

GEM℠ - Plan Summary

Global **E**ducators **M**edical - A worldwide benefits program designed for full-time employees of international schools

IMG®
INTERNATIONAL MEDICAL GROUP

www.imglobal.com

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

At International Medical Group® (IMG®), we understand the unique needs and high service standards of the international school community. Since 1990, we've developed and refined systems and processes to deliver the highest level of service to this special market. From routine care to complex case management, group members have access to our international services when they need them most.

- Dedicated claims staff with examiners that average 12 years of experience
- 10-15 day turnaround time for claims processing
- Over 99% guaranteed financial accuracy
- Chief Medical Officer and medical staff available 24/7 for emergencies
- Respond to client and provider calls and emails within 24 hours
- Calls are recorded and stored in our systems
- Translation and currency conversion for international claims
- In a typical year, we process charges incurred in 166 countries out of 193 total countries, representing 86% of the world
- These charges also incurred in 133 different currencies, representing 87% of the world's currencies

It's important to be prepared for any sudden injury or illness that can occur while traveling internationally, and the costs associated with emergency medical treatment. In order to provide the comprehensive, cost-effective plan your organization needs, we designed Global Educators Medical (GEM℠). This program offers a wide range of benefits that can be customized to suit your specifications. Your insurance producer and IMG will consult with you to design your plan based on the size and needs of your group.

Medical Benefits Summary

The following is a schedule of benefits for GEM. The plans reimburse a Usual, Reasonable and Customary (URC) amount for the treatment you receive. All amounts are shown in U.S. dollars and subject to deductible and coinsurance unless otherwise noted.

Benefit	Benefit Description
Coverage Area	Worldwide
Maximum Lifetime Benefit Per Person	$5,000,000
Deductible - Calendar Year	$100 - 25,000. Deductible is reduced by 50% when using U.S. independent PPO (Maximum of three per family)
Carry Forward Deductible	Expenses incurred during the last three months of a calendar year will be applied toward satisfaction of the deductible for the next calendar year, but only if the deductible was not met during the prior calendar year
Coinsurance Percentages ■ Medical expenses incurred outside the U.S., Canada, or Puerto Rico ■ Medical expenses incurred in the U.S. using the PPO ■ Medical expenses incurred in the U.S., Canada, or Puerto Rico outside the PPO	▶ Plan pays 100% of eligible charges after deductible ▶ Plan pays 100% of eligible charges after deductible ▶ Plan pays 80% up to $2,500 of eligible charges after deductible; thereafter plan pays 100% of eligible charges
Physician Office Services ■ Adult Wellness Benefit ■ Child Wellness Benefit ■ Illness or Accident Benefit	▶ Plan pays up to $500 per calendar year ▶ Plan pays up to $500 per calendar year ▶ Subject to deductible & coinsurance
Hospital Services ■ In-patient & Out-patient Emergency Room (injury & illness)	▶ Subject to deductible & coinsurance
Eligible Medical Expenses	Subject to deductible & coinsurance
Local Ambulance	Subject to deductible & coinsurance for emergency local transport deemed medically necessary
Emergency Medical Evacuation	Up to the lifetime maximum benefit per person
Emergency Reunion	$10,000 per insured person (return to home country)
Return of Mortal Remains	$10,000 per insured person (return to home country)
Maternity Coverage ■ Pre-natal Care - Delivery of Newborn - Post-natal Care ■ Newborn Baby Care (Well-Baby)	Covered same as any illness ▶ Subject to deductible and coinsurance ▶ Routine care for the first 31 days of life
Human Organ Covered Transplant	$5,000,000 lifetime maximum inside transplant network facilities
Durable Medical Equipment	$10,000 lifetime maximum benefit
Home Health Care & Extended Care Facility	URC up to a maximum of 90 days coverage
Chiropractic Care	$30 per visit, maximum of $1,000 per calendar year
Physical Therapy	$50 maximum benefit per visit
Prescription Drugs - Mail order and retail pharmacies	URC
Supplemental Accident	$300 benefit per accident, deductible and coinsurance thereafter
Vision Benefit ■ Exams ■ Materials (frames, lenses, contacts)	▶ $100 per 24 months ▶ $150 per 24 months
Mental/Nervous, Alcohol & Substance Abuse Treatment	$25,000 lifetime maximum. In-patient - Maximum of 30 days confinement. Out-patient - payable at 50% after deductible
Family Counseling	$500 lifetime maximum
Bereavement Counseling	$100 benefit per person within six months of the covered insured person's death
Pre-admission Certification	Failure to precertify maternity, admissions, and surgeries could reduce benefits
Complementary Medicine Benefits	Acupuncture $150; Aroma Therapy $50; Herbal Therapy $50; Magnetic Therapy $75; Massage Therapy $150; Vitamin Therapy $100
Hospice Care	Up to the lifetime maximum

