

YOUR GUIDE

to GEOSM Group



The Global Employer's OptionSM

G L O B A L
peace of mind[®]



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*“As managing
general underwriter
and insurance plan
administrator,
**we would like
to thank you** for
making GEO Group
your international
insurance choice.”*

Welcome to GEO Group

Please take a few minutes to review this guide. It contains general information about how the GEO Group plan works and can assist you in getting the most out of your benefits. For a complete description of your plan benefits, please refer to your Certificate Wording.

At International Medical Group® (IMG®), our team of professionals is available to assist you with your medical needs should they arise. In addition to this guide, you will find the following helpful items enclosed in your insurance packet:

1. Declaration of Insurance

The declaration includes specific provisions. We recommend that you review these documents closely and notify IMG or your insurance producer if you have any questions. Your complete Declaration of Insurance includes the following:

Declaration Page: Contains your personal identification information as well as certain terms of your coverage, including certificate number, effective dates, and deductible chosen.

Certificate of Insurance: Contains a complete outline and certification of coverage under the Master Policy, including definitions and other provisions that are intended to help you understand the various terms and conditions which apply to the coverage you have purchased, including benefits, exclusions, eligibility requirements, and limitations.

2. Identification Card

Please keep your identification card with you at all times and present it to your healthcare provider if/when you seek medical treatment. Your identification card contains important telephone numbers for 24/7 service and precertification purposes (please refer to the applicable provisions of your Certificate of Insurance for precertification details). Your provider may offer to precertify for you, however, it is ultimately your responsibility to see that the appropriate requirements are met.

3. MyIMG (myimg.imglobal.com/member) Information

Review information about this powerful 24/7 online member portal available for you to view your coverage, print ID cards, submit claims and precertification online, review claim status and EOBs, and locate providers, among many other tools.

4. Medical Concierge Services Information:

In the event that you are in need of a non-emergency medical procedure in the US, this service can help you locate a facility that provides the quality care you need in the most cost-effective setting.

5. Universal Rx Discount Savings Card

Discount savings card that can be used at participating pharmacies in the USA.

Customer Care

IMG's Customer Care Call Center is available to assist you with questions and emergency needs. By following these guidelines you will be able to **access IMG quickly and easily.**

IMG can be contacted 24-hours a day for emergency services, medical evacuations, and precertifications.

SERVICE CENTER BUSINESS HOURS

24-hours a day, seven days a week

SERVICE CENTER CONTACT INFORMATION

Phone: +1.317.927.6875 (Worldwide)

E-mail: customercare@imglobal.com

Fax: +1.317.655.4505

Web site: www.imglobal.com

SERVICES AVAILABLE:

- Precertification
- Claims, verification of benefits and provider inquires

SELF SERVICE:

- MyIMG portal - www.imglobal.com/member
- Precertification:
- We urge you to start the precertification process online prior to the appointment. You may also call to initiate the process.

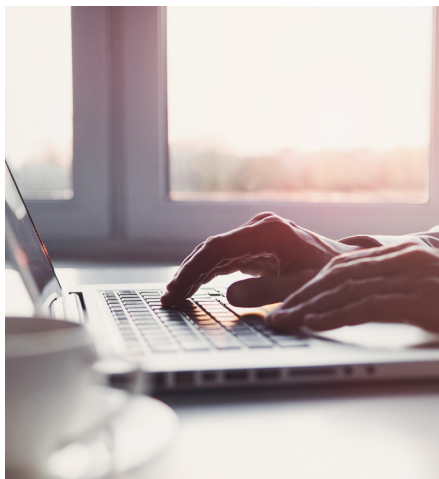
ADDITIONAL WAYS OF CONTACTING IMG

Not all communication with IMG needs to be conducted by phone. In fact, non-emergency related inquires may be best handled utilizing one of the following methods:

E-MAIL

- Claims and Provider inquiries: customercare@imglobal.com
- All other inquiries: insurance@imglobal.com

*Fast, efficient services
and availability
when and where
you need it.*



WEB CHAT

You can chat directly to a Customer Care representative through Live Chat. Simply visit www.imglobal.com/member, click on the "Live Help" icon to send a message. You will be asked to provide your certificate number and date of birth. Once the information has been entered, you can begin your conversation.

Chat with us

To help us serve you better, please provide some information before we begin your chat.

