



# Outreach Group Travel Medical Insurance<sup>SM</sup>

Medical insurance  
for missionary and  
church groups

**I M G**

INTERNATIONAL MEDICAL GROUP

# Why Consider International Travel Medical Insurance?



Traveling abroad can be an exciting experience. But what would happen if a member of your group became ill or injured while away from home? How would you deal with the language and currency barriers? Who would you call? Imagine trying to call your insurance company at 3:00 a.m. from a foreign

country during a medical emergency. Will they be there when you need them the most?

Most travelers assume they will be covered by their standard medical plan. The truth is, while traditional plans may offer adequate domestic coverage, they are not designed for international travel. Without even realizing it, you may be putting your health - and that of your group - at risk.

Your group has enough to worry about when they travel. Don't let their medical coverage be an uncertainty. International Medical Group® (IMG®) has developed Outreach Group Travel Medical Insurance<sup>SM</sup> to provide you and your group Coverage Without Boundaries® so you can spend more time enjoying your international experience, and less time worrying about your medical coverage.

## Why Outreach Group?

Outreach Group offers a complete package of international benefits available 24 hours a day. It provides coverage for a group of U.S. citizens traveling outside the U.S. It also covers non-U.S. citizens traveling outside the U.S. and outside their home country. Coverage for groups traveling in the U.S. is not available.

Additionally, the plan offers excellent benefits and services to meet your global travel needs. You have access to international, multilingual customer service centers, claims administrators who process claims from all over the world, handling virtually every language and currency, and 24 hour access to highly qualified coordinators of emergency medical services and international treatment. You can also choose from a wide range of deductibles, several Maximum Limits, and you have access to more than 17,000 providers through our International Provider Access<sup>SM</sup> (IPA) when seeking treatment outside the U.S. You can also reduce your out-of-pocket costs when seeking treatment in the U.S. by locating providers through the independent Preferred Provider Organization.

# A Unique, Full-Service Approach

At IMG, we know that the reasons to travel abroad are many and varied - that's why our services are designed to provide you with the assistance you need no matter where you are.



Our goal is to provide you with Coverage Without Boundaries. By providing global products and services to vacationers, those working or living abroad for short or extended periods, people traveling frequently between countries, and those who maintain multiple countries of residence, IMG is the single resource for all your international travel medical insurance needs.

Our service and support is what sets us apart. Since 1990, we've served more than a million people around the globe - always focused on the specific needs of each individual. We've set the benchmark for industry service levels by integrating independent credentialing services with in-house, fully owned and operated service divisions. At IMG, we're there with you, wherever you go - bringing support for all your insurance needs around the globe - providing you Global Peace of Mind®.

## PLAN INFORMATION & HIGHLIGHTS

|   |  |
|---|--|
| Coinurance - for treatment received outside the U.S. & Canada | No Coinsurance   |
| Coinurance - for treatment received within the U.S. & Canada  | <b>In the PPO Network</b> - The plan pays 90% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit<br><b>Out of the PPO Network</b> - The plan pays 80% of eligible expenses up to \$5,000, then 100% up to the Maximum Limit |
| Benefit Period  | Six months   |
| MyIMG <sup>SM</sup>   | 24 hour secure access from anywhere in the world to manage your account at anytime   |
| World-class Medical Benefits                                  | Coverage available for in-patient and out-patient medical expenses   |
| International Emergency Care                                  | A wide range of international emergency benefits available including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more  |

## SCHEDULE OF BENEFITS

All coverages, benefits and premium amounts shown in this booklet are in U.S. dollars.

### MEDICAL BENEFITS

Usual, reasonable and customary charges. Subject to deductible and coinsurance when applicable.

|   |  |
|---|--|
| Hospital Room and Board                             | Up to the Maximum Limit for average semi-private room rate |
| Intensive Care                                      | Up to the Maximum Limit                                    |
| Medical Expenses                                    | Up to the Maximum Limit                                    |
| Out-patient Medical Expenses                        | Up to the Maximum Limit                                    |
| Local Ambulance                                     | Up to the Maximum Limit                                    |
| Prescription Drugs                                  | Up to the Maximum Limit                                    |
| Emergency Room Accident                             | Up to the Maximum Limit                                    |
| Emergency Room Illness with In-patient Admission    | Up to the Maximum Limit                                    |
| Emergency Room Illness without In-patient Admission | Up to the Maximum Limit with additional \$250 deductible   |
| Dental - Injury Due to Accident                     | Up to the Maximum Limit                                    |
| Dental - Sudden Dental Emergency                    | Up to \$100  |
| Hospital Daily Indemnity                            | Up to \$100 per night up to a maximum of 10 days           |

### INTERNATIONAL EMERGENCY CARE

When coordinated through the Plan Administrator.

