IMG

International Marine Medical Insurance℠

SERIES

A worldwide benefits program designed for groups of two or more professional marine captains and crew members

WWW.IMGLOBAL.COM

Understanding your market.
Exceeding your expectations.

It's rare to find an insurance provider that offers flexible, specialized products and associated services for the marine industry. Even rarer is to find a company with the dedication, resources, and ability to professionally administer medical care benefits and deliver claims cost containment on a global basis. However, at IMG® (International Medical Group®), we understand the unique needs of marine crew professionals. In fact, we have an entire marine division dedicated to it. Since 1990, our team has provided specialized insurance programs for captains, officers, and crew members. One such program is the International Marine Medical Insurance℠ (IMMI) plan. This customizable plan offers medical coverage to groups of two or more marine crew professionals who live and work aboard ocean going vessels. The IMMI program, coupled with our expertise in marine claims, medical management, and international assistance services, will help you and your crew members properly prepare for injury or illness that occurs while on assignment.

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 International Marine 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

- **Customizable Solutions** IMG offers the flexibility to customize benefits and is available in $US or €EUR. Please contact your insurance producer for more information, and we will work closely with you to design a benefits package that meets your unique needs.
- **International Care Management** Our experienced medical management team can help coordinate care for your members who have highly complex cases requiring detailed management. These services may include assisting with:
  - Concurrent review and monitoring of services for medical necessity
  - Coordination of the hospitalization and any necessary post-discharge care
- **Medical Travel Management** Giving the member who is contemplating non-emergency medical treatment in the United States the opportunity to be financially compensated for having that care rendered by a qualified medical provider(s) outside of the U.S. Following evaluation, a case manager will assist the member in identifying a qualified medical provider to provide the specified care. Upon approval, the case manager will coordinate the necessary services including patient care, travel, scheduling, and housing. When treatment is received outside of the U.S. and there is cost savings greater than $10,000 to the plan, the member will personally share in any cost savings that are realized.

MyIMG℠ 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
- **Preauthorisation** process initiation
- **Explanation of Benefit (EOB)** access
- **Customer Care live chat** and contact information
- **Find a Doctor** locator

The IMG® Advantage

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.

Safety Solutions

Pursuing an education away from your home country is already stressful. We know your safety while studying abroad is important to you, so IMG's International Marine 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.

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.

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 education, and navigate new relationships while you're away from loved ones.

CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a range of assistance benefits and services designed to support you in a crisis. A dedicated team of multilingual 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.

Coverage Limit/Maximum Amount for Eligible Medical Expenses				
Plan Details	United States	United States	United States	International
Maximum Limit	$1,000,000/$5,000,000 per period of coverage			
Medical Concierge ▪ Non-emergency services only	The Medical Concierge Service is a proprietary service of IMG that helps an insured person navigate the United States healthcare system to identify the highest quality providers for scheduled inpatient and certain outpatient treatments. Refer to the MEDICAL CONCIERGE provision for further details.			
Benefit Plan Features				
Benefit Levels	**United States**	**United States**	**United States**	**International**
	Medical Concierge	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses				
Deductible	$0	$0	$100 - $10,000	$100 - $10,000
Family Deductible ▪ Maximum 3 deductibles per family	$0	$0	3 deductibles	3 deductibles
Coinsurance for Eligible Medical Expenses				
Coinsurance ▪ In addition to deductible	Plan pays 100%, Insured pays 0%	Plan pays 100%, Insured pays 0%	Plan pays 80%, Insured pays 20%	Plan pays 100%, Insured pays 0%
Out-of-Pocket Maximum	$0	$0	$1,000	$0

Precertification

- Transplants: No coverage if precertification requirements are not met.
- Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.
- Emergency Medical Evacuation: No coverage if precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for further details and requirements.
- Maternity and Newborn Care: 50% reduction of eligible medical expenses if precertification requirements are not met.
- All other Treatments & Supplies: 50% reduction of eligible medical expenses if precertification requirements are not met.
- Deductible is taken after reduction.
- Coinsurance is applied to remainder of the reduced amount.
- Refer to PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification.