I'm a

Choose item from the list

What is your name? *

Enter text here

What is your IMG Certificate Number or Vista Member ID (if applicable)?

Enter text here

What is your Date of Birth (for policy holders only)?

24-Hour Services

To help enhance your global experience, we provide you with an assortment of interactive services through a secure, user-friendly website. Service at your fingertips anytime, anywhere—that's what MyIMG provides. MyIMG is our proprietary online service that allows you to access information and manage accounts, 24 hours a day, seven days a week, from anywhere in the world.

While our service centers are always available to handle emergencies, MyIMG gives you immediate access to a wealth of information about your account, and can help manage routine areas to save time when you need it most. A few quick and easy features that might be beneficial when you're on the move include:

- Submit & check status of a claim
- Obtain certificate documents
- Retrieve explanation of benefits
- Initiate precertification
- Request ID cards
- Search for physicians through our networks

MyIMG is easy to use and provides 24-hour secure access to your account. Follow these easy steps to gain access to your information anytime you need it.

1. Go to imglobal.com/member
2. As a first time user, follow the login instructions link and proceed to the New User Registration
3. Have your certificate number or insured ID ready
4. Follow steps 1-4 as instructed online

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
- 67,000 pharmacies
- 1,800 convenience clinics



International Provider AccessSM

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

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

MEDICAL MANAGEMENT SERVICES

Access to quality healthcare is critically important when faced with a medical emergency abroad. To coordinate care and provide US and internationally based medical management services, IMG formed an on-site division devoted entirely to medical management.

From routine medical care and checkups to complex case management and emergency medical evacuations, IMG is there for you. We are committed to consumer protection and empowerment, quality operations, and regulatory compliance. This translates into better care for you—around the world, around the clock.

Getting the Most from Your Plan

- ▶ **Know your plan benefits.** Take the time to review your Certificate of Insurance.
- ▶ **Understand your benefits** with regard to any specific benefit waiting periods and pre-existing medical conditions.
- ▶ **Know the preauthorization and precertification requirements** in order to avoid having your benefits reduced.
- ▶ **Manage your account online through MyIMGSM.** Access your account information 24/7/365 from anywhere in the world.
- ▶ **When you don't understand your medical plan,** contact IMG's Customer Care department via phone, email, mail, or live chat.
- ▶ **Keep your medical identification card in a safe place.**
- ▶ **When you go to the doctor,** hospital, clinic, lab, or other facility for medical services, be sure to take your IMG medical identification card.
- ▶ **When receiving medical care outside of the USA or Canada,** minimize the paperwork and upfront expenses by choosing a direct billing provider from IMG's International Provider AccessSM (IPA) database.
- ▶ **When receiving medical care in the USA,** reduce your out-of-pocket costs by choosing a provider from the UnitedHealthcare Options network.
- ▶ **When needing prescription drugs in the USA,** take advantage of the IMG member discount program through Universal Rx.
- ▶ **Submit and keep track of your claims.** Submit and check the status of your claims via MyIMG.
- ▶ **After you file a medical reimbursement GEO Group Claim Form** with IMG, you'll receive an Explanation of Benefits (EOB). Read the EOB carefully as this is a detailed record of how your claim was processed.

Worldwide
coverage,
multilingual
capabilities,
international
claims
specialists, &
access to IMG
from anywhere
at anytime—all
designed to give
you
**Coverage
Without
Boundaries.**



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

Medical Concierge Service

IMG's Medical Concierge helps you make an informed decision when seeking medical care within the US. Whether you're seeking care in a local facility or an unfamiliar location, the quality of care you are receiving is a primary concern. Our Medical Concierge Service is designed to provide you critical information on provider ratings, treatment outcome, and cost of care prior to receiving medical treatment. Your personal Medical Concierge will review your specific non-emergency medical condition and provide you with complete information on provider ratings, past outcomes, and general costs.

In addition, when you use this service, your deductible will be reduced by 50 percent (up to \$2,500), and any coinsurance amount will be waived for Eligible Medical Expenses covered under your GEO Group Insurance. To take advantage of this service, simply notify the Medical Concierge that a procedure is necessary.

Note: Due to the high level of data required for this service, Medical Concierge Service is restricted to facilities within the U.S.