|  |   |
|--|---|
| Emergency Medical Evacuation                 | Up to \$500,000 lifetime maximum (independent of the Maximum Limit)         |
| Emergency Reunion                            | Up to \$50,000  |
| Return of Mortal Remains or Cremation/Burial | Up to \$50,000 for Return of Mortal Remains or \$5,000 for Cremation/Burial |
| Return of Minor Children                     | Up to \$50,000  |
| Political Evacuation                         | Up to \$10,000  |
| Natural Disaster                             | \$100 per day for five days   |
| Identity Theft Assistance                    | Up to \$500 per Period of Coverage  |

## ADDITIONAL BENEFITS

|   |   |
|---|---|
| Terrorism   | Up to \$50,000 lifetime maximum   |
| Sports & Activities Coverage  | Up to the Maximum Limit for basic sports  |
| Sudden and Unexpected Recurrence of a Pre-existing Condition - Medical<br><i>(for U.S. citizens only)</i>   | Up to age 65 with primary health plan: URC up to plan maximum. Up to age 65 without primary health plan: \$20,000 lifetime maximum. Age 65+: \$2,500 lifetime maximum |
| Sudden and Unexpected Recurrence of a Pre-existing Condition - Medical<br><i>(for Non-US citizens only)</i> | Up to age 65: \$50,000 lifetime maximum for eligible medical expenses. Age 65+: \$2,500 lifetime maximum  |
| Sudden and Unexpected Recurrence of a Pre-existing Condition - Emergency Medical Evacuation                 | Up to \$25,000 of eligible costs and expenses   |
| Incidental Home Country Coverage  | Up to a cumulative two weeks  |
| End of Trip Home Country Coverage   | One month for every five months of travel coverage purchased, up to a maximum of two months   |
| Trip Interruption   | Up to \$5,000   |
| Common Carrier Accidental Death   | \$50,000 to beneficiary; maximum of \$250,000 per family  |
| Accidental Death & Dismemberment  | \$25,000 principle sum  |
| Lost Luggage  | Up to \$50 per item of personal property; maximum of \$250  |

### OPTIONAL RIDERS

With the exception of the Chaperone/Faculty Leader Replacement Rider, optional riders apply to all individuals listed on the Application Form.

|   | Age     | Lifetime Maximum                                    |
|---|---------|---|
| Adventure Sports Rider<br><i>(available to insureds up to age 65)</i> | 0 - 49  | \$50,000  |
|   | 50 - 59 | \$30,000  |
|   | 60 - 64 | \$15,000  |
| Chaperone/Faculty Leader Replacement Rider                            |         | Up to \$3,000 for round trip economy airline ticket |

The benefits and riders on pages 3 and 4 are a summary only. Please see pages 8-12 for a list of descriptions.

## CONDITIONS OF COVERAGE

1. Coverage and benefits are subject to the deductible and coinsurance, and all terms of the Certificate of Insurance and Master Policy.
2. Coverage under the Outreach Group plan is secondary to any other coverage.
3. Coverage and benefits are for medically necessary, usual, reasonable and customary charges only.
4. Charges must be administered or ordered by a physician.
5. Charges must be incurred during the Period of Coverage or the Benefit Period.
6. Claims must be presented to IMG for payment within ninety (90) days from the date the claim was incurred.

## ELIGIBILITY

The following condition applies to all persons applying for and/or enrolling in Outreach Group Travel Medical Insurance.

- Outreach Group Travel Medical Insurance is travel insurance for U.S. citizens traveling outside the United States, and for non-U.S. citizens traveling outside the U.S. and their home country.
- 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 the Patient Protection and Affordable Care Act (PPACA).

## QUALITY GUARANTEE

The group's satisfaction is very important to IMG. If the sponsoring organization or group is not pleased with this product for any reason, a written request may be submitted, prior to the effective date, for cancellation and refund of your premium. If the group does not have any claims filed with IMG, you may cancel the plan after the effective date, however, the following conditions will apply:

1. The group will be required to pay a \$50 cancellation fee and
2. only full month premiums will be considered for refunds (e.g., if the group chooses to cancel coverage two months and two weeks prior to the date coverage ends, IMG will only consider the two full months for a refund). If anyone in the group has filed a claim, the premium is non-refundable.



## ENROLLMENT PROCESS & APPLICATION FORM

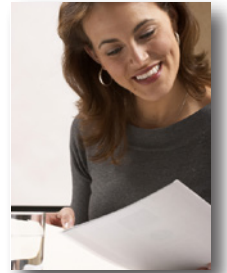
**You should read the following important information prior to completing the Application Form.**

### HOW TO ENROLL

Before the group begins its travel, simply fill out the Application Form and calculate the premium for the time period(s) your group will be traveling. Once the Application Form is completed, return it to your insurance agent or broker, and/or mail it to IMG.

The group members listed on the Application Form and for whom premiums have been paid will be covered from the **latest** of the following dates:

1. The date IMG receives the completed Application Form and the appropriate premium;
2. the date the group member departs from his/her home country; or
3. the date requested on the Application Form.



Outreach Group Travel Medical Insurance coverage ends on the **earliest** of the following dates:

1. The end of the period for which premium has been paid;
2. the date requested on the Application Form; or
3. the date the group member returns to his/her home country (however, see End of Trip Home Country Coverage on page 10).