Pre-Existing Conditions

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Sudden and Unexpected Reoccurrence of Pre-Existing Conditions ▪ Up to the calendar year maximum limit ▪ Available for the first 12 months if no prior creditable coverage	Not applicable	100%	80%	100%

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

PHYSICAL HEALTH

Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	100%	80%	100%
Physician Visits/Services	Not applicable	100%	80%	100%
Hospital Emergency Room: United States ▪ Injury: Not subject to emergency room deductible ▪ Illness: Subject to a $250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
Hospitalization/Room & Board ▪ Average semi-private room rate ▪ Includes nursing, miscellaneous and ancillary services	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy.			
Outpatient Surgical/Hospital Facility	100%	100%	80%	100%
Laboratory	Not applicable	100%	80%	100%
Radiology/X-Ray	100%	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	100%	80%	100%
Pre-Admission Testing	Not applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery ▪ Surgery is incidental to and follows surgery that was covered under the plan	100%	100%	80%	100%
Assistant Surgeon ▪ 20% of the primary surgeon's eligible fee	100%	100%	80%	100%
Second Surgical Opinion ▪ Payable at 100% if requested by the Company ▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company	Not applicable	100%	80%	100%
Anesthetists	100%	100%	80%	100%
Pregnancy and Newborn Care ▪ After 10 months of continuous coverage ▪ Result of natural insemination ▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life	Not applicable	100%	80%	100%
Pregnancy Complications ▪ After 10 months of continuous coverage	Not applicable	100%	80%	100%
Durable Medical Equipment	Not applicable	100%	80%	100%

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

Inpatient or Outpatient Services *(continued)*

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Podiatry Care ▪ Maximum Limit: $750	Not applicable	100%	80%	100%
Chiropractic Care (Outpatient) ▪ Not subject to deductible and coinsurance ▪ Maximum limit per visit: $75 ▪ Maximum visits: 20 ▪ Physician order not required	Not applicable	100%	100%	100%
Chiropractic Care (Inpatient) ▪ Must be part of recovery treatment plan for a covered illness or injury ▪ Medical order or treatment plan required	Not applicable	100%	80%	100%
Physical Therapy ▪ Not subject to coinsurance ▪ Maximum limit per visit: $75 ▪ Medical order or treatment plan required	Not applicable	100%	100%	100%
Occupational Therapy ▪ Not subject to coinsurance ▪ Maximum limit per visit: $75 ▪ Medical order or treatment plan required	Not applicable	100%	80%	100%
Extended Care Facility ▪ Upon direct transfer from acute care facility	100%	100%	80%	100%
Home Nursing Care ▪ Provided by a home health care agency ▪ Upon direct transfer from an acute care facility	100%	100%	80%	100%
Transplant ▪ Lifetime maximum: $1,000,000 ▪ Per period of coverage transplant maximum limit: 1 ▪ Organ procurement & harvesting costs lifetime maximum: $10,000 ▪ Travel & lodging lifetime maximum expense: $5,000 ▪ Covered transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow ▪ Subject to the TRANSPLANT PRECERTIFICATION provision and only when treatment is provided within the Company's approved independent Managed Transplant System Network	100%	100%	80%	100%

Preventative Care

NOT Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Adult Preventative Care ▪ Ages 19 and over ▪ Maximum limit: $250 ▪ Refer to the PREVENTATIVE CARE provision for further details and requirements	Not applicable	100%	100%	100%
Child Preventative Care ▪ Ages 18 and younger ▪ Maximum limit: $250 ▪ Refer to the PREVENTATIVE CARE provision for further details and requirements	Not applicable	100%	100%	100%

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

PHYSICAL HEALTH

Vision Care

NOT Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Routine Eye Examination ▪ Available after 12 months of continuous coverage	Maximum limit every 24 months: $100
Corrective Lenses, Contacts, Frames ▪ Available after 12 months of continuous coverage	Maximum limit every 24 months: $150