Universal Rx

This is a discount savings program available to all GEO members. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the US and receive the lower of **1) Universal Rx contract price** or **2) The pharmacy regular retail price**.

This discount program is not insurance coverage. It is purely a discount program to purchasers of GEO Group. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

Please see the card included in your fulfillment kit.



Precertification

Prior to receiving treatment, you may need to contact IMG to precertify your treatment and/or for verification of benefits. Precertification means contacting IMG's utilization management and review company to receive a determination of medical necessity for the proposed treatment or services. It's important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits, or a guarantee of payment. Precertification may be undertaken by you, the doctor, a hospital administrator, or a relative.

VERIFICATION OF BENEFITS

Verification of benefits is the process of verifying your general coverage and the available benefits under the plan. You may do this by contacting IMG's Customer Care department whether or not your treatment or services require precertification. Verification of benefits is not a guarantee of payment or assurance of coverage, and all medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan. While precertification and verification of benefits are separate determinations, both are made in reliance on the completeness and accuracy of the information provided by you and your healthcare providers to IMG.

The following must always be precertified for medical necessity by the Company through the Plan Administrator before admission or receiving the treatments and/or supplies:

- Chemotherapy
- Extended Care Facility
- Home Nursing Care
- Inpatient Hospitalization
- Hospice Care
- Interfacility Ambulance Transfer
- Radiation Therapy
- Maternity
- Surgery or Surgical Procedure
- Transplant

See the Certificate Wording provided in your fulfillment kit.



GEO Group Claims Procedures

SUBMITTING YOUR CLAIM AND RECEIVING PAYMENT

Whether stateside or overseas, IMG would like to help you as much as possible in having your claim processed in a timely fashion. In order to do that, allow us to provide you with some helpful hints and explanations.

Let's start by explaining that the claim adjudication process begins with proper notification that a claim has been incurred. To do this, you or the medical provider must submit a medical claim form and an itemized billing which lists the services rendered.

*We **always** recommend that you take time to practice the following steps in the claim process:*

- Prior to seeking medical treatment, read all documents provided at the time of enrollment
- Make sure you understand what services and procedures require precertification prior to treatment so your benefits will not be reduced
- Present your IMG ID card to all medical providers at the time of treatment
- Complete a claim form once services have been rendered with all the proper documentation
- The claim form needs to be completed by you or your provider. This form explains to our claims department the history behind your claim submission and other pertinent information required to process the claim. You may submit a claim through our online claim form using MyIMG at www.imglobal.com/member. A paper claim form can also be found online at www.imglobal.com/plan-documents, or you can request one from our Customer Care department. You may also return your claim form via secure email to customercare@imglobal.com.

*If you don't **submit the required documents**, your claim could be delayed or unpaid.*

CLAIM FILING DOCUMENTATION

What types of documentation is needed?

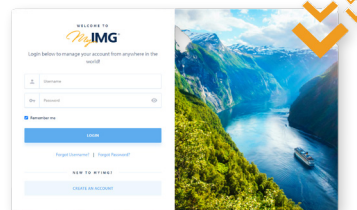
- Completed GEO Group claim form
- Prescription from doctor (date, amount, drug name and dispensary)
- In reimbursement situations, proof of payment
- Accident questionnaire form (when necessary)
- Wire transfer form (if the member lives overseas) For members living overseas: if payment is to be in the form of a wire transfer, a form needs to be completed. Please be clear on where the reimbursement goes and include necessary information to reimburse the claim
- For physical therapy claims, include the referral from your doctor with frequency and duration

Please remember to submit your original itemized bills and receipts promptly following your medical visit/care (must be submitted within 180 days) Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.



HOW TO FILE VIA ONLINE:

Log onto your MyIMG account at www.imglobal.com/member



HOW TO FILE VIA EMAIL:

- Fill out GEO Group claim form completely
- Attach copies of documents to your email
- Double check to ensure the documents are legible
- Send your claim securely to customercare@imglobal.com or use the secure message portal at www.imglobal.com/member if you're unable to send a secure email

When sending payment information and personal health information, please send by fax, or the secure message center.