### ENROLLMENT PROCESSING & FULFILLMENT KITS

IMG normally processes Application Forms within 24 hours of receipt. Once processing is complete, IMG will mail a fulfillment kit to the mailing address listed on the application form. The fulfillment kit will include an IMG Identification Card, IMG contact numbers, claim forms and your insurance certificate providing a complete description of your coverage under the contract. *Please note: If you require express mail delivery, there is an additional charge listed on the Application Form.*

### ONLINE FULFILLMENT KIT

For convenience, approved applicants may choose to communicate electronically and download their fulfillment kit from the IMG website for immediate access. To do this, you must check the appropriate box on the application form. We **must** have your correct email address to complete this process. If IMG has processed and approved your application form, you will receive an email from IMG that contains all of the hyperlinks to easily obtain the fulfillment information through the Internet.

## CLAIMS PROCEDURE

### PRECERTIFICATION

Each proposed hospital admission, in-patient or out-patient surgery, and other procedures as noted in the Certificate of Insurance must be Precertified for medical necessity, which means the insured person or their attending physician must communicate with an IMG representative at the number listed on the IMG identification card **prior** to admission to a hospital or performance of a surgery. In case of an emergency admission, the Precertification call must be made within 48 hours of the admission, or as soon as reasonably possible. If a hospital admission or a surgery is not Precertified, eligible claims and expenses will be reduced by 50%. It is important to note that Precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. All medical expenses eligible for reimbursement must be medically necessary and will be paid or reimbursed at usual, reasonable, and customary rates. Please refer to the Certificate Wording for full details of the Precertification requirements.

**For Precertification, emergency evacuation, and return of mortal remains, please call:** IMG in the U.S.: 1.800.628.4664 (toll free) or 1.317.655.4500. Call IMG outside the U.S.: 001.317.655.4500 (collect if necessary). This information will also be provided on your ID card.

**Note:** An insured person may begin the Precertification process through MyIMG or the Client Resources section of our website, [www.imglobal.com](http://www.imglobal.com). Simply look for the Precertification option. You will be asked to provide the required information, which can then be submitted electronically to IMG. Once we have confirmed receipt of your request, our utilization management and review team will review the information provided and respond to the insured person or the provider within two business days. Please note that this online service will only initiate the Precertification process, and it should not be used to Precertify emergency admissions, procedures, or evacuations.

### CLAIM PAYMENT

All benefits payable under Outreach Group Travel Medical Insurance are subject to the terms and conditions in the Certificate of Insurance. To make claim processing efficient, claims may be paid in two ways:

1. Eligible expenses that have been paid by or on behalf of the insured person may be reimbursed by check directly to the insured person.
2. Eligible expenses that have not yet been paid by the insured person may, at the option of IMG, be paid either to the insured person or directly to the provider.

**Claim forms can be accessed at [www.imglobal.com](http://www.imglobal.com)** and mailed to International Medical Group, P.O. Box 88500, Indianapolis, IN 46208-0500 USA. All IMG contact numbers, claim forms and the Certificate of Insurance are included in the fulfillment kit. IMG may also be contacted by fax: 1.317.655.4505 or email: [insurance@imglobal.com](mailto:insurance@imglobal.com).

## SUMMARY OF BENEFITS

The following is a summary of benefits and terms that are available to eligible insureds on the Outreach Group plans.

### DEDUCTIBLE:

On the Application Form, you will be asked to check your choice of a deductible. Your premium rate is dependent on the deductible you choose. Please see the Application Form for more information.

### EMERGENCY ROOM:

Charges incurred for the use of the Emergency Room due to an accident or illness are covered up to the Maximum Limit.

Charges incurred for the use of the Emergency Room for treatment of an illness are subject to an additional (extra) \$250 deductible if treatment does not require admission to the hospital.

### DENTAL:

**Injury due to an accident** - Outreach Group Travel Medical Insurance covers the cost of emergency dental treatment and dental surgical procedures necessary to restore or replace sound natural teeth lost or damaged in an accident up to the Maximum Limit.

**Sudden dental emergency** - Each plan will pay up to \$100 for the necessary treatment of sudden, unexpected pain to sound natural teeth.

### SUDDEN AND UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION:

**(U.S. citizens only)** For those up to age 65 with a primary health plan, Outreach Group will pay the Usual, Reasonable and Customary charges of a sudden and unexpected recurrence of a **Pre-existing Condition** (defined on page 13) up to the plan maximum. For those without a primary health plan, Outreach Group will pay up to a \$20,000 lifetime maximum. For those age 65 and older, with or without a primary health plan, Outreach Group will pay up to a \$2,500 lifetime maximum. The primary health plan must have existed prior to the effective date and during coverage of the Outreach Group plan, and the **Pre-existing Condition** must be covered under the primary health plan.

**(Non-U.S. citizens only)** For those under age 65, Outreach Group will pay up to a \$50,000 lifetime maximum for eligible medical expenses. For those age 65 and older, Outreach Group will pay up to \$2,500 lifetime maximum.