Prescriptions

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Prescriptions ▪ Dispensing maximum: 90 days per prescription	Not applicable	80%	80%	100%

MENTAL WELLNESS

Mental or Nervous, Substance Abuse and Counseling

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Lifetime Maximum	$20,000			
Inpatient Mental or Nervous/Substance Abuse	100%	100%	80%	100%
Outpatient Mental or Nervous/Substance Abuse ▪ Maximum limit per visit: $100 ▪ Maximum visits: 52	Not applicable	100%	80%	100%

CRISIS SUPPORT

Emergency Services

NOT Subject to Deductible or Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Emergency Local Ambulance ▪ Subject to deductible and coinsurance ▪ Injury ▪ Illness resulting in an inpatient hospital admission	Not applicable	100%	80%	100%
Emergency Medical Evacuation ▪ Lifetime maximum: $1,000,000 ▪ Insured persons under 65 years of age ▪ Approved in advance and coordinated by the Company	Not applicable	100%	100%	100%
Emergency Reunion ▪ Lifetime maximum: $10,000 ▪ Maximum days: 15 ▪ Maximum meal limit per day: $25 ▪ Reasonable and necessary travel costs and accommodations ▪ Approved in advance by the Company	Not applicable	100%	100%	100%
Interfacility Ambulance Transfer ▪ Transfer must be a result of an inpatient hospital admission	Not applicable	100%	100%	100%
Return of Mortal Remains ▪ Maximum limit: $25,000 ▪ Local burial/Cremation maximum limit: $10,000 ▪ Return of insured person's mortal remains to home country ▪ Approved in advance by the Company	Not applicable	100%	100%	100%

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

Other Services

NOT Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

	Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
FINANCIAL PROTECTION	Accommodation Benefit ▪ Maximum limit: $2,500 ▪ Refer to the ACCOMMODATION BENEFIT provisions for futher details and requirements	Not applicable	100%	100%	100%
FINANCIAL PROTECTION	Crew Member Return ▪ Maximum limit: $2,500	Not applicable	100%	100%	100%
FINANCIAL PROTECTION	Supplemental Accident Benefit ▪ Maximum limit per covered accident: $300	Not applicable	100%	100%	100%
PHYSICAL HEALTH	Amateur Sailboat Racing ▪ Subject to deductible and coinsurance	Not applicable	100%	80%	100%
PHYSICAL HEALTH	Emergency Dental ▪ Subject to deductible and coinsurance ▪ Accident related	Not applicable	80%	80%	100%
PHYSICAL HEALTH	Traumatic Dental Injury ▪ Treatment at a hospital facility due to an accident ▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100%	Not applicable	100%	80%	100%
PHYSICAL HEALTH	Hospital Indemnity ▪ International only ▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit ▪ Inpatient hospitalization only	▪ Overnight maximum limit: $100 ▪ Maximum overnight limit: 20 ▪ Maximum limit: $2,000			
PHYSICAL HEALTH	Teleconsulation**	Company pays 100%			
PHYSICAL HEALTH	Medical Travel Management ▪ Must be approved in advance by the Company	Medically necessary non-emergency treatment, including hospitalization and surgery for approved procedures; the Company will offer medical travel as a means to manage the costs. If Medical Travel is approved, the Company will reimburse 10% of the cost savings, up to a maximum of $7,500 back to the Insured Person where such savings arise from Treatment outside of the United States. Meal allowance maximum: $100 Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements.			
PHYSICAL HEALTH	Non-Emergency Medical Evacuation ▪ Lifetime maximum: $1,000,000 ▪ Insured persons under age 65 ▪ Approved in advance and coordinated by the Company	Not applicable	100%	100%	100%
PHYSICAL HEALTH	Recreational Underwater Activities ▪ Subject to deductible and coinsurance	Not applicable	100%	80%	100%
MENTAL WELLNESS	Remote Mental Health Service* ▪ Employee Assistance Program	Company pays 100%			

