PROPOSAL

International Marine Medical Insurance SM

**GOLD**

A picture containing text, water, outdoor, ocean

Description automatically generated

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

*IMG logo*

PRESENTED BY:

created on: Click or tap to enter a date. expires on: Click or tap to enter a date.

PRESENTED TO: [Organization]



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# The IMG Advantage

Since 1990, IMG has dedicated its efforts to providing international medical insurance, travel insurance, and world-class services to the international community. We understand the intricacies of international healthcare—it’s our specialty. Our team of experienced professionals is committed to helping you solve any problems, while making sure you receive superior service.

Many companies claim to offer great service. At IMG, we’ve set a higher industry standard by integrating independent credentialing services with in-house, fully owned and operated service divisions. These accreditations promote continuous improvement in quality and efficiency while ensuring ongoing compliance. This allows us to deliver the world-class service you deserve. We’ve served over a million people in more than 170 countries, and we’re with you, wherever you go—bringing support for all your insurance needs.

**International Service Centers**

To ensure that we are available when and where needed, we maintain multiple international service and assistance centers. From our offices, we provide administrative support and marketing services to our international producers, and claims administration and emergency medical assistance to those living and traveling worldwide. Our offices offer the benefit of multiple time zones and services in tune with local practices.

**Single Resource**

All IMG service centers are designed to have the necessary services, staff, and capabilities to provide international service to you, regardless of your location. Every department and service division is integrated on the same proprietary system and in real-time. One call. One company. We are your single international resource.

**Service Without Obstacles**

Working in multiple time zones, in multiple languages, and with multiple currencies is not an obstacle for us. We maintain an international staff for our international client base. Our claims specialists and multilingual customer service professionals work seamlessly with you to communicate without barriers. We back up what we promise—Coverage Without Boundaries® that provides Global Peace of Mind. ® **International Provider AccessSM (IPA)**

IMG’s proprietary network of over 18,550 accomplished physicians and facilities allows you to access quality care worldwide. Our direct billing arrangements can also ease the time and up-front expense at select providers.

**International Emergency Care**

When you’re overseas and a medical emergency occurs, you may not be able to wait for regular business hours. With our onsite physician and registered nurses, you have 24-hour access to highly qualified coordinators of emergency medical services and international treatment.

**Accessible Technology**

Through technology we make it easy for you to reach us and vice versa. We provide you with a secure member website to quickly and easily access real-time information, submit claims, view the status of your claims, and manage your accounts. You also have access to Live Chat to communicate directly to a Customer Care representative online, and you can easily reach us via email. We respond to all inquiries promptly, with our phone and fax lines open as well.

**Financial Stability**

Our globally-recognized underwriter, Crum & Forster SPC, a member of the Crum & Forster Group of Companies, offers the financial security and reputation demanded by international consumers. A.M. Best has assigned the entity a Financial Strength Rating of A (Excellent), with a Long-Term Issuer Credit Rating of "A" and assigned those ratings as "stable.”



