



GEOSM Group - Plan Summary



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



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

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

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

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

Program Summary

DESIGNED FOR

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

HIGHLIGHTS

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





Our focus on Service, Stability, and Safety Solutions provides 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.

STABILITY *A company 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 *Products and services designed with your safety in 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.



FINANCIAL PROTECTION

Costs can add up while seeking medical treatment. However, access to IMG's physician and provider networks and pharmacy discount programs can help you save on out-of-pocket medical expenses and prescription medications.



CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a multilingual staff of nurses, doctors, and case managers that provide 24/7 assistance services to facilitate a response to urgent and emergency situations, such as evacuations.



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 job or education, and navigate new relationships while you're away from loved ones.



Benefits Summary



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

PLAN DETAILS

BENEFIT	DESCRIPTION
Calendar Year	Maximum Limit: 365 days
Lifetime Maximum Per Insured	\$50,000 - \$8,000,000
Extension of Benefits	Maximum Limit beginning on the first day of Total Disability, temporary layoff or leave of absence: 180 days Maximum Limit for a Spouse/or Dependent in the event of the Insured Person's death: 60 days
Continuation of Benefits	Maximum Limit after termination of employment: 12 months Refer to the Continuation Provision in this Certificate for complete qualification details
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
	Medical Concierge	In-Network	Out-of-Network	International

DEDUCTIBLE FOR ELIGIBLE MEDICAL EXPENSES

Deductible	\$0 - \$25,000 Deductible reduced by 50% or \$2,500: PPO, Outpatient Treatment, Emergency Inpatient Treatment, Medical Concierge Provider
Family Deductible	Maximum 3 Deductibles per Family

COINSURANCE FOR ELIGIBLE MEDICAL EXPENSES

Coinsurance ▪ 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.
- Maternity and Newborn care: 50% penalty if not Precertified within 60 days of delivery.
- Emergency Medical Evacuation: No coverage if Precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for complete requirements and coverage.
- All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Precertification requirements are not met.
- Deductible is taken after reduction.
- Coinsurance is applied to remainder of the reduced amount.
- Refer to Precertification REQUIREMENTS provision for a complete list of services that require Precertification .

INPATIENT OR OUTPATIENT SERVICES

*Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	100%	80%	100%
Physician Visits / Services	100%	100%	80%	100%

PHYSICAL HEALTH

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

*Subject to Deductible and Coinsurance unless otherwise noted**Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts**Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Hospital Emergency Room <ul style="list-style-type: none"> ▪ Injury: Not subject to Emergency Room Deductible ▪ Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission 	100%	100%	80%	100%
Hospitalization / Room & Board <ul style="list-style-type: none"> ▪ United States: Average private room rate ▪ International: Average private room rate up to a maximum of 150% of the average semi-private room rate ▪ Includes nursing services, miscellaneous and Ancillary Services 	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
Outpatient Surgical / Hospital Facility	100%	100%	80%	100%
Laboratory	100%	100%	80%	100%
Radiology / X-ray	100%	100%	80%	100%
Pre-admission Testing	100%	100%	80%	100%
Surgery	100%	100%	80%	100%
Second Surgical Option <ul style="list-style-type: none"> ▪ Payable at 100% if requested by the Company ▪ 50% reduction of Eligible Medical Expenses for failure to obtain a Second Surgical Option when required by the Company 	N/A	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> ▪ Surgery is incidental to and follows Surgery that was covered under the plan 	100%	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> ▪ 20% of the primary surgeon's eligible fee 	100%	100%	80%	100%
Anesthesia	100%	100%	80%	100%
Pregnancy and Childbirth <ul style="list-style-type: none"> ▪ After 10 consecutive months of coverage 	100%	100%	80%	100%

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INPATIENT OR OUTPATIENT SERVICES