**Coverage for Remote Mental Health Service is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.*

***Teleconsultation 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. The Company reserves 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 Certificate of Insurance.*

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

Dental Benefits Summary

Coverage Limit/Maximum Amount for Eligible Dental Expenses	
Calendar Year Maximum Limit	$1,000 - $1,500 - $3,000
Calendar Year Orthodontia Maximum Limit	$1,000 - $1,500 - $3,000
Deductible ▪ Applies to minor restorative, major restorative, and orthodontia services	$50
Family Deductible ▪ Maximum 3 deductibles per family	$150

Routine Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Benefit	**Coinsurance**	
Diagnostic and Preventative Services ▪ Preventative visits and cleanings: 2 (1 every 6 months) ▪ Radiographic examinations (including posterior bitewings): 2 (1 every 6 months) ▪ Fluoride treatment: 1 for children under age 19	Plan pays 100%	Insured pays 0%
Emergency Palliative Treatment	Plan pays 100%	Insured pays 0%
Minor Restorative Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Radiographs ▪ Radiograph: 1 every 3 years ▪ Full mouth x-rays including panographic x-rays	Plan pays 80%	Insured pays 20%
Oral Surgery	Plan pays 80%	Insured pays 20%
Endodontics	Plan pays 80%	Insured pays 20%
Periodontics ▪ Root planning: 1 every 2 years ▪ Periodontal surgery: 1 every 3 years	Plan pays 80%	Insured pays 20%
Minor Restorative Services ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 80%	Insured pays 20%
Major Restorative Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Major Restorative Services ▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years ▪ Limitations apply for children under age 12 ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 50%	Insured pays 50%
Prosthodontics ▪ Dentures/bridges: 1 every 5 years ▪ Replacement of denture base material or reline: 1 every 3 years ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 50%	Insured pays 50%
Orthodontia Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Orthodontia ▪ Children under age 19	Plan pays 50%	Insured pays 50%

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

WORRY LESS℠
experience more

PLATINUM Medical Benefits Summary

Coverage Limit/Maximum Amount for Eligible Medical Expenses	
Period of Coverage	Maximum Limit: 365 days
Calendar Year Maximum Limit	Unlimited
Medical Concierge ▪ Non-emergency services only	The Medical Concierge Service is a proprietary service of IMG that helps an insured person navigate the United States healthcare system to identify the highest quality providers for scheduled Inpatient and certain outpatient treatments. Refer to the MEDICAL CONCIERGE provision for further details.

Benefit Plan Features				
Benefit Levels	**United States**	**United States**	**United States**	**International**
	Medical Concierge	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses				
Deductible	$0	$0	$0	$0
Coinsurance for Eligible Medical Expenses				
Coinsurance ▪ In addition to deductible	Plan pays 100%, Insured pays 0%	Plan pays 100%, Insured pays 0%	Plan pays 80%, Insured pays 20%	Plan pays 100%, Insured pays 0%
Out-of-Pocket Maximum	$0	$0	$1,000	$0

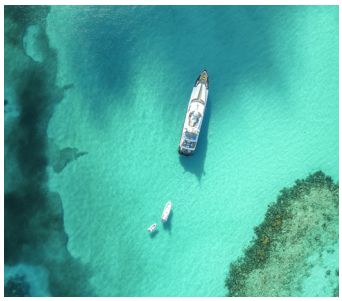
Precertification

- Transplants: No coverage if precertification requirements are not met.
- Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.
- Emergency Medical Evacuation: No coverage if precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for further details and requirements.
- Maternity and Newborn Care: 50% reduction of eligible medical expenses if precertification requirements are not met.
- All other Treatments & Supplies: 50% reduction of eligible medical expenses if precertification requirements are not met.
- Deductible is taken after reduction.
- Coinsurance is applied to remainder of the reduced amount.
- Refer to PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification.

Pre-Existing Conditions

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Pre-existing conditions are covered the same as any other illness or injury.



