



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



# 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<sup>SM</sup> (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<sup>SM</sup>, 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 postdischarge 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.





# 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<sup>SM</sup> 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.



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Coverage Limit/Maximum Amount for Eligible Medical Expenses						
Plan Details	United States	United States	United States	International		
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Maximum Limit		\$1,000,000/\$5,000,000 per period of coverage				
Medical Concierge  Non-emergency services only	navigate the United Star scheduled inpatient and	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 I	Features				
Benefit Levels	United States	United States	United States	International		
Deficit Levels	Medical Concierge	In-Network	Out-of-Network	International		
Do	eductible for Eligible	Medical Expenses	5			
Deductible	\$0	\$0	\$100 - \$10,000	\$100 - \$10,000		
Family Deductible  Maximum 3 deductibles per family	\$0	\$0	3 deductibles	3 deductibles		
Co	oinsurance for Eligible	Medical Expense	<b>?</b> \$			
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		
	Precertific	ation				

- 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%		

#### **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

Maximui	ii Liiiits per Calendar fear	or, ir maicated, 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%
<ul> <li>Hospital Emergency Room: United States</li> <li>Injury: Not subject to emergency room deductible</li> <li>Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
<ul> <li>Hospitalization/Room &amp; Board</li> <li>Average semi-private room rate</li> <li>Includes nursing, miscellaneous and ancillary services</li> </ul>	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatmer	nt resulting from COVID-1 covered und	9/SARS-CoV-2 are covere er the policy.	d as any other illness
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%
<ul> <li>Second Surgical Opinion</li> <li>Payable at 100% if requested by the Company</li> <li>50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company</li> </ul>	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%

#### **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

Maximu	m 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%	
<ul><li>Extended Care Facility</li><li>Upon direct transfer from acute care facility</li></ul>	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%	
NOT Subject	Preventative		ed.		
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	
<ul> <li>Adult Preventative Care</li> <li>Ages 19 and over</li> <li>Maximum limit: \$250</li> <li>Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	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.

Not applicable

100%

100%

100%

Child Preventative Care
Ages 18 and younger

Maximum limit: \$250

further details and requirements

Refer to the PREVENTATIVE CARE provision for

#### **Vision Care**

NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable, and Customar 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

Benefit

Maximum limit every 24 months: \$150

Out-of-Network

International

#### **Prescriptions**

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable, and Customar
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 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%
<ul> <li>Outpatient Mental or Nervous/Substance Abuse</li> <li>Maximum limit per visit: \$100</li> <li>Maximum visits: 52</li> </ul>	Not applicable	100%	80%	100%

#### **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

In-Network

Medical Concierge

(Non-emergency)

Emergency Local Ambulance  Subject to deductible and coinsurance Injury Illness resulting in an inpatient hospital admission	Not applicable	100%	80%	100%
<ul> <li>Emergency Medical Evacuation</li> <li>Lifetime maximum: \$1,000,000</li> <li>Insured persons under 65 years of age</li> <li>Approved in advance and coordinated by the Company</li> </ul>	Not applicable	100%	100%	100%
<ul> <li>Emergency Reunion</li> <li>Lifetime maximum: \$10,000</li> <li>Maximum days: 15</li> <li>Maximum meal limit per day: \$25</li> <li>Reasonable and necessary travel costs and accommodations</li> <li>Approved in advance by the Company</li> </ul>	Not applicable	100%	100%	100%
<ul><li>Interfacility Ambulance Transfer</li><li>Transfer must be a result of an inpatient hospital admission</li></ul>	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%

Eligible Medic	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		
Accommodation Benefit     Maximum limit: \$2,500     Refer to the ACCOMMODATION BENEFIT provisions for futher details and requirements	Not applicable	100%	100%	100%		
Crew Member Return  Maximum limit: \$2,500	Not applicable	100%	100%	100%		
Supplemental Accident Benefit  Maximum limit per covered accident: \$300	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%		
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	<ul><li>Overnight maximur</li><li>Maximum overnigh</li><li>Maximum limit: \$2,0</li></ul>	t limit: 20				
Teleconsulation**		Company	pays 100%			
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.					
Non-Emergency Medical Evacuation						

- Lifetime maximum: \$1,000,000
- Insured persons under age 65
- Company

Not applicable Approved in advance and coordinated by the

Not applicable

100%

100%

80%

100%

100%

#### Recreational Underwater Activities

Subject to deductible and coinsurance

Company pays 100%

100%

#### Remote Mental Health Service\*

Employee Assistance Program

\*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.

