IMG



# International Marine Medical Insurance℠

# S E R I E S

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

WWW.IMGLOBAL.COM

# 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℠ (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℠, 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 post-discharge 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.




## MyIMG℠ Member Portal

It's easy to access and manage your IMG accounts any time, from anywhere and any device, via MyIMG.

MyIMG features include:

- **Claims** submission and management
- **ID Card and insurance documents** access
- **Preauthorisation** process initiation
- **Explanation of Benefit (EOB)** access
- **Customer Care live chat** and contact information
- **Find a Doctor** locator

# The IMG® Advantage

*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℠ 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.



# Medical Benefits Summary

| Coverage Limit/Maximum Amount for Eligible Medical Expenses | | | | |
|---|---|---|---|---|
| Plan Details | United States | United States | United States | International |
| Maximum Limit | $1,000,000/$5,000,000 per period of coverage | | | |
| 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 | $0 | $100 - $10,000 | $100 - $10,000 |
| Family Deductible<br>▪ Maximum 3 deductibles per family | $0 | $0 | 3 deductibles | 3 deductibles |
| **Coinsurance for Eligible Medical Expenses** | | | | |
| Coinsurance<br>▪ 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 |

## Precertification

- 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<br>▪ Up to the calendar year maximum limit<br>▪ Available for the first 12 months if no prior creditable coverage | Not applicable | 100% | 80% | 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.*

| Inpatient or Outpatient Services<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>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 | Not applicable | 100% | 80% | 100% |
| Hospital Emergency Room: United States<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 | Not applicable | 100% | 80% | Not applicable |
| Hospital Emergency Room: International | Not applicable | Not applicable | Not applicable | 100% |
| Hospitalization/Room & Board<br>▪ Average semi-private room rate<br>▪ 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 illness covered under the policy. | | | |
| 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<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% |
| Second Surgical Opinion<br>▪ Payable at 100% if requested by the Company<br>▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company | Not applicable | 100% | 80% | 100% |
| Anesthetists | 100% | 100% | 80% | 100% |
| Pregnancy and Newborn Care<br>▪ After 10 months of continuous coverage<br>▪ Result of natural insemination<br>▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life | Not applicable | 100% | 80% | 100% |
| Pregnancy Complications<br>▪ After 10 months of continuous coverage | Not applicable | 100% | 80% | 100% |
| Durable Medical Equipment | Not applicable | 100% | 80% | 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.*

| Inpatient or Outpatient Services *(continued)*<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | | | |
|---|---|---|---|---|
| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
| Podiatry Care<br>▪ Maximum Limit: $750 | Not applicable | 100% | 80% | 100% |
| Chiropractic Care (Outpatient)<br>▪ Not subject to deductible and coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Maximum visits: 20<br>▪ Physician order not required | Not applicable | 100% | 100% | 100% |
| Chiropractic Care (Inpatient)<br>▪ Must be part of recovery treatment plan for a covered illness or injury<br>▪ Medical order or treatment plan required | Not applicable | 100% | 80% | 100% |
| Physical Therapy<br>▪ Not subject to coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Medical order or treatment plan required | Not applicable | 100% | 100% | 100% |
| Occupational Therapy<br>▪ Not subject to coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Medical order or treatment plan required | Not applicable | 100% | 80% | 100% |
| Extended Care Facility<br>▪ Upon direct transfer from acute care facility | 100% | 100% | 80% | 100% |
| Home Nursing Care<br>▪ Provided by a home health care agency<br>▪ Upon direct transfer from an acute care facility | 100% | 100% | 80% | 100% |
| Transplant<br>▪ Lifetime maximum: $1,000,000<br>▪ Per period of coverage transplant maximum limit: 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<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | | | |
|---|---|---|---|---|
| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
| Adult Preventative Care<br>▪ Ages 19 and over<br>▪ Maximum limit: $250<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | Not applicable | 100% | 100% | 100% |
| Child Preventative Care<br>▪ Ages 18 and younger<br>▪ Maximum limit: $250<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | 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.*