# Medical Summary

The following is a schedule of benefits for IMMI Gold Group. The plan covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts shown are in U.S. dollars.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coverage Limit / Maximum Amount for Eligible Medical Expenses | | | | |
|  | 365 days | | | |
| Currency Option | $USD €EUR | | | |
| Maximum Limit |  | | | |
| Medical Concierge   * Non-emergency services only * Non-emergency s | The Medical Concierge Service is a proprietary service of IMG that helps an Insured Person navigate the United States health care 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 |  |  |  |  |
| Family Deductible |  |  |  |  |
| Coinsurance for Eligible Medical Expenses | | | | |
| Coinsurance   * In addition to deductible * In addition to Deductible | Plan pays  Insured pays | Plan pays  Insured pays | Plan pays  Insured pays | Plan pays  Insured pays |
| Out of Pocket Maximum |  |  |  |  |
| 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. * Orphan Drugs or Biologic Drugs: No coverage if not approved in writing by the Company or Plan Administrator. * 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  Maximum Limits per Calendar Year or if indicated, per Lifetime | | | | |
| Benefit | Medical Concierge  (Non-emergency) | In-Network | Out-of-Network | International |
| Eligible Medical Expenses |  |  |  |  |
| Physician Visits / Services |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inpatient or Outpatient Services  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 |
| Hospital Emergency Room: United States   * 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 |  |  |  |  |
| Hospital Emergency Room: International |  |  |  |  |
| Hospitalization / Room & Board   * Average semi-private room rate * Includes nursing, miscellaneous and Ancillary Services |  |  |  |  |
| Intensive Care |  |  |  |  |
| COVID-19/SARS-CoV-2 | Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy. | | | |
| Outpatient Surgical / Hospital Facility |  |  |  |  |
| Laboratory |  |  |  |  |
| Radiology / X-ray |  |  |  |  |
| Chemotherapy / Radiation Therapy |  |  |  |  |
| Pre-admission Testing |  |  |  |  |
| Surgery |  |  |  |  |
| Reconstructive Surgery   * Surgery is incidental to and follows Surgery that was covered under the plan |  |  |  |  |
| Assistant Surgeon   * 20% of the primary surgeon’s eligible fee |  |  |  |  |
| Second Surgical Opinion   * Payable at 100% if requested by the Company * 50% reduction of Eligible Medical Expenses for failure to obtain a Second Surgical Opinion when required by the Company |  |  |  |  |
| Anesthetists |  |  |  |  |
| Pregnancy and Newborn Care   * After 10 months of continuous coverage * Result of Natural Insemination * Newborn routine care, diagnostic tests and routine immunizations for the first 31 days of life |  |  |  |  |
| Pregnancy Complications   * After 10 months of continuous coverage |  |  |  |  |
| Durable Medical Equipment |  |  |  |  |
| Podiatry Care   * Maximum Limit: $750 |  |  |  |  |
| Inpatient or Outpatient Services  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** |
| Chiropractic Care (Outpatient)   * Not subject to Deductible and Coinsurance * Maximum Limit per visit: $100 * Maximum visits: 20 * Physician order not required |  |  |  |  |
| Chiropractic Care (Inpatient)   * Must be part of recovery Treatment plan for a covered Illness or Injury * Medical order or Treatment plan required |  |  |  |  |
| Physical and Occupational Therapy   * Not subject to Coinsurance * Maximum Limit per visit: $100 * Medical order or Treatment plan required |  |  |  |  |
| Extended Care Facility   * Upon direct transfer from acute care Facility |  |  |  |  |
| Home Nursing Care   * Provided by a Home Health Care Agency * Upon direct transfer from an acute care Facility |  |  |  |  |
| Transplant   * Lifetime Maximum: * Per Period of Coverage Transplant Maximum Limit: * 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 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preventative 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 | | | | |
| Benefit | Medical Concierge  (Non-emergency) | In-Network | Out-of-Network | International |
| Adult Preventative Care   * Ages 19 and over * Maximum Limit: $500 * Refer to the PREVENTATIVE CARE provision for further details and requirements |  |  |  |  |
| Child Preventative Care   * Ages 18 and younger * Maximum Limit: $500 * Refer to the PREVENTATIVE CARE provision for further details and requirements |  |  |  |  |
| 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   * Available after 12 months of continuous coverage | Maximum Limit every 24 months: $100 | | | |
| Corrective Lenses, Contacts, Frames   * Available after 12 months of continuous coverage | Maximum Limit every 24 months: $150 | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
| Per Calendar Year Maximum | $ | | | |
| Inpatient Mental or Nervous / Substance Abuse |  |  |  |  |
| Outpatient Mental or Nervous / Substance Abuse   * Maximum Limit per visit: $100 * Maximum visits: 52 |  |  |  |  |
| 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 | | | | |
| Emergency Local Ambulance   * Subject to Deductible and Coinsurance * Injury * Illness resulting in an Inpatient Hospital admission |  |  |  |  |
| Emergency Medical Evacuation   * Lifetime Maximum: * Insured persons under 65 years of age * Approved in advance and coordinated by the Company |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Reunion   * Lifetime Maximum: * Maximum days: 15 * Maximum Meal Limit per day: $25 * Reasonable and necessary travel costs and accommodations * Approved in advance by the Company |  |  |  | |  |
| Interfacility Ambulance Transfer   * Transfer must be a result of an Inpatient Hospital admission |  |  |  | |  |
| Return of Mortal Remains   * Maximum Limit: * Local Burial / Cremation Maximum Limit: $10,000 * Return of Insured Person’s Mortal Remains to Home Country * Approved in advance by the Company |  |  |  | |  |
| 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   * Maximum Limit: $2,500 * Refer to the ACCOMMODATION BENEFIT provision for further details and requirements |  |  |  | |  |
| Amateur Sailboat Racing   * Subject to Deductible and Coinsurance |  |  |  | |  |
| Crew Member Return   * Maximum Limit: $2,500 |  |  |  | |  |
| Emergency Dental   * Subject to Deductible and Coinsurance * Accident related |  |  |  | |  |
| Traumatic Dental Injury   * Treatment at a Hospital Facility due to an Accident * Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% |  |  |  | |  |
| Hospital Indemnity   * International Only * Benefit is not available when the Inpatient Hospital Treatment is part of the Medical Travel Management benefit * Inpatient Hospitalization only | * Overnight Maximum Limit: $100 * Maximum overnight limit: 20 * Maximum Limit: $2,000 | | | | |
|  |  | | | | |
| 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** | |
| Remote Mental Health Service   * 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 for a confidential service that you can trust. | Company pays 100% | Company pays 100% | Company pays 100% | Company pays 100% | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Telehealth\*   * 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. | Company pays 100% | Company pays 100% | Company pays 100% | Company pays 100% |
| Medical Travel Management   * 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. * 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. * Meal allowance Maximum: $100 * Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements. | | | |
| Non-emergency Medical Evacuation   * Lifetime Maximum: $1,000,000 * Insured Persons under age 65 * Approved in advance and coordinated by the Company |  |  |  |  |
| Recreational Underwater Activities   * Subject to Deductible and Coinsurance |  |  |  |  |
| Supplemental Accident Benefit   * Maximum Limit per covered Accident: $500 |  |  |  |  |