## Dental Benefits Summary

Coverage Limit/Maximum Amount f	or Eligible Dental Expenses	
Calendar Year Maximum Limit	\$1,000 - \$1,5	500 - \$3,000
Calendar Year Orthodontia Maximum Limit	\$1,000 - \$1,5	500 - \$3,000
Deductible  Applies to minor restorative, major restorative, and orthodontia services Family Deductible	\$5	
Maximum 3 deductibles per family	•	50
<b>Routine Serv</b> NOT Subject to Deductible and Coinsur. Eligible Expenses are limited to Usual, I Maximum Limits per Calendar Year o	ance unless otherwise noted Reasonable, and Customary	
Benefit	Coinsu	ırance
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%
Subject to Deductible and Coinsurant Eligible Medical Expenses are limited to Us Maximum Limits per Calendar Year of Radiographs  Radiograph: 1 every 3 years	ual, Reasonable, and Customary	Insured pays 20%
Full mouth x-rays including panographic x-rays  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%
<b>Major Restor:</b> Subject to Deductible and Coinsuran: Eligible Medical Expenses are limited to Us Maximum Limits per Calendar Year oi	ce unless otherwise noted ual, Reasonable, and Customary	
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%
<b>Orthodontia Se</b> Subject to Deductible and Coinsuran Eligible Medical Expenses are limited to Us Maximum Limits per Calendar Year o	ce unless otherwise noted ual, Reasonable, and Customary	
Orthodontia  Children under age 19	Plan pays 50%	Insured pays 50%















## PLATINUM Medical Benefits Summary



Coverage Lim	it/Maximum Amount	for Eligible Medical Ex	penses		
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	
Benefit Leveis	Medical Concierge	In-Network	Out-of-Network	International	
D	eductible for Eligible I	Medical Expenses			
Deductible	\$0	\$0	\$0	\$0	
Co	Coinsurance for Eligible Medical Expenses				
Coinsurance In addition to deductible	Plan pays 100%, Plan pays 100%, Plan pays 80%, Plan pays 100%, Insured pays 0% Insured pays 20% Insured pays 0%				
Out-of-Pocket Maximum	\$0 \$0 \$1,000 \$0				
	Precertifica	ntion			

- 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.









#### **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

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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%	
<ul> <li>Hospital Emergency Room: United States</li> <li>Injury: Not subject to emergency room deductible</li> <li>Illness: subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	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 illne 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%	
<ul> <li>Second Surgical Opinion</li> <li>Payable at 100% if requested by the Company</li> <li>50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company</li> </ul>	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%	

#### **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

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%	
<ul> <li>Child Preventative Care</li> <li>Ages 18 and younger</li> <li>Maximum limit: \$500</li> <li>Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%	

#### **Vision Care**

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

Corrective Lenses, Contacts, Frames

Available after 12 months of continuous coverage

Maximum limit every 24 months: \$100

Maximum limit every 24 months: \$150

#### Prescriptions

Eligible Medical Expenses are limited to Usual, Reasonable, and Customary

#### **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

#### 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

#### **International Prescriptions**

Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company

#### Contact Information:

Enroll via the provider's website: www.expatps.com

#### Prescription Submission:

Email (scan prescription): epsmanager@universalrx.com

100%

80%

Fax: +1.540.777.7184

#### Questions/Concerns:

Medical Concierge

- Phone number: +1.540.777.1450
- Email: epsmanager@universalrx.com

#### 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

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%

#### **Emergency Services**

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 Not applicable 100%

  - Illness resulting in an inpatient hospital admission

Remote Mental Health Service\*

Employee Assistance Program

	Emergency S		ed	
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
<ul> <li>Emergency Medical Evacuation</li> <li>Lifetime maximum: \$1,000,000</li> <li>Insured persons under 65 years of age</li> <li>Approved in advance and coordinated by the Company</li> </ul>	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 Serv	/ices		
Eligible Medic	ct to Deductible and Coinsu al Expenses are limited to L Im Limits per Calendar Year	Jsual, Reasonable, and Custo	omary	
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%
<ul><li>Emergency Dental</li><li>Subject to deductible and coinsurance</li><li>Accident related</li></ul>	Not applicable	80%	80%	100%
Teleconsultation**	Company pays 100%			
<ul> <li>Traumatic Dental Injury</li> <li>Treatment at a hospital facility due to an accident</li> <li>Additional treatment for the same injury rendered by a dental provider will be paid at 100%</li> </ul>	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	<ul> <li>Overnight maximum limit: \$100</li> <li>Maximum overnight limit: 20</li> <li>Maximum limit: \$2,000</li> </ul>			

\*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.

Company pays 100%

<sup>\*\*</sup>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.

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

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				
<b>Routine Services</b> 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%			
<b>Minor Restorative</b> 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%			
<b>Major Restorative</b> 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\*).





#### IMG PRODUCER USE ONLY

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