

Short-term travel medical insurance for individual and group missionaries

# OUTREACH

Travel Medical Insurance®



[WWW.IMGGLOBAL.COM](http://WWW.IMGGLOBAL.COM)



OUTREACH  
TRAVEL MEDICAL INSURANCE®



## GET COVERED AWAY FROM HOME.

International travel can become a scary situation if you're not prepared for a medical emergency. Most travelers assume they're already covered by their standard medical plan—but that isn't always the case. While domestic plans provide sufficient coverage at home, most are not designed to provide the coverage and assistance required for international travel. Don't let your medical coverage be an uncertainty. Choose the **Outreach Travel Medical Insurance®** plan that meets your needs and spend more time enjoying your international experience—*not worrying about your medical coverage.*



## INTERNATIONAL MEDICAL GROUP®

Since 1990, **IMG®** has provided global benefits and assistance services to millions of customers in nearly every country around the world. Owned by SiriusPoint\*, a multibillion-dollar, AM Best "A-" rated insurance industry leader, IMG is uniquely positioned to deliver the **Global Peace of Mind®** our members need.

- » 24/7 medical and travel assistance services
- » Multilingual staff and claims administrators
- » Highly trained customer service professionals
- » Customer service centers located in the U.S. and UK
- » Financial security to fulfill our promise when you need it most

\*SiriusPoint is the DBA of SiriusPoint Ltd.





## INSIDE THE U.S.

Outreach America offers coverage for those visiting the United States:

### Outreach AMERICA

- » **Maximum limits:**
  - Individual: \$50,000 to \$1,000,000
  - Group: \$100,000, \$250,000, \$1,000,000
- » **Deductible:**
  - Individual: \$0 to \$2,500
- » **Extensions:** Up to 24 continuous months
- » **Sudden and unexpected recurrence of pre-existing conditions:** Up to the maximum limit
- » **Incidental trip:** Up to 2 weeks
- » **Coinsurance:**
  - In-network: IMG pays 90%
  - Out-of-network: IMG pays 80% up to \$5,000, then 100%

## OUTSIDE THE U.S.

Outreach International offers coverage for those traveling outside the United States:

### Outreach INTERNATIONAL

- » **Maximum limits:**
  - Individual: \$50,000 to \$2,000,000
  - Group: \$100,000, \$250,000, \$1,000,000
- » **Deductible:**
  - Individual: \$0 to \$2,500
  - Group: \$0 to \$250
- » **Extensions:** Up to 24 continuous months
- » **Sudden and unexpected recurrence of pre-existing conditions:** Up to the maximum limit
- » **Incidental trip:** Up to 2 weeks
- » **Coinsurance:**
  - IMG pays 100% outside of the U.S.



*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.*



## SUMMARY OF BENEFITS

The following benefits and coverage levels are shared across all Outreach products (unless otherwise noted):

| Benefit                                                                                                              | Coverage                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inpatient or Outpatient Services</b>                                                                              |                                                                                                                                                             |
| <b>Eligible Medical Expenses</b>                                                                                     | Up to the maximum limit                                                                                                                                     |
| <b>COVID-19 / SARS-CoV-2 Coverage</b>                                                                                | COVID-19/SARS-CoV-2 shall be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance |
| <b>Physician Visits / Services</b>                                                                                   | Up to the maximum limit                                                                                                                                     |
| <b>Hospital Emergency Room: Inside the U.S.</b>                                                                      | Up to the maximum limit<br>Injury: not subject to additional deductible<br>Illness: additional \$250 deductible if not admitted                             |
| <b>Hospital Emergency Room: Outside the U.S.</b>                                                                     | Up to the maximum limit                                                                                                                                     |
| <b>Hospitalization / Room &amp; Board</b>                                                                            | Average semi-private room rate up to the maximum limit.<br>Includes nursing service                                                                         |
| <b>Intensive Care</b>                                                                                                | Up to the maximum limit                                                                                                                                     |
| <b>Outpatient Surgical / Hospital Facility</b>                                                                       | Up to the maximum limit                                                                                                                                     |
| <b>Laboratory</b>                                                                                                    | Up to the maximum limit                                                                                                                                     |
| <b>Radiology / X-ray</b>                                                                                             | Up to the maximum limit                                                                                                                                     |
| <b>Chemotherapy / Radiation Therapy</b>                                                                              | Up to the maximum limit                                                                                                                                     |
| <b>Pre-Admission Testing</b>                                                                                         | Up to the maximum limit                                                                                                                                     |
| <b>Surgery</b>                                                                                                       | Up to the maximum limit                                                                                                                                     |
| <b>Reconstructive Surgery</b><br><i>Surgery is incidental to and follows surgery that was covered under the plan</i> | Up to the maximum limit                                                                                                                                     |
| <b>Assistant Surgeon</b>                                                                                             | 20% of the primary surgeon's eligible fee                                                                                                                   |

