Maximum: \$250                                                                                                                                                         | Lifetime Maximum: \$250                                                                                                                                                                                                                                 | Lifetime Maximum: \$250                                                                                                                                                                                                                                 |
| <b>Supplemental Accident</b>                                                                                                                                                                                                                   | N/A                     | N/A                     | N/A                                                                                                                                                                             | Maximum Limit per Accident: \$300                                                                                                                                                                                                                       | Maximum Limit per Accident: \$500                                                                                                                                                                                                                       |
| <b>Optional Coverage</b>                                                                                                                                                                                                                       |                         |                         |                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <b>Terrorism</b><br><i>Platinum option only</i>                                                                                                                                                                                                | N/A                     | N/A                     | N/A                                                                                                                                                                             | N/A                                                                                                                                                                                                                                                     | \$50,000 lifetime maximum                                                                                                                                                                                                                               |
| <b>Sports Rider</b><br><i>Gold and Platinum options</i>                                                                                                                                                                                        | N/A                     | N/A                     | N/A                                                                                                                                                                             | \$10,000 lifetime maximum for amateur athletics<br>Adventure Sports:<br>Through age 49 years: \$50,000 lifetime maximum<br>Age 50 years through age 59 years: \$30,000 lifetime maximum<br>Age 60 years through age 64 years: \$15,000 lifetime maximum | \$10,000 lifetime maximum for amateur athletics<br>Adventure Sports:<br>Through age 49 years: \$50,000 lifetime maximum<br>Age 50 years through age 59 years: \$30,000 lifetime maximum<br>Age 60 years through age 64 years: \$15,000 lifetime maximum |