Optional Dental Insurance

As a complement to the medical benefits, GEM offers the following optional dental coverage. All amounts are in U.S. dollars.

Dental Insurance	Plan I	Plan II	Plan III
Calendar Year Maximum per Person	$1,000	$1,000	$1,500
Individual Deductible	$50	$50	$50
Family Deductible	$150	$150	$150
Schedule of Benefits			
Class I, Diagnostic, Preventive *(Emergency Palliative Treatment - Not subject to deductible)*	100%	100%	100%
Class II, Basic Service *(X-Rays, oral surgery, extractions, endodontics, periodontics, anesthesia)*	80%	80%	80%
Class III, Major Services *(Prosthodontics (bridges, partial dentures), Major restorative services (crowns, inlays)*	50%	50%	50%
Orthodontia	0%	50%	50%

Additional Information

The following is a summary of items that are excluded from coverage under GEM.*

■ Pre-existing conditions* ■ War and terrorism (limited "innocent bystander" coverage is included under the plan) ■ Treatment, services or supplies that are not administered or ordered by a licensed physician ■ Treatment, services, or supplies that are not medically necessary ■ Charges that exceed Usual, Reasonable and Customary charges ■ Surgeries or treatments that are investigational, experimental or for research purposes ■ Confinement primarily for custodial, educational or rehabilitative care ■ Weight modification or treatment for obesity ■ Treatment or surgery for cosmetic or aesthetic reasons, except for reconstructive surgery incidental to or following other covered surgery ■ Treatment for a person who was HIV+ prior to the person's effective date ■ Artificial insemination, infertility, impotency, sterilization or reversal of sterilization ■ Hearing aids ■ TMJ dysfunction ■ Injury sustained from Hazardous Sports activities ■ Injury sustained while under the influence of alcohol or drugs ■ Self-inflicted injury or illness ■ Charges resulting from or during the commission of a crime or felony ■ Speech, vocational, occupational, biofeedback, recreational, sleep or music therapy ■ Services or supplies performed or provided by a relative ■ Orthoptics and visual eye training ■ Certain care, treatment or supplies for the feet ■ Care and treatment for hair loss ■ Exercise programs ■ Injury that happens during work for pay or profit or covered under workers' compensation or similar law

Emergency Travel Assistance Services

Even the smallest disruption can be an emergency when your group members are abroad. We offer a complete array of emergency travel assistance services so they can spend more time enjoying their international experience and spend less time worrying about the smaller issues. Some 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

**Charges arising or resulting directly or indirectly from or relating to any pre-existing condition, which is a medical or health condition (whether physical or mental, and regardless of the cause of the condition) for which medical advice, diagnosis care or treatment was recommended or received during the six (6) month period ending on the enrollment date, are excluded until the earlier of the following: (a) the date that the number of days, beginning on the enrollment date, exceeds 365 days; (b) the date that the number of days beginning on the enrollment date, when added to the days of creditable coverage beginning on the first day following any significant break in creditable coverage and ending on the enrollment date applicable to the individual, exceeds 365 days; (c) with respect to late enrollees, the date that the number of days beginning on the enrollment date, when added to the days of creditable coverage beginning on the first day following any significant break in creditable coverage and ending on the individual's enrollment date, exceeds 546 days*

The benefits, coverages and exclusions listed herein are only a summary and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Any updates or changes made subsequent to printing will be included in the fulfillment kit sent upon approval of your application, and/or from time to time thereafter. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this booklet. Certificate Wording is available upon request prior to purchase.