# **GEO℠ Group** - Plan Summary

*The Global Employer's Option℠* - A worldwide benefits program designed for groups of two or more internationally assigned employees

# Understanding Your Market. **Exceeding Your Expectations.**

As an international employer, it's essential to provide the proper benefits to your employees. That's what attracts and retains top-level staff. To do so, you must ensure that they receive worldwide access to quality care, superior international claims administration and the financial stability you expect from an established leader in global insurance and assistance services.

At International Medical Group® (IMG®), we are dedicated to delivering exceptional health benefits, medical assistance and 24/7 customer care—all tailored to fit your unique needs. Because IMG performs all administration, customer service, and emergency assistance functions in-house, we can ensure that your group members get the highest quality and most cost-effective care available. This also helps you control your group health care expenses now and into the future.

In response to our global clients' evolving needs, we have designed GEO℠ Group, which offers a base plan and an alternative plan, plus additional coverage options. This customizable benefits package is specially designed for multinational employers seeking Global Peace of Mind® as their employees embark on their travels.

# **Program** Summary

## Designed for

- Multinational employers with two or more employees
- Employees living and working outside of their home country
- Third country or key local nationals
- Independently contracted employees

## Highlights

- Worldwide coverage area options
- Full group takeover/replacement provision available
- Waiver of pre-existing condition waiting periods for new employees with proof of prior coverage
- Medical History Disregarded underwriting option
- Dental, disability and life insurance available
- Universal Rx pharmacy discount savings
- Qualifies as Minimum Essential Coverage (MEC)
- Optional assistance services for physical and mental health

# WHY **IMG?**

Since 1990, IMG has provided global benefits and assistance services to millions of members in almost every country. We are committed to being there with our members wherever they may be in the world, providing them Global Peace of Mind®. With 24/7 worldwide assistance and medical management services, multilingual claims administrators, and highly trained customer service professionals, IMG delivers the insurance products international members need, backed by the services they want.

### Global Support.

With offices and partners across the globe, IMG provides the support you need, when you need it. In fact, it's our corporate mission to be there to protect and enhance your health and well-being.

### Service Without Obstacles.

With a team of international, multilingual specialists, we are accustomed to working in multiple time zones, languages, and currencies. Our global reach means we can work without barriers.

### Financial Stability.

Owned by SiriusPoint—an 'A-' rated, multibillion-dollar global enterprise—IMG offers the financial security and reputation demanded by international consumers. *(SiriusPoint is the DBA of SiriusPoint Ltd.)*

### Accessible Technology.

Log on to the secure, 24-hour online portal, MyIMG℠, to submit and view your claims, manage your account, search for providers, live chat with representatives, and more.

### International Emergency Care.

When you're away from home and a medical emergency occurs, you may not be able to wait for regular business hours. With our on-site medical staff, you have 24-hour access to highly qualified coordinators of emergency medical services and international treatment.

GLOBAL *peace of mind*®

# **Benefits** Summary

*The following benefits are offered to eligible insureds.*
*The plan charges for eligible medical expenses within the area of coverage.*
*All amounts are shown in US dollars and subject to applicable deductible and coinsurance.*

| BENEFIT | DESCRIPTION | | | |
|---|---|---|---|---|
| Calendar Year | Maximum Limit: 365 days | | | |
| Lifetime Maximum Per Insured | $50,000 - $8,000,000 | | | |
| Extension of Benefits | Maximum Limit beginning on the first day of Total Disability, temporary layoff or leave of absence: 180 days<br>Maximum Limit for a Spouse/or Dependent in the event of the Insured Person's death: 60 days | | | |
| Continuation of Benefits | Maximum Limit after termination of employment: 12 months<br>Refer to the Continuation Provision in this Certificate for complete qualification details | | | |
| Medical Concierge<br>▪ 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.<br>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 - $25,000<br>Deductible reduced by 50% or $2,500: PPO, Outpatient Treatment, Emergency Inpatient Treatment, Medical Concierge Provider | | | |
| Family Deductible | Maximum 3 Deductibles per Family | | | |
| **COINSURANCE FOR ELIGIBLE MEDICAL EXPENSES** | | | | |
| Coinsurance<br>▪ In addition to Deductible | Plan pays 100%<br>Insured pays 0% | Plan pays 100%<br>Insured pays 0% | Plan pays 80%<br>Insured pays 20% | Plan pays 100%<br>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.
- Maternity and Newborn care: 50% penalty if not Precertified within 60 days of delivery.
- Emergency Medical Evacuation: No coverage if Precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- 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 .