EXAMPLE OF COMPLETED CLAIM FORM

PART C. Complete for all treatment received outside of the United States								
Date of service (MM/DD/YYYY)	Provider	What type of service and/or name of drug provided?	What was the illness/injury?	City/ country	Type of currency paid or billed	Total charge paid or billed	Converted to U.S. funds	Office use only
01/06/2021	Dr. John Smith 1120 N.State St. Nashville, TN 45344	Sickness Exam	Sore throat	Nashville / TN	Dollars	45.00	45.00	
03/04/2021	Dr. Jane Doe London Hospital 4453 North America St. London, England	Leg setting, cast	Broken leg	London, England	Pounds	1,054.00	1,465.19	

FOR THE BEST CLAIMS EXPERIENCE AND TO AVOID DELAYS

- Submit your claim online via MyIMG at www.imglobal.com/member. You will receive an email that your claim has been processed. If you file your claim through email or postal mail, you will not receive a notification
- Logging into your MyIMG account on a regular basis will help you stay on top of your claims status – it may take up to 24 hours for your claim status to update from “Submitted” to “Processed”
- If your claim is denied, be sure look at the **explanation of benefits and review remark codes** to see if your claim needs additional attention or additional documentation to process
- If you don’t submit a claim within the timely filing period, then your claim may be denied
- If your claim submission is lacking the proper documentation, then your claim will be delayed
- Complete the form in its entirety.** Be descriptive in regards to services the doctor performed, past medical history, date the condition and/or symptoms were first experienced, and addresses of prior physicians. Remember, if a question applies to your particular situation, please answer it
- Submit a new claim form for each family member AND for each new medical condition being treated
- Even though we can process claims in other languages, when possible, provide translations in English for charges being submitted
- Keep copies of all forms submitted to IMG—this will help you should you need to refer back to your submission
- Claims submitted via fax, secure email or secure message center can only be accepted when they are clear, legible, and do not appear to be altered
- When submitting prescription drug charges for reimbursement, we require more than a cash register receipt. Please forward information which lists your name, date of service, name of the drug, quantity dispensed, price, prescribing physician, and name of pharmacy. To help the process, it is most helpful if you affix any loose paper receipts to a full piece of paper
- If requesting a wire transfer, we must have complete banking information on file before we can honor that request
- If you are the group administrator and submitting claims on behalf of a dependent minor child and wish for the reimbursement to be sent to the parent or guardian, that request needs to be added to the claim form so special handling may be arranged
- Provide an email address where you can be contacted. Resolution by secure email is much faster than regular mail.



Explanation of **Benefits (EOB)**

The EOB is a summary of how your claim was processed. Take a moment to review the key terms highlighted on this sample EOB.

If you have a question about your EOB, please contact the IMG Customer Care department.





1 Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

JOHN SAMPLE
123 MAIN STREET
ANYWHERE, USA 55555

JOC2

45

2 Customer Service

Date Prepared: 04/21/17

If you have any questions regarding
this claim, please call
(800) 628-4664 or (317) 655-4500

3

Color Key: **Plan Responsibility** **Amount You Pay**

- Explanation of Benefits (EOB)** – IMG sends you a claims statement anytime we process a claim. It includes the name and address of the insured member, patient, or alternate payee. The document details how the benefits cover the cost of a service from a provider and what is owed by the patient. The EOB is not a bill
- Customer Service Information** – This section shows the date that the EOB was prepared and contact information for IMG's customer service department
- Color Key** – Items in blue show the plan's responsibility. The member's responsibility is shown in green

4

Member ID: XXXXX9999

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Claim#: 12345678900

19

7

Provider: Member Paid

Group Name: GROUP ABC123

8

Patient: JOHN SAMPLE

Patient #:

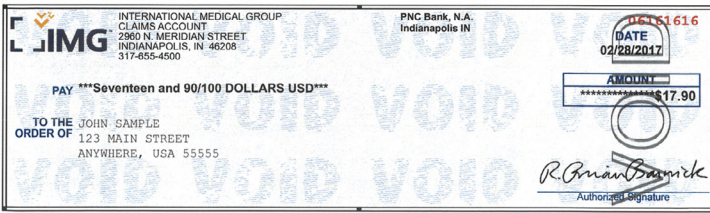
8	7	9	20	21	12	13	14	15	16	17	18	22	23
Dates of Service	Service Code	Total Charge	Not Covered	Reason Code	Discount Amount	Covered by Plan	Less Deductible	Less Co-Pay	Amount Subject to Coins	Paid At	Less Patient Share of Coins	Payment Amount	
12/09-12/29/2016	CC	\$35.80	\$0.00	60U	\$0.00	\$35.80	\$0.00	\$0.00	\$35.80	50%	\$17.90	\$17.90	
Column Totals		\$35.80	\$0.00		\$0.00	\$35.80	\$0.00	\$0.00	\$35.80		\$17.90	\$17.90	
Patient's Responsibility:		\$17.90		Other Credits or Adjustments		Total Payment		\$0.00		\$17.90			