PHYSICAL HEALTH





# Summary Schedule of Benefits (Continued)

|                 | PLAN DETAILS                                                                                                                                                                                                                                                       | BRONZE                                                                                                                                                                                        | SILVER                                                                                                                                                                                        | GOLD                                                                                                                                                                                          | PLATINUM                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| MENTAL WELLNESS | <b>Mental or Nervous Counseling</b><br><i>Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i> |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                 |
|                 | <b>Mental or Nervous</b><br><i>After 12 months of continuous coverage; no waiting period for Platinum</i>                                                                                                                                                          | N/A                                                                                                                                                                                           | Outpatient after 12 months of continuous coverage                                                                                                                                             | Maximum Limit: \$10,000<br>Lifetime Maximum: \$50,000                                                                                                                                         | Lifetime Maximum: \$50,000                                                                                                                      |
|                 | <b>Bereavement Counseling</b>                                                                                                                                                                                                                                      | N/A                                                                                                                                                                                           | Lifetime Max: \$300                                                                                                                                                                           | Lifetime Max: \$300                                                                                                                                                                           | Lifetime Max: \$300                                                                                                                             |
|                 | <b>Remote Mental Health Service</b><br><i>(Non-Insurance Benefit)</i>                                                                                                                                                                                              | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | ✔                                                                                                                                               |
| PHYSICAL HEALTH | <b>Dental</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                 |
|                 | <b>Dental Rider</b><br><i>Bronze, Silver and Gold plan options</i>                                                                                                                                                                                                 | \$750 per period of coverage<br>\$50 deductible (max. 2 per family)<br>Routine services-90% (deductible waived)<br>Minor restorative- 70%<br>Major restorative- 50%<br>6 month waiting period | \$750 per period of coverage<br>\$50 deductible (max. 2 per family)<br>Routine services-90% (deductible waived)<br>Minor restorative- 70%<br>Major restorative- 50%<br>6 month waiting period | \$750 per period of coverage<br>\$50 deductible (max. 2 per family)<br>Routine services-90% (deductible waived)<br>Minor restorative- 70%<br>Major restorative- 50%<br>6 month waiting period | Dental Treatment benefit already included; no rider required                                                                                    |
|                 | <b>Vision</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                 |
|                 | <b>Vision Rider</b><br><i>Bronze, Silver and Gold plan options</i>                                                                                                                                                                                                 | Exams-up to \$100 per 24 months<br>Materials-up to \$150 per 24 months                                                                                                                        | Exams-up to \$100 per 24 months<br>Materials-up to \$150 per 24 months                                                                                                                        | Exams-up to \$100 per 24 months<br>Materials-up to \$150 per 24 months                                                                                                                        | Vision Care benefit already included; no rider required                                                                                         |
|                 | <b>Services</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                 |
|                 | <b>Universal Rx Drug Card Copayments</b>                                                                                                                                                                                                                           | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | Generic: \$20<br>Brand: (when Generic is unavailable): \$40<br>Copayments are per 30-day supply<br>Dispensing maximum per prescription: 90 days |
|                 | <b>The Family Matters Program</b>                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                           | Provides educational information on pregnancy and provides suggestions for a healthy lifestyle                                                  |
| CRISIS SUPPORT  | <b>Emergency Services</b><br><i>NOT Subject to Deductible and Coinsurance unless otherwise noted<br/>Eligible Expenses are limited to Usual, Reasonable and Customary amounts<br/>Maximum Limit per Period of Coverage or if indicated. Lifetime Maximum</i>       |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                                                               |                                                                                                                                                 |
|                 | <b>Emergency Local Ambulance</b><br><i>Injury/Illness resulting in an Inpatient Hospital admission</i>                                                                                                                                                             | Maximum Limit per incident: \$1,500                                                                                                                                                           | Maximum Limit per incident: \$1,500                                                                                                                                                           | ✔                                                                                                                                                                                             | ✔                                                                                                                                               |
|                 | <b>Emergency Medical Evacuation</b>                                                                                                                                                                                                                                | Maximum Limit: \$50,000                                                                                                                                                                       | Maximum Limit: \$50,000                                                                                                                                                                       | Up to the Lifetime Maximum                                                                                                                                                                    | Up to the Lifetime Maximum                                                                                                                      |
|                 | <b>Emergency Reunion</b>                                                                                                                                                                                                                                           | Lifetime Maximum: \$10,000<br>Maximum days: 15<br>Meal Maximum Limit per day: \$25                                                                                                            | N/A                                                                                                                                                                                           | Lifetime Maximum: \$10,000<br>Maximum days: 15<br>Meal Maximum Limit per day: \$25                                                                                                            | Lifetime Maximum: \$10,000<br>Maximum days: 15<br>Meal Maximum Limit per day: \$25                                                              |

This is a summary schedule of benefits that are subject to exclusions, limitations, maximums, deductible and coinsurance unless otherwise noted. 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 Schedule of Benefits (Continued)