**In addition, up to \$25,000 will be paid** to U.S. and non-U.S. citizens for the eligible costs and expenses of an Emergency Medical Evacuation arising or resulting from a sudden and unexpected recurrence of a **Pre-existing Condition**.

### **HOSPITAL DAILY INDEMNITY:**

The plan pays \$100 directly to the insured person for each night of a required overnight stay in a hospital up to a maximum of 10 days. The hospital stay must be covered under this plan in order to receive this benefit. This benefit is not available for non-U.S. citizens if the hospitalization is due to the Sudden Recurrence of a Pre-existing Condition.

### **BENEFIT PERIOD:**

If a covered injury or illness requires continuing treatment after the Period of Coverage expires, the six-month Benefit Period may offer continued coverage for that injury or illness. When the Certificate expires, the Company will review the date of initial treatment for the covered injury or illness. If treatment began less than six months before the Period of Coverage expired, benefits for the covered injury or illness continues. This is subject to the Maximum Limits and the other terms of the plan until there have been six months of continuous coverage for the covered injury or illness.

### **INTERNATIONAL EMERGENCY CARE**

#### **POLITICAL EVACUATION:**

If the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, orders the evacuation of all non-emergency government personnel from the host country, due to political unrest, that becomes effective on or after the insured person's date of arrival in the host country, the Company pays up to a \$10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that:

1. The insured person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs, or similar government organization of the insured person's home country, issuance of the evacuation order; and
2. The evacuation order pertains to persons from the same home country as the insured person; and
3. Political Evacuation and Repatriation is approved and coordinated by the Company; In no event will the Company pay for a political evacuation if there is a travel warning in effect on or within six (6) months prior to the insured person's date of arrival in the host country.

#### **EMERGENCY EVACUATION:**

Outreach Group offers coverage for Emergency Medical Evacuation to the nearest qualified medical facility; expenses for reasonable transportation resulting from the evacuation; and the cost of returning to either the home country or the country where the evacuation occurred, up to a \$500,000 lifetime maximum (independent of the Maximum Limit).

#### **EMERGENCY REUNION:**

The Outreach Group plan also offers Emergency Reunion coverage, up to \$50,000 for a maximum of 15 days, for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation: either the cost of accompanying the insured during the

evacuation or traveling from the home country to be reunited with the insured.

#### **RETURN OF MORTAL REMAINS OR CREMATION/BURIAL:**

If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the home country will be covered up to a maximum of \$50,000; or up to \$5,000 for the preparation, local burial or cremation of your mortal remains at the place of death.

#### **RETURN OF MINOR CHILDREN:**

If a covered illness/injury results in a hospitalization and/or death of the insured person, and he/she is traveling alone with child(ren) 19 or under that otherwise would be left unattended, the Outreach Group plan will pay up to \$50,000 for one way economy fare to their home country, including a chaperone, if necessary, for the safety of the child(ren).

*To be eligible for the Evacuation, Reunion and Return benefits, these must be recommended by the attending physician in life-threatening medical situations, and approved in advance and coordinated by IMG.*

#### **INCIDENTAL HOME COUNTRY COVERAGE:**

During the Period of Coverage an insured person may return to their home country for incidental visits up to a cumulative two weeks total, subject to:

1. The insured person must have left their home country,
2. The total Period of Coverage must be for a minimum of 30 days, and
3. The return to the home country may not be taken to receive treatment for an illness or injury incurred while traveling.

#### **END OF TRIP HOME COUNTRY COVERAGE:**

For every five months of continuous coverage you purchase, you can purchase one additional month of home country coverage as an accommodation and supplemental travel benefit, up to a maximum of two months. To purchase this special home country extension coverage, please calculate your premium on the Application Form to include the additional month(s).

#### **SPORTS AND ACTIVITIES COVERAGE:**

Outreach Group covers injuries incurred during athletic activities which are non-organized, non-contact and engaged in by the insured person solely for leisure, recreation, entertainment or fitness purposes. Some of these sports and activities include, but are not limited to, motor cycle/motorscooter riding, recreational downhill and/or cross country snow skiing, horseback riding, sub-aquatic activities (to 10m), wakeboarding, and water skiing. However, activities not covered include amateur or professional sports or other athletic activity which is organized and/or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or government body), or the International Olympic Committee, and or Adventure Sports. *Please note this is only a summary of sports and activities and exclusions. For additional information, please refer to the Certificate of Insurance.*

**ACCIDENTAL DEATH AND DISMEMBERMENT:**

Outreach Group offers a \$25,000 principal sum benefit for Accidental Death and Dismemberment occurring during the Period of Coverage: • Accidental Loss of life - principal sum • Accidental Loss of two Members - principal sum • Accidental Loss of one Member - 50% of principal sum. *"Member" means hand, foot or eye.*

**COMMON CARRIER ACCIDENTAL DEATH:**

If accidental death should occur while traveling on a commercial Common Carrier, \$50,000 is payable to the designated beneficiary, to a maximum of \$250,000 per family.