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

Inpatient or Outpatient Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	100%	80%	100%
Physician Visits/Services	Not applicable	100%	80%	100%
Hospital Emergency Room: United States ▪ Injury: Not subject to emergency room deductible ▪ Illness: subject to a $250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
Hospitalization/Room & Board ▪ Average semi-private room rate ▪ Includes nursing, miscellaneous and ancillary services	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy. All other pandemic exclusions apply.			
Outpatient Surgical/Hospital Facility	100%	100%	80%	100%
Laboratory	Not applicable	100%	80%	100%
Radiology/X-Ray	100%	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	100%	80%	100%
Pre-Admission Testing	Not applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery ▪ Surgery is incidental to and follows surgery that was covered under the plan	100%	100%	80%	100%
Assistant Surgeon ▪ 20% of the primary surgeon's eligible fee	100%	100%	80%	100%
Second Surgical Opinion ▪ Payable at 100% if requested by the Company ▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company	Not applicable	100%	80%	100%
Anesthetists	100%	100%	80%	100%
Pregnancy and Newborn Care ▪ After 10 months of continuous coverage ▪ Result of natural insemination ▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life	Not applicable	100%	80%	100%
Pregnancy Complications ▪ After 10 months of continuous coverage	Not applicable	100%	80%	100%
Durable Medical Equipment	Not applicable	100%	80%	100%
Podiatry Care ▪ Maximum Limit: $750	Not applicable	100%	80%	100%

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

Inpatient or Outpatient Services *(continued)* Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Chiropractic Care (Outpatient) ▪ Not subject to deductible and coinsurance ▪ Maximum limit per visit: $75 ▪ Maximum visits: 20 ▪ Physician order not required	Not applicable	100%	100%	100%
Chiropractic Care (Inpatient) ▪ Must be part of recovery treatment plan for a covered illness or injury ▪ Medical order or treatment plan required	Not applicable	100%	80%	100%
Physical Therapy ▪ Not subject to coinsurance ▪ Maximum limit per visit: $75 ▪ Medical order or treatment plan required	Not applicable	100%	100%	100%
Occupational Therapy ▪ Not subject to coinsurance ▪ Maximum limit per visit: $75 ▪ Medical order or treatment plan required	Not applicable	100%	80%	100%
Extended Care Facility ▪ Upon direct transfer from acute care facility	100%	100%	80%	100%
Home Nursing Care ▪ Provided by a home health care agency ▪ Upon direct transfer from an acute care facility	100%	100%	80%	100%
Transplant ▪ Lifetime maximum: $1,000,000 ▪ Per period of coverage transplant maximum limit: 1 ▪ Organ procurement & harvesting costs lifetime maximum: $10,000 ▪ Travel & lodging lifetime maximum expense: $5,000 ▪ Covered transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow ▪ Subject to the TRANSPLANT PRECERTIFICATION provision and only when treatment is provided within the Company's approved independent Managed Transplant System Network	100%	100%	80%	100%

Preventative Care NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Adult Preventative Care ▪ Ages 19 and over ▪ Maximum limit: $500 ▪ Refer to the PREVENTATIVE CARE provision for further details and requirements	Not applicable	100%	100%	100%
Child Preventative Care ▪ Ages 18 and younger ▪ Maximum limit: $500 ▪ Refer to the PREVENTATIVE CARE provision for further details and requirements	Not applicable	100%	100%	100%

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

PHYSICAL HEALTH

Vision Care

NOT Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Routine Eye Examination ▪ Available after 12 months of continuous coverage	Maximum limit every 24 months: $100
Corrective Lenses, Contacts, Frames ▪ Available after 12 months of continuous coverage	Maximum limit every 24 months: $150