|                                                   | PLAN DETAILS                                                                                                                                                                                                               | BRONZE                              | SILVER                              | GOLD                    | PLATINUM                                             |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------|------------------------------------------------------|
| CRISIS SUPPORT                                    | <b>Interfacility Ambulance Transfer</b><br><i>(United States Only)</i>                                                                                                                                                     | Maximum Limit per incident: \$1,500 | Maximum Limit per incident: \$1,500 | ✓                       | ✓                                                    |
|                                                   | <b>Political Evacuation and Repatriation</b>                                                                                                                                                                               | N/A                                 | N/A                                 | N/A                     | Lifetime Maximum: \$10,000                           |
|                                                   | <b>Remote Transportation</b>                                                                                                                                                                                               | N/A                                 | N/A                                 | N/A                     | Maximum Limit: \$5,000<br>Lifetime Maximum: \$20,000 |
|                                                   | <b>Return of Mortal Remains</b>                                                                                                                                                                                            | Maximum Limit: \$25,000             | Maximum Limit: \$25,000             | Maximum Limit: \$25,000 | Maximum Limit: \$50,000                              |
|                                                   | Services                                                                                                                                                                                                                   |                                     |                                     |                         |                                                      |
|                                                   | <b>Global Concierge</b>                                                                                                                                                                                                    | N/A                                 | N/A                                 | N/A                     | Emergency travel assistance services                 |
|                                                   | <b>Travel Intelligence App</b>                                                                                                                                                                                             | ✓                                   | ✓                                   | ✓                       | ✓                                                    |
| FINANCIAL PROTECTION                              | Optional Coverage                                                                                                                                                                                                          |                                     |                                     |                         |                                                      |
|                                                   | <b>Global Term Life Insurance</b>                                                                                                                                                                                          |                                     |                                     |                         |                                                      |
|                                                   | Age 31 days -18 years                                                                                                                                                                                                      | \$5,000                             | \$5,000                             | \$5,000                 | \$5,000                                              |
|                                                   | Age 19-29 years                                                                                                                                                                                                            | \$75,000                            | \$75,000                            | \$75,000                | \$75,000                                             |
|                                                   | Age 30-39 years                                                                                                                                                                                                            | \$50,000                            | \$50,000                            | \$50,000                | \$50,000                                             |
|                                                   | Age 40-44 years                                                                                                                                                                                                            | \$35,000                            | \$35,000                            | \$35,000                | \$35,000                                             |
|                                                   | Age 45-49 years                                                                                                                                                                                                            | \$25,000                            | \$25,000                            | \$25,000                | \$25,000                                             |
|                                                   | Age 50-54 years                                                                                                                                                                                                            | \$20,000                            | \$20,000                            | \$20,000                | \$20,000                                             |
|                                                   | Age 55-59 years                                                                                                                                                                                                            | \$15,000                            | \$15,000                            | \$15,000                | \$15,000                                             |
|                                                   | Age 60-64 years                                                                                                                                                                                                            | \$10,000                            | \$10,000                            | \$10,000                | \$10,000                                             |
| Age 65-69 years                                   | \$7,500                                                                                                                                                                                                                    | \$7,500                             | \$7,500                             | \$7,500                 |                                                      |
| <b>AD&amp;D</b><br><i>included with Term Life</i> | Accidental Loss of Life: Principal Sum*<br>Accidental Total Loss of 2 Members**: Principal Sum*<br>Accidental Total Loss of 1 Member**: 50%*<br>(*Benefit based on age at time of death**"Member" means hand, foot or eye) |                                     |                                     |                         |                                                      |
| <b>Mobile Device Protection Rider</b>             | Coverage for repair or replacement of your cell phone if it is lost, stolen, or accidentally damaged during your trip.                                                                                                     |                                     |                                     |                         |                                                      |
| PERSONAL PROPERTY                                 |                                                                                                                                                                                                                            |                                     |                                     |                         |                                                      |



### MyIMG<sup>SM</sup> Member Portal

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

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

# Additional Optional Coverage

Increase the cover available with your Global Medical Insurance plan by considering these options.

PHYSICAL HEALTH

## Terrorism *(Platinum only)*

Normally a standard policy exclusion, this optional add-on will now cover you for up to \$50,000 should you find yourself the victim of terrorist activities and need to make a claim as a direct result of them.

*Rider option is available on individual plans only.*

## SPORTS RIDER *(Gold & Platinum)*

For you and your family to get the most out of your stay overseas you can include our special sports rider. This will not only include a comprehensive list of adventure sports (normally excluded by insurers), providing benefits of up to \$50,000, but now has additional coverage for amateur athletics up to \$10,000.

## Dental & Vision Rider *(Bronze, Silver & Gold)*

Our Global Medical Insurance plan already provides some dental and vision benefits for people on Gold and Platinum levels of cover, but this rider now allows all policyholders to include coverage for routine services, restorative treatments, exams and materials. This add-on is available for the whole family. Customers on our Platinum level will enjoy these benefits as standard.

FINANCIAL PROTECTION

## TERM LIFE INSURANCE PLUS AD&D *(All plan levels)*

For maximum coverage you can now include Term Life and Accidental Death and Disability benefits to your policy, with payments of up to \$75,000 if you or your family need to make a claim as the direct result of a death or serious accident and disability.