**NATURAL DISASTER:**

This benefit is available in the event an insured person is required to depart his/her destination due to an evacuation order issued by prevailing authorities in connection with a Natural Disaster. Natural Disaster is defined as widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the population for its safety.

**TRIP INTERRUPTION:**

If, during a covered trip, there is an unexpected death of an immediate family member (spouse, child, parent or sibling), a break-in at the insured's principal residence, or the substantial destruction of the insured's principal residence due to a fire or natural disaster, Outreach Group pays to return the insured to the area of principal residence. The plan pays for a one way air or ground transportation ticket of the same class as the unused travel ticket, less the value of the unused return ticket.

**TERRORISM COVERAGE:**

Outreach Group provides coverage for injuries and illness incurred as a result of an act of Terrorism, limited in amount and by circumstances. If an insured person is injured as a result of an act of Terrorism, and the insured person has no direct or indirect participation in the act, the plan reimburses eligible medical claims subject to a \$50,000 lifetime maximum. Terrorism includes criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government of international organization to do or to abstain from doing an act. However, this benefit does not cover an act of Terrorism in any country or location where the United States government has issued a travel advisory that has been in effect within the six months prior to the insured person's date of arrival. In addition, claims incurred as a result of radiological, nuclear, chemical or biological weapons or events are not covered.

This benefit also does not cover an act of Terrorism in the event that an advisory to leave a certain country or location is issued by the United States government after the insured person's arrival date, and the insured person unreasonably fails or refuses to heed such warning or depart the country or location.

**IDENTITY THEFT ASSISTANCE:**

If an imposter obtains key personal information such as a Social Security or Driver's License number, or other method of identifying an insured person in order to impersonate or obtain credit, merchandise or services in the insured person's name, Outreach Group provides coverage up to \$500 for the reasonable, customary and necessary costs incurred by the insured for: re-filing a loan or other credit application that is rejected solely as a result of the stolen identity event; notarization of legal documents, long distance telephone calls, and postage that has resulted solely as a result of the stolen identity event; up to three credit reports obtained within one year of the insured person's knowledge of the stolen identity event; and stop payment orders placed on missing or unauthorized checks as a result of the stolen identity event.

The identity theft event must occur during the Period of Coverage.

**LOST LUGGAGE:**

A benefit of \$50 per luggage item, up to a maximum of \$250, is payable in the event that the Common Carrier permanently loses an insured person's checked luggage while in transit. This coverage is secondary to any other available reimbursement, including the Carrier's.

**DESCRIPTION OF OPTIONAL RIDERS****ADVENTURE SPORTS RIDER:**

The Adventure Sports Rider is available on Outreach Group for those up to the age of 65. The following activities are covered to the lifetime maximum amounts listed on page four as long as they are engaged solely for leisure, recreation, or entertainment purposes: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snorkeling, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity. Certain sports activities are never covered, regardless of whether or not you purchase the Adventure Sports Rider. Please see page 13, exclusion 8. *Please note this is only a summary of Adventure Sports and exclusions. For additional information, please refer to the Certificate of Insurance.*

**CHAPERONE/FACULTY LEADER REPLACEMENT RIDER:**

In the event that an insured person who is designated as a Chaperone/Faculty Leader by the sponsoring organization has an unexpected death of a relative, a medical emergency, or the

substantial destruction of the principal residence in his/her home country, which causes the insured person to have to cancel or interrupt travel, Outreach Group covers reimbursement up to \$3,000 for the expense of a round trip economy airline ticket for a replacement Chaperone/Faculty Leader. For premium information, please see the Application Form.

## EXCLUSIONS

Charges for certain services, treatments and/or conditions, among others, are excluded from coverage under the Outreach Group plan and include but are not limited to:

- 1. A Pre-existing Condition** which is any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.
- 2. Treatment or surgeries which are** elective, investigational, experimental or for research purposes.
- 3. War, military action, terrorism,** political insurrection, protest, or any act thereof. The Company will not pay for a Political Evacuation if there is a travel advisory in effect on or within six (6) months prior to the Insured Person's date of arrival in the Host Country.
- 4. Immunizations and routine** physical exams.
- 5. Treatment of Temporomandibular Joint** or dental treatment, except as expressly provided for in the Certificate of Insurance.
- 6. Venereal disease, AIDS virus,** AIDS related illness, ARC Syndrome, or AIDS, and the cost of testing for these conditions, and charges for treatment or surgeries which are incurred by any Insured who was HIV+ at time of enrollment into this insurance.
- 7. Pregnancy, childbirth, birth control,** artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- 8. Any illness or injury sustained** while taking part in: Amateur Athletics, Professional Athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. The following Adventure Sports are excluded unless the Adventure Sports Rider is purchased: abseiling, BMX, bobsledding, bungee jumping, canyoning, caving, hang gliding, heli-skiing, high diving, hot air ballooning, inline skating (with proper use of helmet and pads), jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides to 4500m from ground level), scuba diving (to 50m), skydiving, snowboarding, snowmobiling, snow skiing, spelunking, surfing, trekking, whitewater rafting (to Class V), wildlife safaris, and windsurfing. All such activities must be carried out in strict accordance with the rules, regulations and guidelines of the applicable Governing Body or Authority of each such activity.  
Injury sustained while participating in contact sports of any kind, rac-

ing of any kind, any rodeo activity, BASE jumping, kiteboarding, mountaineering or climbing or trekking above elevation 4500 meters above ground level or without proper ropes or guides; luge, motocross, Moto-X, ski jumping, sub-aquatic activities below 50 meters, whitewater rafting exceeding Class V difficulty; and/or adventure sports activity not expressly covered hereunder are excluded regardless of which plan or rider is selected.