Prescriptions

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

United States Retail Pharmacy ▪ Not subject to deductible and coinsurance ▪ Copayments are per 30-day supply ▪ Dispensing maximum: 90 days per prescription ▪ Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company	Universal RX (URX) Prescription Drug Card MUST be utilized for all outpatient prescription drugs in the United States. Retail Pharmacy Copayments: Generic $5 Higher-cost generic and brand $15 Non-preferred brand name $30
International Prescriptions ▪ Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company	Coinsurance: 100% Subject to deductible and coinsurance Dispensing maximum: 90 days per prescription Expatriate Prescription Services Program Generic $5 Brand name $15 Copayments are per 30-day supply Dispensing maximum: 180 days per prescription Contact Information: ▪ Enroll via the provider's website: www.expatps.com Prescription Submission: ▪ Email (scan prescription): epsmanager@universalrx.com ▪ Fax: +1.540.777.7184 Questions/Concerns: ▪ Phone number: +1.540.777.1450 ▪ Email: epsmanager@universalrx.com

MENTAL WELLNESS

Mental or Nervous, Substance Abuse and Counseling

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Lifetime Maximum	$20,000			
Inpatient Mental or Nervous/Substance Abuse	100%	100%	80%	100%
Outpatient Mental or Nervous/Substance Abuse ▪ Maximum limit per visit: $100 ▪ Maximum visits: 52	Not applicable	100%	80%	100%

CRISIS SUPPORT

Emergency Services

NOT Subject to Deductible or Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Emergency Local Ambulance ▪ Subject to deductible and coinsurance ▪ Injury ▪ Illness resulting in an inpatient hospital admission	Not applicable	100%	80%	100%

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

Emergency Services NOT Subject to Deductible or Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Emergency Medical Evacuation ▪ Lifetime maximum: $1,000,000 ▪ Insured persons under 65 years of age ▪ Approved in advance and coordinated by the Company	Not applicable	100%	100%	100%
Emergency Reunion ▪ Lifetime maximum: $10,000 ▪ Maximum days: 15 ▪ Maximum meal limit per day: $25 ▪ Reasonable and necessary travel costs and accommodations ▪ Approved in advance by the Company	Not applicable	100%	100%	100%
Interfacility Ambulance Transfer ▪ Transfer must be a result of an inpatient hospital admission	Not applicable	100%	100%	100%
Return of Mortal Remains ▪ Maximum limit: $25,000 ▪ Local burial/cremation maximum limit: $10,000 ▪ Return of insured person's mortal remains to home Country ▪ Approved in advance by the Company	Not applicable	100%	100%	100%
Other Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Accommodation Benefit ▪ Maximum limit: $2,500 ▪ Refer to the ACCOMMODATION BENEFIT provision for further details	Not applicable	100%	100%	100%
Crew Member Return ▪ Maximum limit: $2,500	Not applicable	100%	100%	100%
Amateur Sailboat Racing ▪ Subject to deductible and coinsurance	Not applicable	100%	80%	100%
Emergency Dental ▪ Subject to deductible and coinsurance ▪ Accident related	Not applicable	80%	80%	100%
Teleconsultation**	Company pays 100%			
Traumatic Dental Injury ▪ Treatment at a hospital facility due to an accident ▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100%	Not applicable	100%	80%	100%
Hospital Indemnity ▪ International only ▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit ▪ Inpatient hospitalization only	▪ Overnight maximum limit: $100 ▪ Maximum overnight limit: 20 ▪ Maximum limit: $2,000			
Remote Mental Health Service* ▪ Employee Assistance Program	Company pays 100%			

CRISIS SUPPORT

FINANCIAL PROTECTION

PHYSICAL HEALTH

MENTAL WELLNESS

**Coverage for Remote Mental Health Service is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.*

***Teleconsultation 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. The Company reserves 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 Certificate of Insurance.*

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

FINANCIAL PROTECTION

PHYSICAL HEALTH

Other Services *(continued)* NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime				
Benefit	Medical Concierge *(Non-emergency)*	In-Network	Out-of-Network	International
Medical Travel Management ▪ Must be approved in advance by the Company	Medically necessary non-emergency treatment, including hospitalization and surgery for approved procedures; the Company will offer medical travel as a means to manage the costs. If medical travel is approved, the Company will reimburse 10% of the cost savings, up to a maximum of $7,500 back to the insured person where such savings arise from treatment outside of the U.S. Meal allowance maximum: $100 Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements.			
Supplemental Accident Benefit ▪ Maximum limit per covered accident: $500	Not applicable	100%	100%	100%
Recreational Underwater Activities ▪ Subject to deductible and coinsurance	Not applicable	100%	80%	100%
Non-emergency Medical Evacuation ▪ Lifetime maximum: $1,000,000 ▪ Insured persons under age 65 ▪ Approved in advance and coordinated by the Company	Not applicable	100%	100%	100%