- Member ID Number** – This is the identification number that IMG uses to keep track of member's claim activity in our claims system
- Claim Number** – This number is assigned by IMG's claims system when the claim is processed
- Provider and Patient Information** – This section includes the provider's name, group name, member's name and member's account number (assigned by the provider). For member-paid claims, the provider name will be "Member Paid"
- Date of Service** – The date(s) the member received treatment
- Service Code** – The type of services or products the member received from the provider
- Total Charge** – The full amount billed by the provider to the plan
- Not Covered** – The portion of the total charge that was not covered or eligible for payment under the plan
- Reason Code** – A code that corresponds with the Remark Code description
- Discount Amount** – The amount saved by using an in-network provider
- Covered by Plan** – The portion of the charges eligible for benefits
- Less Deductible** – The deductible is the amount for which the member is responsible during each period of coverage
- Less Copay** – A set amount that the member pays for certain covered services, such as office visits or prescriptions. Copays are usually paid at the time of service

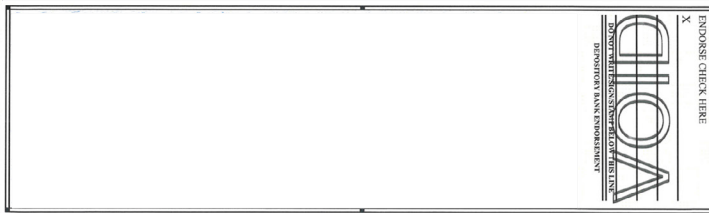
16. **Amount Subject to Coins** – The total benefit amount subject to coinsurance
17. **Paid At** – The actual coinsurance percentage
18. **Less Patient Share of Coins** – The amount of the member's share of the coinsurance
19. **Payment Amount** – The amount paid by the plan for each claim line
20. **Column Totals** – The total of each of the columns
21. **Total Patient's Responsibility** – Total amount that the member is responsible for paying after the plan benefits have been applied
22. **Other Credits or Adjustments** – Any adjustments, credits, or previous payments applied
23. **Total Payment** – The total amount paid by the plan
24. **Service Code Description** – An explanation of the procedure (service) codes listed on the claim. These codes describe the services that were rendered by the provider

<p>24 Service Code Description</p> <p>CC CHIROPRACTIC CARE</p>	<p>25 Remark Code Description</p> <p>60U THE MEDIAN EXCHANGE RATE WAS USED IN CALCULATING BENEFIT REIMBURSEMENT FOR EACH DATE OF SERVICE. THERE IS NO ALLOWANCE FOR ANY BANK EXCHANGE FEE.</p>
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26



30



<p>27 Additional Information</p> <p>IMG acts solely as the agent and Third Party Administrator for the insurance carrier/group plan on whose behalf this instrument is issued. Please contact IMG for further details and specific information concerning the carrier/group plan.</p>	<p>Payment Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Paid To</th> <th style="width: 20%;">Check No.</th> <th style="width: 20%;">Amount</th> </tr> </thead> <tbody> <tr> <td>JOHN SAMPLE</td> <td>000006163949</td> <td>\$17.90</td> </tr> </tbody> </table>	Paid To	Check No.	Amount	JOHN SAMPLE	000006163949	\$17.90
Paid To	Check No.	Amount					
JOHN SAMPLE	000006163949	\$17.90					

<p>29 Accumulator</p> <p>Deductible</p>	<p>Amount</p> <p>\$1,500.00</p>
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25. **Remark Code Description** – An explanation of the remark code used on the claim
26. **Copy of the Front of the Voided Check Image**
27. **Additional Information** – Applicable appeal language and/or general information
28. **Payment Details** – Explains to whom the payment was issued, the check/wire number, and amount
29. **Accumulators/Amount** – Amount applied to deductible or out-of-pocket amounts
30. **Copy of the Back of the Voided Check Image**