- 9. Vision or ear tests** and the provision of visual or hearing aids.
- 10. Vocational, recreational,** speech or music therapy.
- 11. Treatment while confined** primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- 12. Charges, injuries and/or illnesses** resulting or arising from or occurring during the commission or continuing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
- 13. Treatment for, and injuries** and/or illnesses resulting or arising from, substance abuse or drug addiction.
- 14. Injury and/or illness** resulting or arising from being under the influence of alcohol or drugs; and injury or illness resulting from operating any type of vehicle after consuming any alcohol or drugs.
- 15. Willful self-inflicted** injury or illness.
- 16. Treatment required as** a result of or arising from complications from a treatment or condition not covered under the certificate.
- 17. Any services or supplies** performed or provided by a relative of the Insured or provided at no cost to Insured.
- 18. Treatment for mental** and nervous disorders.
- 19. Organ or tissue transplants** or related services.
- 20. Illness or injury where** the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance.
- 21. Treatment incurred as** a result of or arising from exposure to nuclear radiation, and/or radioactive material(s).
- 22. Any infection of the urinary tract** (or Illness arising therefrom), that occurs within ninety (90) days of the Effective Date of coverage and that requires Treatment of the Insured Person in a Hospital; provided that any such Illness will be deemed by the Company to be a Pre-existing Condition. See "Sudden and Unexpected Recurrence of a Pre-existing Condition," on page 8.

*This brochure contains only a brief summary of current Outreach Group Travel Medical Insurance benefits, conditions, limitations and exclusions, and is subject to all the terms and conditions of the full Certificate of Insurance. The complete Certificate of Insurance with all terms, conditions and exclusions will be included in the fulfillment kit sent to approved applicants. The Outreach Group Travel Medical Insurance plans are amended, modified or replaced from time to time, and IMG reserves the right to issue the most current Certificate of Insurance for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Samples of current Certificate wordings are available upon request.*

**IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):** This insurance is not subject to, and does not provide benefits required by, PPACA. On January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so. Please note that it is solely your responsibility to determine if PPACA is applicable to you.



## ADDITIONAL BENEFITS & SERVICES

### MyIMG<sup>SM</sup>

Service at your fingertips anytime, anywhere - that's what MyIMG provides. MyIMG is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world. Our service centers in the U.S. and Europe are always available to help or handle emergencies 24 hours a day, but through MyIMG you have immediate access to a wealth of information about your account and can manage routine areas to help you save time when you may need it most. Some features include:

- Get explanation of benefits
- Initiate precertification
- Locate a provider
- Obtain certificate documents
- Request ID cards
- Recommend provider/facility

### Locating a Provider

With the Outreach Group plan, you may seek treatment with the hospital or doctor of your choice. When seeking treatment in the U.S., you can reduce your out-of-pocket costs by using the independent Preferred Provider Organization (PPO), a separately organized network of hundreds of thousands of established, highly qualified health care physicians and many well-recognized hospitals in the U.S. contracted by IMG. You can quickly search the network through MyIMG. Additionally, to help you locate health care providers outside the U.S., IMG provides its online International Provider Access (IPA), a database of over 17,000 providers.

### Universal Rx Pharmacy Discount Savings

This is a discount savings program available to every certificate holder of the Outreach Group plan. This program allows card members 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 *discount program* is not insurance coverage. It is purely a discount program to purchasers of the Outreach Group plan. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

## Akeso Care Management® (ACM®)

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. To coordinate care and provide U.S. and internationally based medical management services, IMG formed ACM, an on-site specialized division devoted entirely to medical management.



The clinical staff consists of qualified physicians and registered nurses who are experts at assessing the need for services and ensuring those services are delivered in a timely, cost-effective manner. ACM has international medical experience, providing services in more than 170 countries worldwide.

ACM is accredited by URAC, an independent, nonprofit organization that is internationally recognized for promoting continuous improvement in the quality and efficiency of health care management. Through a rigorous and comprehensive review that ensures ongoing compliance, ACM earned its URAC accreditation in Health Utilization Management.

From routine medical care to complex case management, from check-ups to emergency medical evacuations, ACM is there for you. They are committed to consumer protection and empowerment, quality operations and regulatory compliance. This translates into better care for you - around the world, around the clock.

### One Call. One Company.

### Your Complete International Resource.

IMG offers a comprehensive range of international medical insurance and travel insurance products for every insurance need. Whether you need individual coverage for a vacation, extended coverage for a long-term stay abroad, or group coverage for employees in locations around the world, we've got the right plan for you and the exceptional services to back them up.