PHYSICAL HEALTH

## Vision 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

| | |
|---|---|
| Routine Eye Examination<br>▪ Available after 12 months of continuous coverage | Maximum limit every 24 months: $100 |
| Corrective Lenses, Contacts, Frames<br>▪ Available after 12 months of continuous coverage | Maximum limit every 24 months: $150 |

## Prescriptions

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 |
|---|---|---|---|---|
| Prescriptions<br>▪ Dispensing maximum: 90 days per prescription | Not applicable | 80% | 80% | 100% |

MENTAL WELLNESS

## 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% |
| Outpatient Mental or Nervous/Substance Abuse<br>▪ Maximum limit per visit: $100<br>▪ Maximum visits: 52 | Not applicable | 100% | 80% | 100% |

CRISIS SUPPORT

## 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

| 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>▪ Lifetime maximum: $1,000,000<br>▪ Insured persons under 65 years of age<br>▪ Approved in advance and coordinated by the Company | Not applicable | 100% | 100% | 100% |
| Emergency Reunion<br>▪ Lifetime maximum: $10,000<br>▪ Maximum days: 15<br>▪ Maximum meal limit per day: $25<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 must be a result of an inpatient hospital admission | Not applicable | 100% | 100% | 100% |
| Return of Mortal Remains<br>▪ Maximum limit: $25,000<br>▪ Local burial/Cremation maximum limit: $10,000<br>▪ Return of insured person's mortal remains to home country<br>▪ Approved in advance by the Company | 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.*

FINANCIAL PROTECTION

PHYSICAL HEALTH

MENTAL WELLNESS

## 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<br>▪ Maximum limit: $2,500<br>▪ Refer to the ACCOMMODATION BENEFIT provisions for futher details and requirements | Not applicable | 100% | 100% | 100% |
| Crew Member Return<br>▪ Maximum limit: $2,500 | Not applicable | 100% | 100% | 100% |
| Supplemental Accident Benefit<br>▪ Maximum limit per covered accident: $300 | Not applicable | 100% | 100% | 100% |
| Amateur Sailboat Racing<br>▪ Subject to deductible and coinsurance | Not applicable | 100% | 80% | 100% |
| Emergency Dental<br>▪ Subject to deductible and coinsurance<br>▪ Accident related | Not applicable | 80% | 80% | 100% |
| Traumatic Dental Injury<br>▪ Treatment at a hospital facility due to an accident<br>▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100% | Not applicable | 100% | 80% | 100% |
| Hospital Indemnity<br>▪ International only<br>▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit<br>▪ Inpatient hospitalization only | ▪ Overnight maximum limit: $100<br>▪ Maximum overnight limit: 20<br>▪ Maximum limit: $2,000 | | | |
| Teleconsulation** | Company pays 100% | | | |
| Medical Travel Management<br>▪ 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.<br>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.<br>Meal allowance maximum: $100<br>Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements. | | | |
| Non-Emergency Medical Evacuation<br>▪ Lifetime maximum: $1,000,000<br>▪ Insured persons under age 65<br>▪ Approved in advance and coordinated by the Company | Not applicable | 100% | 100% | 100% |
| Recreational Underwater Activities<br>▪ Subject to deductible and coinsurance | Not applicable | 100% | 80% | 100% |
| Remote Mental Health Service*<br>▪ Employee Assistance Program | Company pays 100% | | | |