Frequently Asked Questions

Q: *How do I enroll my newborn child?*

A: In order for a newborn dependent child to have coverage from the moment of birth, the following requirements must be met:

1. The maternity must be covered under the plan; and
2. A completed and signed enrollment form adding the newborn as a dependent of the covered employee MUST be received by IMG no later than 30 days following the date of birth

Q: *How do I access my personal account information on MyIMG?*

A:

1. Go to imglobal.com/member
2. As a first time user, follow the Login Instructions link and proceed to the New User Registration
3. Have your certificate, group number, or Insured ID ready
4. Follow steps 1-4 as instructed online
5. *Note: For employees insured under an employer group sponsored plan, your group plan administrator must first go through the New User Registration process with IMG's Underwriting department before you'll be able to access MyIMG.*

Q: *What types of assistance does IMG provide members?*

A:

- 24-hour online access to MyIMG
- 24-hour availability for emergency services, medical evacuation, and precertification
- On-site, physician-directed emergency medical services and large claim management
- Ability to reimburse claims directly to you or the provider in most major currencies via wire transfer
- Foreign language translation for claims

Q: *Do I need to carry my ID card with me at all times?*

A: Yes, it's important that you have the medical telephone information available in the event it is needed for you or others. Making a copy, as you would do with your passport, is recommended.

Q: *What must I do before a hospital admission or surgery?*

A: Precertification is required for hospital admissions and all surgeries. Prior to receiving treatment, you or a medical provider need to contact IMG to precertify your treatment.

Q: *What must I do if my spouse or I become pregnant?*

A: Contact IMG as soon as possible in order to begin the precertification process, but always within the first 60 days of the pregnancy.

Q: *What happens if I have an emergency hospital admission and don't have time to precertify?*

A: In the event of an emergency hospital admission, prenotification/precertification must be done within 48 hours after the admission, or as soon as is reasonably possible. IMG must be contacted by you, a relative, the doctor or the hospital.

Q: *How are claims processed?*

A: Your eligible claim will be processed for payment when we have received all needed information. Your claims payment can be delayed if additional information is needed from you and/or your provider. If additional information is needed, IMG may request your medical records from your provider. Always request copies of your medical records from your provider. If no proof is provided when requested by IMG, your claim request may not be processed.

Q: *When should I submit a claim?*

A: Claims must be submitted to IMG within 180 days from the date of service.



Q: *What is required to accurately complete a claim form?*

A: It's important to submit the fully completed GEO Group Claim Form along with itemized bills, statements, and invoices for services and supplies you have received.

Q: *What typically delays a claim from being paid?*

A: The most common problems are missing information such as:

- Incomplete claim form
- Missing itemized receipts
- If related to a pre-existing condition, a prior Certificate of Credible Coverage will be required

Q: *What if I want to designate someone to act on my behalf?*

A: If you wish to have someone act on your behalf, IMG requires that a Privacy and Confidentiality Statement be signed by the insured person or guardian. This form is part of the claim form. The Customer Care department will not discuss any information with the designated person, unless the completed form is on file.

Q: *Will IMG pay directly to providers?*

A: In many cases IMG works directly with the hospital or clinic as an accommodation, including those outside the USA PPO network, for direct payment of eligible medical expenses on your behalf. To be eligible to have a claim paid in this manner, you or the provider must complete a GEO Group Claim Form and submit it with copies of your itemized bills. If applicable, you will be responsible for direct payment of your deductible, coinsurance amounts, and non-eligible expenses and charges.

Q: *What happens if the provider bills me before IMG pays the bill?*

A: Many providers send copies of bills to the insurance company and to the patient. If you receive a bill after receiving treatment from a provider, please contact IMG's Customer Care department. The provider most likely sent the bill to IMG and the bill will be paid soon. Help us avoid duplicate payments by allowing IMG to make payments to providers on your behalf.

Q: *How do I submit a claim?*

A1: If you're outside the USA and you pay for medical treatment, complete a GEO Group Claim Form, attach copies of the original itemized bills and paid receipts, and mail, email, or fax to IMG or submit your claim online at imglobal.com/member.

A2: If you receive a bill from a PPO Provider while in the USA, please send it to IMG. If you pay your bill directly to the provider, you may not receive a PPO Provider discount. Note: claims must be filed within 180 days from the date that the eligible expenses were incurred.