PERSONAL PROPERTY

## Mobile Device Protection *(All plan levels)*

Cell phones are essential when travelling internationally to keep you safe, connect with friends and family back home, and to take photos of your travels. Device protection provides coverage for repair or replacement of your cell phone when it becomes lost, stolen, or accidentally damaged. With Mobile Device Protection, you can continue your travels and stay digitally connected wherever you are in the world.

GLOBAL  
*peace of mind*<sup>®</sup>



*This is a summary schedule of benefits that are subject to exclusions, limitations, maximums, deductible and coinsurance unless otherwise noted. 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.*

## Available with Select GMI Plans

### FINANCIAL PROTECTION

#### Universal RX Pharmacy Discount Savings *(All plan levels)*

This discount savings program allows you to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price. This program is not insurance coverage. It is purely a discount program.

#### Medical Concierge *(All plan levels)*

Whether you are seeking care at a local facility or in an unfamiliar location, quality of care is a primary concern. IMG's Medical Concierge program (available in the U.S.) is designed to provide you with critical information and to assist you in making the right decision for treatment. Your personal Medical Concierge will review your specific non-emergency medical condition and provide you with information on provider ratings, past outcomes, and general costs—all in the area where you are planning treatment.

You will be entitled to receive a reduction in your deductible for utilizing this unique medical service while in the United States. This level of individualized service is unmatched in the international arena.

### PHYSICAL HEALTH

#### Teleconsultation\* *(Gold & Platinum)*

Online and telephonic access to a network of medical professionals available to diagnose, treat and prescribe for non-emergency medical issues. The best medicine brought to you and your family 24 hours a day, seven days a week.

### CRISIS SUPPORT

#### Travel Intelligence *(All plan levels)*

A vital companion that provides access to dynamic alerts and country intelligence to help you prepare for and stay safe while away from home.

- » **Travel Intelligence** - Trustworthy and timely intelligence, professional advice and support
- » **Safety Alerts** - Alert notifications of high-risk events, including health, terrorism, civil unrest, severe weather risks, in or near your current location
- » **Travel Essentials** - Emergency hotline, access to travel documents, important itinerary information
- » **Location Awareness** - View and receive notifications of proximity threats based on your current and last shared location
- » **Destination/Location Tips** - Advice based on travel itinerary or countries of interest
- » **Friends and Family Sharing** - Add additional users to your account so they can be notified in case of an emergency or a potential threat



\*Teleconsultations will not support a diagnosis for Mental or Nervous Disorders. Coverage for a Teleconsultation is not a determination that any specific condition discussed, raised or identified during such Consultation is covered under this insurance. We reserve the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teleconsultation where the illness or injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Policy.

# GLOBAL MEDICAL INSURANCE®

A WORLDWIDE MEDICAL INSURANCE  
PROGRAM FOR INDIVIDUALS, AND FAMILIES.



*BE  
There.*

# PLATINUM BENEFITS & SERVICES

PHYSICAL HEALTH

## The Family Matters® Maternity Program

This program is designed to provide you with educational information on your pregnancy and suggestions for a healthy lifestyle for the expecting mom and family. A complimentary copy of the book "What to Expect When You're Expecting" is provided to help answer the day-to-day questions faced by all expectant families. This program can also assist you in early detection of potential pregnancy complications and encourages proper prenatal medical treatment.

## eDocAmerica

Receive direct access to eDocAmerica, a worldwide medical information service, which allows you to communicate with licensed physicians, psychologists, pharmacists, dentists, dieticians, and fitness trainers free of charge, 24 hours a day. eDocAmerica's services result in saved office visits, peace of mind, confidence to act, and ultimately, an informed, empowered member.

MENTAL WELLNESS

## Remote Mental Health Services

Telemedicine for mental health that supports with financial, physical and emotional wellbeing. Whether you have questions about handling stress at work or home, parenting and childcare, managing money or health issues, you can turn to this valuable and confidential service that you can trust.