**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.*

*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.*

# Dental Benefits Summary

| Coverage Limit/Maximum Amount for Eligible Dental Expenses | |
|---|---|
| Calendar Year Maximum Limit | $1,000 - $1,500 - $3,000 |
| Calendar Year Orthodontia Maximum Limit | $1,000 - $1,500 - $3,000 |
| Deductible<br>▪ Applies to minor restorative, major restorative, and orthodontia services | $50 |
| Family Deductible<br>▪ Maximum 3 deductibles per family | $150 |

| Routine Services<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible 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 (including posterior bitewings): 2 (1 every 6 months)<br>▪ Fluoride treatment: 1 for children under age 19 | Plan pays 100% | Insured pays 0% |
| Emergency Palliative Treatment | Plan pays 100% | Insured pays 0% |

| Minor Restorative<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
|---|---|---|
| Radiographs<br>▪ Radiograph: 1 every 3 years<br>▪ 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<br>▪ Root planning: 1 every 2 years<br>▪ Periodontal surgery: 1 every 3 years | Plan pays 80% | Insured pays 20% |
| Minor Restorative Services<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 80% | Insured pays 20% |

| Major Restorative<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
|---|---|---|
| Major Restorative Services<br>▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years<br>▪ Limitations apply for children under age 12<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 50% | Insured pays 50% |
| Prosthodontics<br>▪ Dentures/bridges: 1 every 5 years<br>▪ Replacement of denture base material or reline: 1 every 3 years<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 50% | Insured pays 50% |

| Orthodontia Services<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
|---|---|---|
| Orthodontia<br>▪ Children under age 19 | Plan pays 50% | Insured pays 50% |

*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.*












WORRY LESS SM
experience more

# PLATINUM Medical Benefits Summary



| Coverage Limit/Maximum Amount for Eligible Medical Expenses | | | | |
|---|---|---|---|---|
| Period of Coverage | Maximum Limit: 365 days | | | |
| Calendar Year Maximum Limit | Unlimited | | | |
| 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**<br>Medical Concierge | **United States**<br>In-Network | **United States**<br>Out-of-Network | **International**<br>International |
| **Deductible for Eligible Medical Expenses** | | | | |
| Deductible | $0 | $0 | $0 | $0 |
| **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

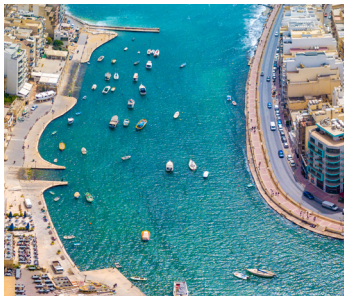
- Transplants: No coverage if precertification requirements are not met.
- Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.
- Emergency Medical Evacuation: No coverage if precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision 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.






*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.*

| Inpatient or Outpatient Services<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>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 | Not applicable | 100% | 80% | 100% |
| Hospital Emergency Room: United States<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 | Not applicable | 100% | 80% | Not applicable |
| Hospital Emergency Room: International | Not applicable | Not applicable | Not applicable | 100% |
| Hospitalization/Room & Board<br>▪ Average semi-private room rate<br>▪ 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 illness 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<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% |
| Second Surgical Opinion<br>▪ Payable at 100% if requested by the Company<br>▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company | Not applicable | 100% | 80% | 100% |
| Anesthetists | 100% | 100% | 80% | 100% |
| Pregnancy and Newborn Care<br>▪ After 10 months of continuous coverage<br>▪ Result of natural insemination<br>▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life | Not applicable | 100% | 80% | 100% |
| Pregnancy Complications<br>▪ After 10 months of continuous coverage | Not applicable | 100% | 80% | 100% |
| Durable Medical Equipment | Not applicable | 100% | 80% | 100% |
| Podiatry Care<br>▪ Maximum Limit: $750 | Not applicable | 100% | 80% | 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.*