PLATINUM Dental Benefits Summary

PHYSICAL HEALTH

Coverage Limit/Maximum Amount for Eligible Dental Expenses	
Calendar Year Maximum Limit	$1,500 - $3,000
Calendar Year Orthodontia Maximum Limit	$1,500 - $3,000
Deductible ▪ Applies to minor restorative, major restorative and orthodontia services	$50
Family Deductible ▪ Maximum 3 deductibles per family	$150

Routine Services NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Benefit	Coinsurance	
Diagnostic and Preventative Services ▪ Preventative visits and cleanings: 2 (1 every 6 months) ▪ Radiographic examinations (including posterior bitewings): 2 (1 every 6 months) ▪ Fluoride Treatment: 1 for children under age 19	Plan pays 100%	Insured pays 0%
Emergency Palliative Treatment	Plan pays 100%	Insured pays 0%

Minor Restorative Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Radiographs ▪ Radiograph: 1 every 3 years ▪ Full mouth x-rays including panographic x-rays	Plan pays 80%	Insured pays 20%
Oral Surgery	Plan pays 80%	Insured pays 20%
Endodontics	Plan pays 80%	Insured pays 20%

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

Periodontics ▪ Root planning: 1 every 2 years ▪ Periodontal surgery: 1 every 3 years	Plan pays 80%	Insured pays 20%
Minor Restorative Services ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 80%	Insured pays 20%
Major Restorative Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Major Restorative Services ▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years ▪ Limitations apply for children under age 12 ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 50%	Insured pays 50%
Prosthodontics ▪ Dentures/bridges: 1 every 5 years ▪ Replacement of denture base material or reline: 1 every 3 years ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	Plan pays 50%	Insured pays 50%
Orthodontia Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Orthodontia ▪ Children under age 19	Plan pays 50%	Insured pays 50%

Description of Services

Teleconsultation

- 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

Remote Mental Health Services

- Telemedicine for mental health that offers support 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 benefit for a confidential service that you can trust.

Group Life Insurance (Optional)

Group Life benefit includes:

- Term Life Insurance Benefit
- Accidental Death Benefit
- Dismemberment Benefit

10 or fewer employees:

- $10,000 minimum required

Automatically approved up to $100,000 if member is approved for the IMMI medical plan

- Additional underwriting $100,001-$250,000

Group Life can be issued as a flat amount (e.g., $50,000) or by salary (e.g., 2x salary)

Group Life reduction schedule:

- Under age 65: full amount payable
- Ages 65-69: 35% reduction
- Ages 70-74: 55% reduction
- Ages 75-79: 70% reduction
- Age 80+: 80% reduction

*International Marine Medical Insurance is a fully insured group benefit plan. The medical portion of the benefit plan is underwritten by Crum & Forster SPC, a member of the Crum & Forster Group of Companies and is available to members of the Fairmont Specialty Trust, LTD, c/o ITA Global Trust LTD, Camana Bay, Grand Cayman. **The Life portion of the benefit plan is underwritten by International Medical Insurance Group via Alstead Re, a segregated cell company distributed, managed and administered, as agent for IMIG, by International Medical Group®, Inc. (IMG®).*

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

GLOBAL
peace of mind®

GLOBAL peace of mind®

IMG PRODUCER USE ONLY

Johnson Stevens Curran
PO Box 646
Danbury, CT -6813
Phone: 2037432844
Fax: 2037433882
emil@jscurran.com
http://www.jscurran.com

IMG®

Telephone: +1.317.655.4500
Fax: +1.317.655.4505
Email: insurance@imglobal.com