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| Benefit                                                                                                                                                                                                                                  | Coverage                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Inpatient or Outpatient Services</b>                                                                                                                                                                                                  |                                                                                |
| <b>Anesthesia</b>                                                                                                                                                                                                                        | Up to the maximum limit                                                        |
| <b>Durable Medical Equipment</b>                                                                                                                                                                                                         | Up to the maximum limit                                                        |
| <b>Chiropractic Care</b><br><i>Medical order or treatment plan required</i>                                                                                                                                                              | Up to the maximum limit                                                        |
| <b>Physical Therapy Treatment</b><br><i>Medical order or treatment plan required</i>                                                                                                                                                     | Up to the maximum limit                                                        |
| <b>Extended Care Facility</b><br><i>Upon direct transfer from an acute facility</i>                                                                                                                                                      | Up to the maximum limit                                                        |
| <b>Home Nursing Care</b><br><i>Upon direct transfer from an acute facility<br/>Provided by a home health care agency</i>                                                                                                                 | Up to the maximum limit                                                        |
| <b>Prescription Drugs and Medications</b>                                                                                                                                                                                                |                                                                                |
| <b>Prescription Drugs and Medications</b><br><i>Obtained through Retail Pharmacy, Inpatient and Outpatient Surgery, Emergency Room and Outpatient Office Visits<br/>Dispensing maximum for Retail Pharmacy: 90 days per prescription</i> | Up to the maximum limit                                                        |
| <b>Emergency Services</b><br><i>Not subject to deductible and coinsurance unless otherwise noted.</i>                                                                                                                                    |                                                                                |
| <b>Emergency Local Ambulance</b><br><i>Injury or illness resulting in an inpatient hospital admission</i>                                                                                                                                | Up to the maximum limit                                                        |
| <b>Emergency Medical Evacuation</b><br><i>Must be approved in advance and coordinated by the company</i>                                                                                                                                 | \$500,000 maximum limit                                                        |
| <b>Emergency Reunion</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                            | \$50,000 maximum limit                                                         |
| <b>Interfacility Ambulance Transfer</b><br><i>Transfer must be a result of an inpatient hospital admission</i>                                                                                                                           | Up to the maximum limit                                                        |
| <b>Political Evacuation &amp; Repatriation</b><br><i>Must be approved in advance by the company</i>                                                                                                                                      | Up to \$10,000                                                                 |
| <b>Return of Minor Children</b><br><i>Must be approved in advance by the company</i>                                                                                                                                                     | Up to \$50,000                                                                 |
| <b>Return of Mortal Remains or Cremation/Burial</b><br><i>Must be approved in advance by the company</i>                                                                                                                                 | Up to \$50,000 for return of mortal remains<br>or \$5,000 for cremation/burial |

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.



| Benefit                                                                                                            | Coverage                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Other Services                                                                                                     |                                                                                                                                                                                                                                                                                                                           |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D)</b><br><i>Death must occur within 90 days of the accident</i>   | \$25,000 principal sum. Not subject to deductible.                                                                                                                                                                                                                                                                        |
| <b>Common Carrier Accidental Death</b>                                                                             | \$50,000 per insured adult and \$250,000 maximum limit per family.<br>Not subject to deductible.                                                                                                                                                                                                                          |
| <b>Dental Treatment - Accident</b>                                                                                 | \$100 Limit<br>Treatment due to an Accidental Injury and obtained at a Dental Provider's office                                                                                                                                                                                                                           |
| <b>Traumatic Dental Injury</b><br><i>Treatment at a hospital due to an accident</i>                                | Up to the maximum limit. Additional treatment for the same injury rendered by a dental provider will be paid at 100%.                                                                                                                                                                                                     |
| <b>Hospital Indemnity</b>                                                                                          | \$100 per overnight inpatient hospitalization, maximum limit of 10 overnights.<br>Not subject to deductible.                                                                                                                                                                                                              |
| <b>Identity Theft Assistance</b>                                                                                   | Up to \$500. Not subject to deductible                                                                                                                                                                                                                                                                                    |
| <b>Incidental Trip</b>                                                                                             | 14 days maximum                                                                                                                                                                                                                                                                                                           |
| <b>Lost Luggage</b>                                                                                                | Limit \$250, \$50 maximum per item                                                                                                                                                                                                                                                                                        |
| <b>Natural Disaster</b>                                                                                            | \$100 per day and maximum limit of 5 days for accommodations.<br>Not subject to deductible.                                                                                                                                                                                                                               |
| <b>Terrorism</b>                                                                                                   | \$50,000 maximum limit. Not subject to deductible.                                                                                                                                                                                                                                                                        |
| <b>Trip Interruption</b>                                                                                           | Up to \$5,000. Not subject to deductible.                                                                                                                                                                                                                                                                                 |
| <b>Emergency Hospital Admission</b><br><i>Direct Transfer From Emergency Medical Evacuation (Group Plans Only)</i> | Emergency Admission upon direct transfer via a Company approved Emergency Medical Evacuation where the underlying medical condition is not provided for under this Insurance.<br>Maximum limit: \$20,000<br>The maximum limit is not in addition to the Sudden and Unexpected Recurrence of a Pre-existing Maximum limit. |