| Inpatient or Outpatient Services *(continued)*<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | | | |
|---|---|---|---|---|
| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
| Chiropractic Care (Outpatient)<br>▪ Not subject to deductible and coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Maximum visits: 20<br>▪ Physician order not required | Not applicable | 100% | 100% | 100% |
| Chiropractic Care (Inpatient)<br>▪ Must be part of recovery treatment plan for a covered illness or injury<br>▪ Medical order or treatment plan required | Not applicable | 100% | 80% | 100% |
| Physical Therapy<br>▪ Not subject to coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Medical order or treatment plan required | Not applicable | 100% | 100% | 100% |
| Occupational Therapy<br>▪ Not subject to coinsurance<br>▪ Maximum limit per visit: $75<br>▪ Medical order or treatment plan required | Not applicable | 100% | 80% | 100% |
| Extended Care Facility<br>▪ Upon direct transfer from acute care facility | 100% | 100% | 80% | 100% |
| Home Nursing Care<br>▪ Provided by a home health care agency<br>▪ Upon direct transfer from an acute care facility | 100% | 100% | 80% | 100% |
| Transplant<br>▪ Lifetime maximum: $1,000,000<br>▪ Per period of coverage transplant maximum limit: 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<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | | | |
| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
| Adult Preventative Care<br>▪ Ages 19 and over<br>▪ Maximum limit: $500<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | Not applicable | 100% | 100% | 100% |
| Child Preventative Care<br>▪ Ages 18 and younger<br>▪ Maximum limit: $500<br>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements | 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.*

PHYSICAL HEALTH

## Vision 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

| | |
|---|---|
| Routine Eye Examination<br>▪ Available after 12 months of continuous coverage | Maximum limit every 24 months: $100 |
| Corrective Lenses, Contacts, Frames<br>▪ Available after 12 months of continuous coverage | Maximum limit every 24 months: $150 |

## Prescriptions

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

| | |
|---|---|
| United States Retail Pharmacy<br>▪ Not subject to deductible and coinsurance<br>▪ Copayments are per 30-day supply<br>▪ Dispensing maximum: 90 days per prescription<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 $15<br>Non-preferred brand name $30 |
| International Prescriptions<br>▪ Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company | Coinsurance: 100%<br>Subject to deductible and coinsurance<br>Dispensing maximum: 90 days per prescription<br>Expatriate Prescription Services Program<br>Generic $5<br>Brand name $15<br>Copayments are per 30-day supply<br>Dispensing maximum: 180 days per prescription<br>Contact Information:<br>▪ Enroll via the provider's website: www.expatps.com<br>Prescription Submission:<br>▪ Email (scan prescription): epsmanager@universalrx.com<br>▪ Fax: +1.540.777.7184<br>Questions/Concerns:<br>▪ Phone number: +1.540.777.1450<br>▪ Email: epsmanager@universalrx.com |

MENTAL WELLNESS

## 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% |
| Outpatient Mental or Nervous/Substance Abuse<br>▪ Maximum limit per visit: $100<br>▪ Maximum visits: 52 | Not applicable | 100% | 80% | 100% |

CRISIS SUPPORT

## 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

| 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% |

*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.*

CRISIS SUPPORT

FINANCIAL PROTECTION

PHYSICAL HEALTH

MENTAL WELLNESS

## 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

| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
|---|---|---|---|---|
| Emergency Medical Evacuation<br>▪ Lifetime maximum: $1,000,000<br>▪ Insured persons under 65 years of age<br>▪ Approved in advance and coordinated by the Company | Not applicable | 100% | 100% | 100% |
| Emergency Reunion<br>▪ Lifetime maximum: $10,000<br>▪ Maximum days: 15<br>▪ Maximum meal limit per day: $25<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 must be a result of an inpatient hospital admission | Not applicable | 100% | 100% | 100% |
| Return of Mortal Remains<br>▪ Maximum limit: $25,000<br>▪ Local burial/cremation maximum limit: $10,000<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