CRISIS SUPPORT

## Travel Assistance Services

You also have exclusive access to a list of additional emergency travel assistance services handled by a dedicated service team available 24/7. Some of the assistance services provided include:

- » Emergency travel arrangements
- » Lost passport/travel documents assistance
- » Lost luggage assistance
- » Embassy or consulate referrals
- » Emergency message relay
- » Emergency prescription replacement
- » Medical referrals
- » 24-hour medical monitoring
- » Emergency cash transfer and emergency translations
- » Legal referrals



## Coverage you can count on, with 24/7 service anywhere in the world

### Eligibility

Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must plan to be residing outside the U.S. on or before their effective renewal dates, and for at least six (6) out of the next 12 months. Additional eligibility restrictions apply to non-U.S. citizens residing in the United States. Persons from the ages of 14 days to 74 years may apply for coverage, up until the age of 75. Persons 75 years of age and older are not eligible for coverage. Please see a sample contract for further details.

### Enrollment

To apply for Global Medical Insurance, simply complete the online application. If you are applying as a family, you may include yourself, your spouse, and your dependents on one application. If you have dependents who are age 19 and older, you must complete a separate application for those individuals. You must accurately complete all questions outlined in the application in order to be considered for coverage.

If approved, you will receive an online fulfillment kit, which includes a digital identification card, declaration of insurance, and a Certificate Wording containing a complete description of benefits, exclusions, and terms of the plan. You are required to notify IMG, as required by the terms of the plan, if you or any family member suffers from or is treated for any illness, injury, or other medical condition between the time of your application and the issuance of the certificate. If your application is not approved, you will receive a full refund of any premium received by IMG. For additional information, please contact your independent insurance producer.

### Lifetime Coverage

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance program by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday, you will receive a summary of benefits for the Global Senior Plan® and an enrollment form for coverage. There is no additional medical underwriting. You simply need to review the benefits, and promptly complete and return the enrollment form with your premium.

### Quality Guarantee

To ensure your satisfaction, once you are accepted in the plan, we provide a 15-day free look period to review the coverage. If, during that 15-day period, you find that you are not satisfied with the plan for any reason, you may submit a written request for cancellation and a full refund of your premium received by IMG. See the Certificate Wording for full details.

**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):**  
*This insurance is not subject to, and does not provide benefits required by PPACA. Since January 1, 2014, PPACA requires U.S. citizens, U.S. nationals and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so. Eligibility to purchase, extend or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is an insured person's sole and exclusive responsibility to determine the insurance requirements applicable to them, and the Company and IMG shall have no liability whatsoever, including for any penalties a person may incur, for failure to obtain coverage required by any applicable law including without limitation PPACA. For information on whether PPACA applies to you or whether you are eligible to purchase Global Medical Insurance, please see IMG's Frequently Asked Questions at [imglobal.com/en/client-resources/PPACA-FAQ.aspx](http://imglobal.com/en/client-resources/PPACA-FAQ.aspx).*



### Missionary and Marine Crew

IMG has a history of understanding its customers as well as delivering insurance products that meet their specific needs, so in addition to being available to individuals and families Global Medical Insurance will appeal to those working as parts of organizations, churches, social good programs, and non-governmental organizations sending volunteers, workers, and missionaries abroad. We're also pleased to make Global Medical Insurance available to professional marine crew members to protect their health while at sea and in port.

WORRY LESS. EXPERIENCE MORE.



International Medical Group® (IMG®)  
Telephone: +1.317.655.4500  
Fax: +1.317.655.4505  
Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)

*Producer Contact Information*

**KNUTSON REEVES INSURANCE SERVICES**  
29970 TECHNOLOGY DRIVE  
SUITE 203  
MURRIETA, CA 92563  
Phone: 951-600-8100  
Fax: 951-600-8013  
[robin@insuranceandcookies.com](mailto:robin@insuranceandcookies.com)  
<http://www.insuranceandcookies.com>

*This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the insurance contract.*

*Certain contracts do contain a pre-existing condition exclusion and do not cover losses or expenses related to a pre-existing condition.*

*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. © 2007-2024 International Medical Group, Inc. All rights reserved.*

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