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## EXPAND YOUR COVERAGE

It's easy to customize your coverage to best meet your needs while away from home. When submitting your application, simply add the riders you need to the plan you've selected.

### ■ Adventure Sports Rider

If you're a thrill-seeking traveler who enjoys life's more adventurous activities, you may want to consider adding supplemental coverage to your plan. The Adventure Sports Rider provides coverage for injuries sustained during certain extreme sports that would otherwise be excluded from your travel insurance policy.

#### Lifetime Maximum

Age 0-49: \$50,000

Age: 50-59: \$30,000

Age: 60-64: \$15,000

### ■ Chaperone/Faculty Leader Replacement Rider\*

If you are the designated chaperone/faculty leader and experience an unexpected death of a relative, a medical emergency, or the destruction of your residence that causes you to cancel or interrupt travel, this rider covers reimbursement for a round trip economy airline ticket up to \$3,000 for a replacement chaperone/faculty leader.

*\*Rider option is available on group plans only.*

### ■ Evacuation Plus Rider\*\*

While Outreach provides emergency medical evacuation coverage for life-threatening injuries and illness, the Evacuation Plus Rider provides coverage up to \$25,000 for medical evacuations if you experience a sudden, non-life-threatening medical condition that requires hospitalization. IMG will arrange and cover ground and air transportation to the nearest hospital capable of providing treatment.

**Note:** *Must be purchased for a minimum of three months regardless of the minimum number of days being traveled. Premium is charged in whole-month increments.*

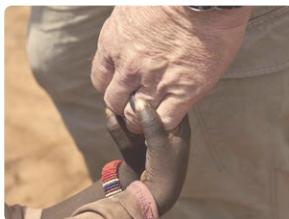
### ■ Enhanced Accidental Death & Dismemberment Rider (AD&D)\*\*

Accidents can happen—wouldn't you rather be prepared, especially when you're away from home? The AD&D rider will pay you or your beneficiaries up to \$400,000 if your death or dismemberment is the direct result of an accident.

**Note:** *Available to the primary insured only. Available with a minimum purchase of three months of medical and AD&D rider coverage. Premium is charged in whole-month increments.*

*\*\*Rider option is available on individual plans only.*

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## INNOVATIVE TECHNOLOGY & MEMBER SERVICES

### ■ Self-Service Member Portal



MyIMG<sup>SM</sup> provides service at your fingertips, giving you the information and tools to manage your IMG plans anytime, anywhere, through award-winning, easy-to-use technology. You'll have immediate access to these important resources online, including our 24/7/365 service centers, plan document access, claims management tools, Explanations of Benefits, and much more.

### ■ Pharmacy Discount Savings



Universal Rx is a discount savings program that allows you to purchase prescriptions from one of 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 network offers a simplified claims process with minimal paperwork for the member if they visit an in-network provider.

*This program is not insurance coverage; it is purely a discount program.*

### ■ International Provider Access<sup>SM</sup>



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

- Over 45,000 physicians and facilities
- Direct billing arrangements that minimize time and upfront expense

W O R R Y   L E S S <sup>SM</sup>  
*experience more*





## HOW TO GET COVERED

1

### Step 1:

Contact your producer directly to obtain an application or to apply online.

2

### Step 2:

Complete your application: If applying as a family, you may include yourself, your spouse, and dependents on one application. Please complete a group application if you have two or more primary insureds.

3

### Step 3:

Receive a fulfillment kit that includes an identification card, declaration of insurance, and a Certificate of Insurance outlining the details of the plan. Welcome to the IMG family!