## INPATIENT OR OUTPATIENT SERVICES

*Subject to Deductible and Coinsurance unless otherwise noted*
*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*
*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 | 100% | 100% | 80% | 100% |

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| INPATIENT OR OUTPATIENT SERVICES<br>*Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Hospital Emergency Room<br>▪ Injury: Not subject to Emergency Room Deductible<br>▪ Illness: Subject to a $250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission | 100% | 100% | 80% | 100% |
| Hospitalization / Room & Board<br>▪ United States: Average private room rate<br>▪ International: Average private room rate up to a maximum of 150% of the average semi- private room rate<br>▪ Includes nursing services, miscellaneous and Ancillary Services | 100% | 100% | 80% | 100% |
| Intensive Care | 100% | 100% | 80% | 100% |
| Outpatient Surgical / Hospital Facility | 100% | 100% | 80% | 100% |
| Laboratory | 100% | 100% | 80% | 100% |
| Radiology / X-ray | 100% | 100% | 80% | 100% |
| Pre-admission Testing | 100% | 100% | 80% | 100% |
| Surgery | 100% | 100% | 80% | 100% |
| Reconstructive Surgery<br>▪ Surgery is incidental to and follows Surgery that was covered under the plan | 100% | 100% | 80% | 100% |
| Assistant Surgeon<br>▪ 20% of the primary surgeon's eligible fee | 100% | 100% | 80% | 100% |
| Anesthesia | 100% | 100% | 80% | 100% |
| Pregnancy and Childbirth<br>▪ After 10 consecutive months of coverage | 100% | 100% | 80% | 100% |
| Pregnancy Complications<br>▪ After 10 consecutive months of coverage | 100% | 100% | 80% | 100% |
| Newborn and Congenital Disorders<br>▪ Lifetime Maximum: $250,000<br>▪ First 31 days of life<br>▪ Eligible when the Newborn's birth is covered under this plan | 100% | 100% | 80% | 100% |
| Durable Medical Equipment<br>▪ Prescribed by a Physician | 100% | 100% | 80% | 100% |
| Chiropractic Care<br>▪ Not subject to Deductible or Coinsurance<br>▪ Maximum per visit: $25<br>▪ Maximum visits: 20<br>▪ Prescribed by a Physician | Not Applicable | 100% | 100% | 100% |
| Physical Therapy<br>▪ Maximum Charge per Visit: $50<br>▪ Prescribed by a Physician | Not Applicable | 100% | 80% | 100% |
| Extended Care Facility<br>▪ Upon direct transfer from an acute care Facility | 100% | 100% | 80% | 100% |

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| INPATIENT OR OUTPATIENT SERVICES<br>*Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Home Nursing Care<br>▪ Provided by a Home Health Care Agency<br>▪ Upon direct transfer from an acute care Facility | 100% | 100% | 80% | 100% |
| Hospice<br>▪ Terminally ill - 6 months to live<br>▪ Inpatient Hospice Facility<br>▪ Insured Person's home | Not Applicable | 100% | 80% | 100% |
| Transplant<br>▪ Lifetime Maximum: $1,000,000<br>▪ Calendar Year Transplant Maximum: 1<br>▪ Organ procurement & harvesting costs Lifetime Maximum: $10,000<br>▪ Travel & lodging Lifetime Maximum expense: $5,000<br>▪ Covered Transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow<br>▪ 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<br>*NOT Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Adult<br>▪ Maximum Limit: $250<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | Not Applicable | 100% | 100% | 100% |
| Child<br>▪ Maximum Limit: $150<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | Not Applicable | 100% | 100% | 100% |

| PRESCRIPTION DRUGS AND MEDICATION<br>*Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Maximum Limit per Calendar Year | $250,000 per person | | | |
| ▪ All categories listed under the Prescription Drugs and Medication benefit accumulate toward the Lifetime Maximum Limit<br>▪ Routine inoculations and vaccinations are not subject to this limit and fall under the Preventative Care benefit | | | | |