- Short-term Travel Plans
- Long-term Travel Plans
- Travel Insurance / Trip Cancellation Plans
- Employer Group Plans
- Mission Plans
- Marine Plans
- International Student and Educator Plans
- Adventure Sports Plans
- Emergency Evacuation Plans
- Green and Environmentally Friendly Plans

# Outreach Group Travel Medical Insurance<sup>SM</sup> Application



Group Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Destination (group coverage not available in U.S.): \_\_\_\_\_

- ◆ **Minimum of 5 persons required**
- ◆ **Up to Age 79 (Ages 70-79: Maximum benefit \$100,000)**
- ◆ **Attach additional sheets if necessary**

Method of Fulfillment

E-mail or  Standard Mail

IMG Agent Number: \_\_\_\_\_

Optional Express Delivery

Add \$20.00 to the **Total Premium**

| Name | Date of Birth | Date of Departure | Date of Return | Total # of Days | Passport Number | Beneficiary |
|------|---------------|-------------------|----------------|-----------------|-----------------|-------------|
| 1.   |               |                   |                |                 |                 |             |
| 2.   |               |                   |                |                 |                 |             |
| 3.   |               |                   |                |                 |                 |             |
| 4.   |               |                   |                |                 |                 |             |
| 5.   |               |                   |                |                 |                 |             |
| 6.   |               |                   |                |                 |                 |             |
| 7.   |               |                   |                |                 |                 |             |
| 8.   |               |                   |                |                 |                 |             |
| 9.   |               |                   |                |                 |                 |             |
| 10.  |               |                   |                |                 |                 |             |
| 11.  |               |                   |                |                 |                 |             |
| 12.  |               |                   |                |                 |                 |             |
| 13.  |               |                   |                |                 |                 |             |
| 14.  |               |                   |                |                 |                 |             |
| 15.  |               |                   |                |                 |                 |             |

**Daily Rates: Premium per Person per Day** .....

Group must select one option only and one deductible for the entire group. The maximum benefit for ages 70-79 is always limited to \$100,000 regardless of what maximum benefit the group selects, and the premium will be the same for all ages based on the table below.

| Daily Rates  | Deductibles                  |                                |                                |
|--|------------------------------|--------------------------------|--------------------------------|
|  | <input type="checkbox"/> \$0 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Option 1<br>\$100,000 Max   | \$2.25                       | \$2.00                         | \$1.80                         |
| <input type="checkbox"/> Option 2<br>\$250,000 Max   | \$2.50                       | \$2.20                         | \$2.00                         |
| <input type="checkbox"/> Option 3<br>\$1,000,000 Max | \$2.75                       | \$2.45                         | \$2.20                         |

**Premium Calculation** .....

$$\frac{\text{Total \# of days for all travelers}}{\text{Daily Rate (from above)}} \times \text{Premium} = \frac{\text{Total Rider Factor (below)}}{\text{1.}} \times \text{\$20 Optional Express Mail} + \text{Premium} = \text{Total Premium}$$

**Optional Rider Factors:**

$$\text{Adventure Sports Rider} \frac{\text{(enter .20 if applicable)}}{\text{(enter .10 if applicable)}} + \text{Chaperone Rider} \frac{\text{(enter .10 if applicable)}}{\text{(enter .10 if applicable)}} = \frac{\text{(Total Rider Factor enter to the right of 1. above)}}{\text{(Total Rider Factor enter to the right of 1. above)}}$$

**Sponsor's Agreement - Proxy Statement**

**1. Subscription.** The Sponsoring Organization (Sponsor) hereby applies and subscribes, for and on behalf of and as authorized agent and proxy for each of the group members listed on the Application Form on the reverse side hereof, to the Global Medical Services Group Insurance Trust, c/o Wealth Management Group of MFB, Carmel, IN, or its successor, for Outreach Group Travel Medical Insurance (Group Insurance) as underwritten and offered by Sirius International Insurance Corporation (publ) (the Company) on the date of its receipt hereof, and as administered by the Company's authorized agent and plan administrator, International Medical Group, Inc. (IMG). The Sponsor and all such members understand and agree: (i) the insurance applied for is not general health insurance, but is intended for the members' use as travel coverage in the event of a sudden and unexpected illness or injury for which eligible coverage may be available, (ii) the Sponsor must pay premiums for the entire period of coverage applied for, and no coverage will be effective until this application has been accepted in writing by the Company or by IMG on its behalf, (iii) no modification or waiver relating to this application or the coverage applied for will be binding upon the Company or IMG unless approved in writing by an officer of the Company or IMG, and (iv) by submission of this application and/or any future claim for benefits, the Sponsor and all group members purposefully initiate and take advantage of the privilege of conducting business with the Company in Indiana, through IMG as its managing general underwriter and plan administrator, and invoke the benefits and protections of its laws, and the contract of insurance represented by the Master Policy and evidenced by the Certificate(s) of insurance will be deemed issued and made in Indianapolis, IN, and sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance will be in Marion County, Indiana, for which the Sponsor

and all group members hereby expressly consent. We consent and agree that Indiana surplus lines law shall govern all rights and claims raised under this Certificate of Insurance.