## HOW TO EXTEND YOUR COVERAGE

To meet the needs of our customers, Outreach plans can be extended for up to a 365-day period until reaching a maximum of 24 continuous months. Each insured person must only satisfy one deductible and coinsurance within each 12-month period of coverage. To renew your coverage, please visit our website.

## PROTECT YOUR INVESTMENT

IMG also offers trip cancellation plans to help protect your travel investment. There are different plan options specifically designed for your needs. For more information, please contact your trusted insurance producer.

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



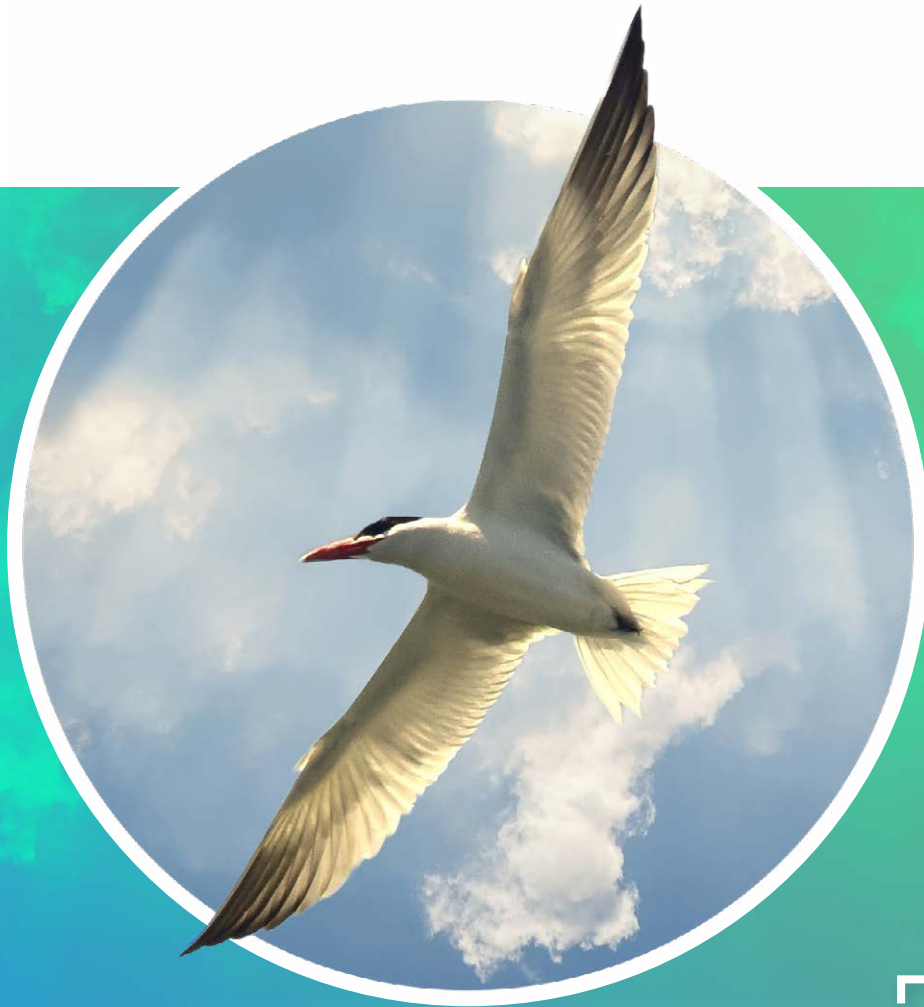


UNDERSTANDING YOUR NEEDS.  
EXCEEDING YOUR EXPECTATIONS.



# OUTREACH

Travel Medical Insurance®



GLOBAL  
*peace of mind*®

#### Producer Contact Information

HOFFMAN INSURANCE GROUP, LLC  
P.O. BOX 709  
SUGAR LAND, TX 77487  
Phone: 281-491-6565  
Fax: 281-277-6565  
sales@hoffmanig.com  
<http://www.hoffmanig.com>

This invitation to inquire allows eligible applicants an opportunity to seek information about the insurance offered and is limited to a brief description of any loss for which benefits may be payable.

Benefits are offered as described in the Insurance Contract for a premium and are subject to all deductibles, coinsurance, provisions, terms, conditions, limitations and exclusions in the Insurance Contract. Certain insurance contracts and services agreements do contain pre-existing condition exclusions and do not cover losses or expenses related to pre-existing

conditions. Please review the Insurance Contract and Master Services Agreement for more information regarding benefits, terms, and conditions.

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