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| PRESCRIPTION DRUGS AND MEDICATION<br>*Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Outpatient or Inpatient Medication<br>▪ Subject to Deductible and Coinsurance<br>▪ Received as part of a Treatment plan or general care<br>▪ Not obtained through a retail pharmacy | 100% | 100% | 80% | 100% |
| United States Retail Pharmacy<br>▪ Not subject to Deductible and Coinsurance<br>▪ 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.<br>Retail Pharmacy Copayments:<br>Generic $5<br>Higher cost Generic and Brand 30%<br>Non-Preferred Brand Name $50 plus 30%<br>Copayments are per 30-day supply<br>Dispensing Maximum per prescription: 90 days | | | |
| Expatriate Prescription Services Program<br>▪ Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company | Medication delivery to an international address when prescription is not available for purchase internationally.<br>Generic — Copayment: $5<br>Non-Preferred Brand Name — Copayment: $30<br>Copayment is per 30-day supply<br>Dispensing maximum per prescription: 180 days<br>**Contact Information:**<br>▪ Enroll: www.expatps.com<br>▪ Email scanned prescription to epsmanager@universalrx.com<br>▪ Fax: +1.540.777.7184<br>▪ Phone number: +1.540.777.1450<br>▪ Email: epsmanager@universalrx.com | | | |

| MENTAL OR NERVOUS, SUBSTANCE ABUSE, COUNSELING<br>*Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*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<br>▪ Maximum Limit: $10,000<br>▪ After 12 consecutive months of coverage | 100% | 100% | 80% | 100% |
| Outpatient Mental or Nervous / Substance Abuse<br>▪ Maximum per visit: $100<br>▪ Maximum visits: 52<br>▪ After 12 consecutive months of coverage | Not Applicable | 50% | 50% | 50% |
| Bereavement Counseling<br>▪ Not subject to Deductible or Coinsurance<br>▪ Lifetime Maximum: $300<br>▪ Counseling 6 months before or after a Family member's death | Not Applicable | 100% | 100% | 100% |

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| EMERGENCY SERVICES<br>*NOT Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Emergency Local Ambulance<br>▪ Subject to Deductible and Coinsurance<br>▪ Injury<br>▪ Illness resulting in an Inpatient Hospital admission | Not Applicable | 100% | 80% | 100% |
| Emergency Medical Evacuation<br>▪ Maximum Limit: $1,000,000<br>▪ Insured persons under age 65<br>▪ Approved in advance and coordinated by the Company | Not Applicable | 100% | 100% | 100% |
| Emergency Reunion<br>▪ Subject to Deductible and Coinsurance<br>▪ Maximum Limit: $10,000<br>▪ Day Maximum: 15 days<br>▪ Meal Maximum: $25 per day<br>▪ Reasonable and necessary travel costs and accommodations<br>▪ Approved in advance by the Company | Not Applicable | 100% | 100% | 100% |
| Interfacility Ambulance Transfer<br>▪ Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission | Not Applicable | 100% | 100% | 100% |
| Political Evacuation and Repatriation<br>▪ Lifetime Maximum: $10,000<br>▪ Approved in advance by the Company | Not Applicable | 100% | 100% | 100% |
| Return of Mortal Remains<br>▪ Maximum Limit: $25,000<br>▪ Return of Insured Person's Mortal Remains to Home Country<br>▪ Approved in advance by the Company | Not Applicable | 100% | 100% | 100% |

| OTHER SERVICES<br>*NOT Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Complementary Medical Services<br>▪ Subject to Deductible and Coinsurance<br>▪ Maximum Limits are per Insured Person | Acupuncture $150<br>Massage Therapy $150<br>Vitamin Therapy $100<br>Magnetic Therapy $ 75<br>Herbal Therapy $ 50<br>Aroma Therapy $ 50 | | | |
| Emergency Dental<br>▪ Subject to Deductible and Coinsurance<br>▪ Accident related | Not Applicable | 100% | 80% | 100% |

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| OTHER SERVICES<br>*NOT Subject to Deductible and Coinsurance unless otherwise noted*<br>*Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | | | |
|---|---|---|---|---|
| **Benefit** | **Medical Concierge** *(Non-emergency)* | **In-Network** | **Out-of-Network** | **International** |
| Hospital Indemnity<br>▪ International only<br>▪ Inpatient Hospitalization only | Private Hospital<br>▪ Overnight Maximum Limit: $400<br>▪ Maximum Limit: $4,000<br>Public Hospital (state, government or charitable Hospital)<br>▪ Overnight Maximum Limit: $500<br>▪ Maximum Limit: $5,000<br>Treatment received by the Insured Person at a Public Hospital and no Charges are incurred by the Insured Person or the Company will be subject to the Public Hospital Maximum Limit.<br>Treatment received by the Insured Person at a Public Hospital and Charges are submitted to the Company for reimbursement will be subject to the Private Hospital Maximum Limit. | | | |
| Supplemental Accident<br>▪ Maximum Limit per Accident: $300<br>▪ Once the Maximum Limit is satisfied, Charges will be subject to Deductible and Coinsurance and paid the same as any other Injury | Not Applicable | 100% | 100% | 100% |
| Vision Care<br>▪ Benefit available every 24 months | ▪ Routine Eye Examination Maximum Limit: $100<br>▪ Corrective Lenses (Contacts)/Frame Maximum Limit: $150 | | | |