Subject to Deductible and Coinsurance unless otherwise noted

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

Maximum Limits per Calendar Year or if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Pregnancy Complications <ul style="list-style-type: none"> After 10 consecutive months of coverage 	100%	100%	80%	100%
Newborn and Congenital Disorders <ul style="list-style-type: none"> Lifetime Maximum: \$250,000 First 31 days of life Eligible when the Newborn's birth is covered under this plan 	100%	100%	80%	100%
Durable Medical Equipment <ul style="list-style-type: none"> Prescribed by a Physician 	100%	100%	80%	100%
Chiropractic Care <ul style="list-style-type: none"> Not subject to Deductible or Coinsurance Maximum per visit: \$25 Maximum visits: 20 Prescribed by a Physician 	Not Applicable	100%	100%	100%
Physical Therapy <ul style="list-style-type: none"> Maximum Charge per Visit: \$50 Prescribed by a Physician 	Not Applicable	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from an acute care Facility 	100%	100%	80%	100%

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INPATIENT OR OUTPATIENT SERVICES

*Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Home Nursing Care <ul style="list-style-type: none"> Provided by a Home Health Care Agency Upon direct transfer from an acute care Facility 	100%	100%	80%	100%
Hospice <ul style="list-style-type: none"> Terminally ill - 6 months to live Inpatient Hospice Facility Insured Person's home 	Not Applicable	100%	80%	100%
Transplant <ul style="list-style-type: none"> Lifetime Maximum: \$1,000,000 Calendar Year Transplant Maximum: 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 amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Adult <ul style="list-style-type: none"> Maximum Limit: \$250 Refer to the PREVENTATIVE CARE provision for further details and requirements 	Not Applicable	100%	100%	100%
Child <ul style="list-style-type: none"> Maximum Limit: \$150 Refer to the PREVENTATIVE CARE provision for further details and requirements 	Not Applicable	100%	100%	100%

PRESCRIPTION DRUGS AND MEDICATION

*Subject to Deductible and Coinsurance unless otherwise noted
Eligible Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Maximum Limit per Calendar Year	\$250,000 per person			
<ul style="list-style-type: none">▪ All categories listed under the Prescription Drugs and Medication benefit accumulate toward the Lifetime Maximum Limit▪ Routine inoculations and vaccinations are not subject to this limit and fall under the Preventative Care benefit				

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PRESCRIPTION DRUGS AND MEDICATION

*Subject to Deductible and Coinsurance unless otherwise noted
Eligible Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Outpatient or Inpatient Medication <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Received as part of a Treatment plan or general care Not obtained through a retail pharmacy 	100%	100%	80%	100%
United States Retail Pharmacy <ul style="list-style-type: none"> Not subject to Deductible and Coinsurance 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 30% Non-Preferred Brand Name \$50 plus 30% Copayments are per 30-day supply Dispensing Maximum per prescription: 90 days			
Expatriate Prescription Services Program <ul style="list-style-type: none"> Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company 	Medication delivery to an international address when prescription is not available for purchase internationally. Generic Non-Preferred Brand Name Copayment: \$5 Copayment: \$30 Copayment is per 30-day supply Dispensing maximum per prescription: 180 days Contact Information: <ul style="list-style-type: none"> Enroll: www.expatps.com Email scanned prescription to concierge@expatps.com Fax: +1.540.777.7184 Phone number: +1.540.777.1450 Email: concierge@expatps.com 			

MENTAL OR NERVOUS, SUBSTANCE ABUSE, COUNSELING

*Subject to Deductible and Coinsurance unless otherwise noted
Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Lifetime Maximum	\$20,000			
Inpatient Mental or Nervous / Substance Abuse <ul style="list-style-type: none"> Maximum Limit: \$10,000 After 12 consecutive months of coverage 	100%	100%	80%	100%
Outpatient Mental or Nervous / Substance Abuse <ul style="list-style-type: none"> Maximum per visit: \$100 Maximum visits: 52 After 12 consecutive months of coverage 	Not Applicable	50%	50%	50%
Bereavement Counseling <ul style="list-style-type: none"> Not subject to Deductible or Coinsurance Lifetime Maximum: \$300 Counseling 6 months before or after a Family member's death 	Not Applicable	100%	100%	100%