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

| | | | | |
|---|---|---|---|---|
| Accommodation Benefit<br>▪ Maximum limit: $2,500<br>▪ Refer to the ACCOMMODATION BENEFIT provision for further details | Not applicable | 100% | 100% | 100% |
| Crew Member Return<br>▪ Maximum limit: $2,500 | Not applicable | 100% | 100% | 100% |
| Amateur Sailboat Racing<br>▪ Subject to deductible and coinsurance | Not applicable | 100% | 80% | 100% |
| Emergency Dental<br>▪ Subject to deductible and coinsurance<br>▪ Accident related | Not applicable | 80% | 80% | 100% |
| Teleconsultation** | Company pays 100% | | | |
| Traumatic Dental Injury<br>▪ Treatment at a hospital facility due to an accident<br>▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100% | Not applicable | 100% | 80% | 100% |
| Hospital Indemnity<br>▪ International only<br>▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit<br>▪ Inpatient hospitalization only | ▪ Overnight maximum limit: $100<br>▪ Maximum overnight limit: 20<br>▪ Maximum limit: $2,000 | | | |
| Remote Mental Health Service*<br>▪ Employee Assistance Program | Company pays 100% | | | |

**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.*

*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.*

FINANCIAL PROTECTION

PHYSICAL HEALTH

| Other Services *(continued)*<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | | | |
|---|---|---|---|---|
| Benefit | Medical Concierge *(Non-emergency)* | In-Network | Out-of-Network | International |
| Medical Travel Management<br>▪ 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.<br>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.<br>Meal allowance maximum: $100<br>Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements. | | | |
| Supplemental Accident Benefit<br>▪ Maximum limit per covered accident: $500 | Not applicable | 100% | 100% | 100% |
| Recreational Underwater Activities<br>▪ Subject to deductible and coinsurance | Not applicable | 100% | 80% | 100% |
| Non-emergency Medical Evacuation<br>▪ Lifetime maximum: $1,000,000<br>▪ Insured persons under age 65<br>▪ Approved in advance and coordinated by the Company | Not applicable | 100% | 100% | 100% |

## PLATINUM Dental Benefits Summary

PHYSICAL HEALTH

| 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<br>▪ Applies to minor restorative, major restorative and orthodontia services | $50 | |
| Family Deductible<br>▪ Maximum 3 deductibles per family | $150 | |
| **Routine Services**<br>NOT Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible 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 (including posterior bitewings): 2 (1 every 6 months)<br>▪ Fluoride Treatment: 1 for children under age 19 | Plan pays 100% | Insured pays 0% |
| Emergency Palliative Treatment | Plan pays 100% | Insured pays 0% |
| **Minor Restorative**<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
| Radiographs<br>▪ Radiograph: 1 every 3 years<br>▪ 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% |

*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.*

| | | |
|---|---|---|
| Periodontics<br>▪ Root planning: 1 every 2 years<br>▪ Periodontal surgery: 1 every 3 years | Plan pays 80% | Insured pays 20% |
| Minor Restorative Services<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 80% | Insured pays 20% |
| **Major Restorative**<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
| Major Restorative Services<br>▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years<br>▪ Limitations apply for children under age 12<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 50% | Insured pays 50% |
| Prosthodontics<br>▪ Dentures/bridges: 1 every 5 years<br>▪ Replacement of denture base material or reline: 1 every 3 years<br>▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements | Plan pays 50% | Insured pays 50% |
| **Orthodontia Services**<br>Subject to Deductible and Coinsurance unless otherwise noted<br>Eligible Medical Expenses are limited to Usual, Reasonable, and Customary<br>Maximum Limits per Calendar Year or, if indicated, per Lifetime | | |
| Orthodontia<br>▪ 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®).*

*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.*


GLOBAL
peace of mind®




IMG PRODUCER USE ONLY

PKA Insurance Group
505 MIDDLESEX TURNPIKE, SUITE 16
BILLERICA, MA 01821
Phone: 800-258-1018
Fax: 978-947-0521
pradeep@pkainsurance.com
http://www.pkainsurance.com

Telephone: +1.317.655.4500
Fax: +1.317.655.4505
Email: insurance@imglobal.com