# **Dental** Benefits

| COVERAGE LIMIT / MAXIMUM AMOUNT FOR ELIGIBLE DENTAL EXPENSES | |
|---|---|
| Calendar Year Maximum Limit | $1,000 - $1,500 |
| Lifetime Orthodontia Maximum Limit | $1,000 - $1,500 |
| Deductible<br>▪ Applies to Minor and Major Restorative Services | $50 |
| Family Deductible<br>▪ Maximum Deductibles per Family: 3 | $150 |

| ROUTINE SERVICES<br>*NOT Subject to Deductible*<br>*Eligible Dental Expenses are limited to Usual, Reasonable and Customary*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | |
|---|---|---|
| **Benefit** | **Coinsurance** | |
| Diagnostic and Preventative Services<br>▪ Preventative visits and cleanings: 2 (1 every 6 months)<br>▪ Radiographic examinations: 2 (including posterior bitewings; 1 every 6 months)<br>▪ Fluoride Treatment Maximum Limit: 1 (Children under 19 years of age) | Plan Pays 100% | Insured Pays 0% |
| Emergency Palliative Treatment | Plan Pays 100% | Insured Pays 0% |

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| MINOR RESTORATIVE SERVICES<br>*Subject to Deductible*<br>*Eligible Dental Expenses are limited to Usual, Reasonable and Customary*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | |
|---|---|---|
| **Benefit** | **Coinsurance** | |
| Minor Restorative Services<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details | Plan Pays 80% | Insured Pays 20% |
| Oral Surgery | Plan Pays 80% | Insured Pays 20% |
| Endodontics | Plan Pays 80% | Insured Pays 20% |
| Periodontics<br>▪ Root planning Maximum Limit: 1 every 2 years<br>▪ Periodontal Surgery Maximum Limit: 1 every 3 years | Plan Pays 80% | Insured Pays 20% |
| Radiographs<br>▪ Maximum Limit: 1 every 3 years<br>▪ Full mouth x-rays including panographic x-rays | Plan Pays 80% | Insured Pays 20% |
| **MAJOR RESTORATIVE SERVICES**<br>*Subject to Deductible*<br>*Eligible Dental Expenses are limited to Usual, Reasonable and Customary*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime* | | |
| **Benefit** | **Coinsurance** | |
| Major Restorative Services<br>▪ Crowns, Jackets, Inlays on same tooth Maximum Limit: 1 every 5 years<br>▪ Adults and Children older than 12 years of age<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details | Plan Pays 50% | Insured Pays 50% |
| Prosthodontics<br>▪ Dentures / Bridge Maximum Limit: 1 every 5 years<br>▪ Replacement of denture base material or reline Maximum Limit: 1 every 3 years<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details | Plan Pays 50% | Insured Pays 50% |
| **ORTHODONTIA SERVICES**<br>*NOT Subject to Deductible*<br>*Eligible Dental Expenses are limited to Usual, Reasonable and Customary*<br>*Maximum Limits per Calendar Year or if indicated, per Lifetime Insured Pays 50%* | | |
| **Benefit** | **Coinsurance** | |
| Orthodontia<br>▪ Children less than 19 years of age | Plan Pays 50% | Insured Pays 50% |

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## TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- Available up to $250,000 per employee
- 10 or fewer IMG insured employees:
  - » $10,000 minimum required
- 11 or more IMG insured employees:
  - » No minimum required
- Group Life coverage automatically offers:
  - » Term Life Insurance Benefit
  - » Accidental Death Benefit
  - » Dismemberment Benefit
- Guarantee Issue amounts up to $100,000
  - » Additional underwriting for $100,001 - $250,000
- Group Life can be issued as a flat amount (e.g. $50,000) or multiple of salary (e.g. 2 x salary)
- ADEA Reduction Schedule (Age Discrimination in Employment Act of 1967)
  - » Less than age 65: 100% of principal amount
  - » Ages 65-69: 35% reduction
  - » Ages 70-74: 55% reduction
  - » Ages 75-79: 70% reduction
  - » Age 80+: 80% reduction