**2. Acknowledgment.** The Sponsor and all group members understand and agree that: (i) the insurance agent/broker soliciting, assigned to, or assisting with this application is the agent and representative of the Sponsor and such members, (ii) the Group Insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date of the insurance, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the Company prior to the effective date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom (a "pre-existing condition"), and that all charges and/or claims incurred for pre-existing conditions will be excluded from coverage under the insurance, (iii) the subjects of insurance applied for are not intended or considered by the Sponsor, the group members, the Company or IMG to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the insurance plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

**3. Medical Release.** The Sponsor and all group members hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health care related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, and employee or benefit plan administrator having information as to any of the group members' care, advice, treatment, evaluation, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to IMG and the Company.

**4. Certification.** The Sponsor and all group members hereby certify, represent and warrant that they have read the foregoing statements and the Group Insurance brochure (or same have been read or provided to such members), and they understand them, and that each group member listed: (i) is eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable and (ii) is currently in good health and has not been diagnosed with, sought consultation or been treated for, and has not experienced manifestation or symptoms of and does not suffer from any pre-existing or other medical condition which he/she foresees may require treatment during this insurance or for which he/she intends to claim under this insurance. As the representative of the Sponsor and as proxy for each of the group members, the undersigned warrants his/her authority and capacity to so act and to bind the Sponsor and such members. By acceptance of coverage and/or submission of any claim for benefits, each group member ratifies and affirms the authority of the signer and Sponsor to so act and bind the member.

**5. Patient Protection and Affordable Care Act (PPACA)** The Sponsor and all group members understand and agree that: (i) this insurance is not subject to, and does not provide benefits required by, PPACA, (ii) on January 1, 2014, PPACA will require U.S. citizens and certain U.S. residents to obtain PPACA compliant insurance coverage unless they are exempt from PPACA, and penalties may be imposed on U.S. citizens and U.S. residents who are required to maintain PPACA compliant coverage but do not do so, (iii) 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, and (iv) The Sponsor and all group members understand that it is solely their responsibility to determine if PPACA is applicable to them.

**6. Payment.** Sponsor agrees to pay the required insurance premiums to IMG, as agent for the Company, on or before the due date(s). If the premiums are to be paid in installments, a grace period of 10 calendar days will be allowed for IMG's actual receipt of payment of each premium, except the initial installment. If any premiums are unpaid at the end of the grace period, the insurance coverage shall lapse and terminate with respect to any group member for whom such premium is unpaid, effective as of the initial due date of the premium, whereupon the Company's liability shall cease with respect to all charges and/or claims incurred by such member(s) thereafter. All premium payments must be made in U.S. dollars. If paying by credit card, the Sponsor authorizes IMG to charge/debit Sponsor's MasterCard, Visa, American Express, Discover or JCB account for the total amount of premiums due. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. In the event Sponsor has chosen to pay premiums on an installment basis, Sponsor hereby pre-authorizes future credit card payment installments for the balance of the period of coverage, and hereby requests and authorizes IMG to charge/debit Sponsor's credit card periodically as and when premium payment installments become due. This authorization will remain in effect until revoked by Sponsor in writing, and until IMG actually receives notice of revocation.

**X Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

**7. Payment Method**  Check (To IMG)  Wire  Money Order (To IMG)  MasterCard  Visa  American Express  Discover  JCB eCheck (ACH) available online

*If paying by credit card, I authorize IMG to debit my credit card account for the total charge as specified in Total Premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. By signing this form, Applicant represents and warrants that he/she has the cardholder's authorization to use the card and, if not, will take full responsibility for the payment and any charges accruing to it. I agree to comply with the cardholder agreement.*

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_ Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Cardholder Daytime Phone \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

## Producer Contact Information:

Keuler Insurance Agency Inc  
222 High Stret  
Mineral Point, WI 53565  
Phone: 6089872832  
Fax: 6089873023  
kkeuler@keulerinsurance.com  
<http://www.keulerinsurance.com>



### Plan Administrator

International Medical Group®, Inc.  
P.O. Box 88509  
2960 North Meridian Street  
Indianapolis, IN 46208-0509 USA

For marketing questions, please call 1.866.368.3724

For all other inquiries, please call 1.800.628.4664 or 1.317.655.4500

Fax: 1.317.655.4505

Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)

[www.imglobal.com](http://www.imglobal.com)

As the Plan Administrator for Outreach Group Travel Medical Insurance<sup>SM</sup>, IMG acts as the authorized agent for and on behalf of Sirius International.



**Sirius**  
**International**

*The Outreach Group Travel Medical Insurance plan is a surplus lines product issued and underwritten by Sirius International Insurance Corporation (publ). Sirius International is rated A (excellent) by A.M. Best and A- by Standard & Poor's (ratings are accurate as of the date of publishing and are subject to change). Sirius International is a White Mountains Insurance Group, Ltd company.*

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