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EMERGENCY SERVICES

*NOT Subject to Deductible and Coinsurance unless otherwise noted
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Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Emergency Local Ambulance <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Injury Illness resulting in an Inpatient Hospital admission 	Not Applicable	100%	80%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> Maximum Limit: \$1,000,000 Insured persons under age 65 Approved in advance and coordinated by the Company 	Not Applicable	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Maximum Limit: \$10,000 Day Maximum: 15 days Meal Maximum: \$25 per day Reasonable and necessary travel costs and accommodations Approved in advance by the Company 	Not Applicable	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> Transfer from one licensed health care Facility to another licensed health care Facility resulting in an Inpatient Hospital admission 	Not Applicable	100%	100%	100%
Political Evacuation and Repatriation <ul style="list-style-type: none"> Lifetime Maximum: \$10,000 Approved in advance by the Company 	Not Applicable	100%	100%	100%
Return of Mortal Remains <ul style="list-style-type: none"> Maximum Limit: \$25,000 Return of Insured Person's Mortal Remains to Home Country 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 amounts
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Complementary Medical Services <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Maximum Limits are per Insured Person 	Acupuncture Massage Therapy Vitamin Therapy Magnetic Therapy Herbal Therapy Aroma Therapy		\$150 \$150 \$100 \$ 75 \$ 50 \$ 50	
Emergency Dental <ul style="list-style-type: none"> Subject to Deductible and Coinsurance Accident related 	Not Applicable	100%	80%	100%

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OTHER SERVICES				
NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Medical Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limits per Calendar Year or if indicated, per Lifetime				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Hospital Indemnity <ul style="list-style-type: none"> International only Inpatient Hospitalization only 	Private Hospital <ul style="list-style-type: none"> Overnight Maximum Limit: \$400 Maximum Limit: \$4,000 Public Hospital (state, government or charitable Hospital) <ul style="list-style-type: none"> Overnight Maximum Limit: \$500 Maximum Limit: \$5,000 Treatment received by the Insured Person at a Public Hospital and no Charges are incurred by the Insured Person or the Company will be subject to the Public Hospital Maximum Limit. Treatment received by the Insured Person at a Public Hospital and Charges are submitted to the Company for reimbursement will be subject to the Private Hospital Maximum Limit.			
Supplemental Accident <ul style="list-style-type: none"> Maximum Limit per Accident: \$300 Once the Maximum Limit is satisfied, Charges will be subject to Deductible and Coinsurance and paid the same as any other Injury 	Not Applicable	100%	100%	100%
Vision Care <ul style="list-style-type: none"> Benefit available every 24 months 	<ul style="list-style-type: none"> Routine Eye Examination Maximum Limit: \$100 Corrective Lenses (Contacts)/Frame Maximum Limit: \$150 			

Dental Benefits

COVERAGE LIMIT / MAXIMUM AMOUNT FOR ELIGIBLE DENTAL EXPENSES		
Calendar Year Maximum Limit	\$1,000 - \$1,500	
Lifetime Orthodontia Maximum Limit	\$1,000 - \$1,500	
Deductible <ul style="list-style-type: none">▪ Applies to Minor and Major Restorative Services	\$50	
Family Deductible <ul style="list-style-type: none">▪ Maximum Deductibles per Family: 3	\$150	
ROUTINE SERVICES <i>NOT Subject to Deductible</i> <i>Eligible Dental Expenses are limited to Usual, Reasonable and Customary</i> <i>Maximum Limits per Calendar Year or if indicated, per Lifetime</i>		
Benefit	Coinsurance	
Diagnostic and Preventative Services <ul style="list-style-type: none">▪ Preventative visits and cleanings: 2 (1 every 6 months)▪ Radiographic examinations: 2 (including posterior bitewings; 1 every 6 months)▪ Fluoride Treatment Maximum Limit: 1 (Children under 19 years of age)	Plan Pays 100%	Insured Pays 0%
Emergency Palliative Treatment	Plan Pays 100%	Insured Pays 0%