## DAILY INDEMNITY INSURANCE

- Benefit offers $100 for every overnight of eligible inpatient hospitalization
- Cash benefit payable directly to the insured
- $25,000 lifetime maximum benefit
- Group Life Insurance required

*Exclusions: Pregnancy or related conditions; Hospitalization which begins before the day of a scheduled surgery or procedure; Spouse and children are excluded.*

## GEO PLATINUM USA BENEFITS RIDER

This rider is available to US-based employers that wish to provide US-style health care plans to their international employees. The rider adds the following benefits:

- Unlimited lifetime maximum
- 100% coverage for eligible preventive services
- Extends dependent coverage up to age 26, provided dependent is not eligible under any other healthcare plan
- Waives pre-existing condition limitations on children under the age of 19

## REMOTE MENTAL HEALTH SERVICES

Optional 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, this is a valuable and confidential service that you can trust.

## TELECONSULTATION**

Optional 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.

## EXTENSIVE NETWORK ACCESS

UnitedHealthcare

UnitedHealthcare provides travelers in the U.S. with direct access to one of the largest networks of providers in the U.S. that includes:

- Over 1.4M physicians
- 6,797 hospitals
- Over 45,000 clinics
- A streamlined claims process
- 1,800 convenience clinics

### International Provider Access℠

Travelers outside of the US can also enjoy access to quality healthcare worldwide with our proprietary IPA network that includes:

- Over 18,550 physicians and facilities
- Direct billing arrangements that minimize time and upfront expense

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

*The UnitedHealthcare name and logo are registered trademarks of UnitedHealth Group in the U.S. and other jurisdictions.*

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## EMERGENCY TRAVEL ASSISTANCE SERVICES

Even the smallest disruption can be an emergency when your group members are abroad. We offer a complete menu of emergency travel assistance services to provide your employees and their families Global Peace of Mind®. Some of the services provided include:

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

## MEDICAL AND WELLNESS INFORMATION SERVICE

Among the benefits that GEO Group offers is a medical information service that group members can access. This service will allow them to consult with board-certified physicians, licensed psychologists, pharmacists, dentists, dieticians, and fitness trainers to assist them with any routine health related questions. This service is not meant to replace a family physician; instead it focuses on addressing your group members' concerns in a convenient manner and providing them with support to make informed decisions. Professionals will quickly respond to your group members' questions, refer them to specialists, and get them the information they need—saving time and possibly preventing unnecessary office visits. Highlights include:

- Web-based medical tools including direct email access to doctors, psychologists, pharmacists, dentists, dieticians, and fitness trainers
- Available to employees, spouses, & children 24 hours a day, 365 days a year
- Email response time: Normally two to four hours in US time zones - 24 hour guarantee
- Searchable 3D medical video library with unlimited access to more than 250 videos
- Medical library with unlimited access to more than 2,200 topics
- Weekly Health Tips e-Newsletter sent via email
- Personal Health Record: gives physicians online access to personal health records in case of emergencies
- Healthy Lifestyle Assessment: Evaluates current health status

## IMG TRAVEL INTELLIGENCE

The IMG Travel Intelligence app gives you the tools and information you need to stay informed and minimize risk when away from home. This standalone mobile app provides 24/7 support to keep users up-to-date about global developments no matter where they are in the world.

**IMG Travel Intelligence allows you to:**

- Access detailed intelligence for 200+ countries
- Receive immediate assistance during a crisis via the in-app emergency hotline
- Stay informed of travel disruptions such as airline delays & cancellations
- Locate hospitals, police stations, & other safe haven information, including local emergency phone numbers
- Access pre-trip checklists, including reminders to prepare & store travel documents

## EXPATRIATE PRESCRIPTION SERVICES (EPS)

This concierge service provides GEO Group members with convenient access to high-quality, low-cost prescription drugs through an efficient delivery service that reaches more than 160 countries worldwide. This program is not insurance coverage; it is purely a discounted prescription service. Use of this service does not guarantee that medication is covered under the insurance plan.

*This invitation to inquire allows eligible applicants an opportunity to inquire further about the insurance offered and is limited to a brief description of any loss for which benefits may be payable. Benefits are offered as described in the insurance contract. Benefits are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations, and exclusions in the insurance contract. The contract does contain a pre-existing condition exclusion and does not cover losses or expenses related to a pre-existing condition.*

**IMG PRODUCER USE ONLY**

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