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MINOR RESTORATIVE SERVICES*Subject to Deductible**Eligible Dental Expenses are limited to Usual, Reasonable and Customary
Maximum Limits per Calendar Year or if indicated, per Lifetime*

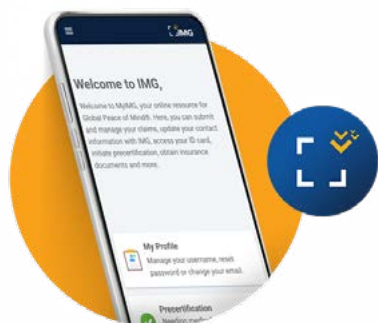
Benefit	Coinsurance	
Minor Restorative Services ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details	Plan Pays 80%	Insured Pays 20%
Oral Surgery	Plan Pays 80%	Insured Pays 20%
Endodontics	Plan Pays 80%	Insured Pays 20%
Periodontics ▪ Root planning Maximum Limit: 1 every 2 years ▪ Periodontal Surgery Maximum Limit: 1 every 3 years	Plan Pays 80%	Insured Pays 20%
Radiographs ▪ Maximum Limit: 1 every 3 years ▪ Full mouth x-rays including panoramic x-rays	Plan Pays 80%	Insured Pays 20%

MAJOR RESTORATIVE SERVICES*Subject to Deductible**Eligible Dental Expenses are limited to Usual, Reasonable and Customary
Maximum Limits per Calendar Year or if indicated, per Lifetime*

Benefit	Coinsurance	
Major Restorative Services ▪ Crowns, Jackets, Inlays on same tooth Maximum Limit: 1 every 5 years ▪ Adults and Children older than 12 years of age ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details	Plan Pays 50%	Insured Pays 50%
Prosthodontics ▪ Dentures / Bridge Maximum Limit: 1 every 5 years ▪ Replacement of denture base material or reline Maximum Limit: 1 every 3 years ▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details	Plan Pays 50%	Insured Pays 50%

ORTHODONTIA SERVICES*NOT Subject to Deductible**Eligible Dental Expenses are limited to Usual, Reasonable and Customary
Maximum Limits per Calendar Year or if indicated, per Lifetime Insured Pays 50%*

Benefit	Coinsurance	
Orthodontia ▪ Children less than 19 years of age	Plan Pays 50%	Insured Pays 50%

**MyIMGSM 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
- » Precertification process initiation
- » Explanation of Benefit (EOB) access
- » Customer Care live chat and contact information
- » Find a Doctor locator

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GEO PLATINUM USA BENEFITS RIDER

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

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

TELECONSULTATION**

Optional online and telephonic access to a network of medical professionals available to diagnose, treat and prescribe for non-emergency medical issues. The best medicine brought to you and your family 24 hours a day, seven days a week.

EXTENSIVE NETWORK ACCESS



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

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



International Provider AccessSM

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

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

MEDICAL AND WELLNESS INFORMATION SERVICE

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

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

REMOTE MENTAL HEALTH SERVICES

Optional telemedicine for mental health that offers support with financial, physical and emotional wellbeing. Whether you have questions about handling stress at work or home, parenting and childcare, managing money or health issues, this is a valuable and confidential service that you can trust.

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

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

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EMERGENCY TRAVEL ASSISTANCE SERVICES

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

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

IMG TRAVEL INTELLIGENCE

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

IMG Travel Intelligence allows you to:

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

TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

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

DAILY INDEMNITY INSURANCE

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

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

EXPATRIATE PRESCRIPTION SERVICES (EPS)

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

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



IMG PRODUCER USE ONLY

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