*\*Telehealth will not support a diagnosis for Mental or Nervous Disorders. Coverage for Telehealth 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 Telehealth consultation where the illness or injury is directly or indirectly related to any Pre-existing Condition or is otherwise excluded under this Policy.*

# Medical Rates

*\*Dependent spouse and family rates are in addition to the Crew Member Rate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Coverage** | **Census** | **$250** | **$500** |
| **Deductible** | **Deductible** |
| Marine Crew Member |  | $0 | $0 |
| International Spouse |  | $0 | $0 |
| International Child |  | $0 | $0 |
| International Family |  | $0 | $0 |
| US Spouse |  | $0 | $0 |
| US Child |  | $0 | $0 |
| US Family |  | $0 | $0 |
| *Non-Insurance Services* | | | |
| *Telehealth* |  |  |  |
| *Remote Mental Health Service* |  |  |  |
| **Estimated Monthly Premium** |  | **$0** | **$0** |
| **Estimated Annual Premium** |  | **$0** | **$0** |

# Optional Group Dental Summary & Rates

|  |  |  |
| --- | --- | --- |
| **Optional Group Dental** | **Option 3**  **Dental Plan Pays** | **Option 4**  **Dental Plan Pays** |
| **Class 1 Benefits** | | |
| Diagnostic & Preventative Services | 100% | 100% |
| Classes 1, 2, 3: Maximum Benefit per Person per Calendar Year | $1,500 | $3,000 |
| Class 2 Benefits | | |
| X-Rays | 80% | 80% |
| Oral Surgery | 80% | 80% |
| Endodontics | 80% | 80% |
| Periodontics | 80% | 80% |
| Minor Restorative Services | 80% | 80% |
| Class 3 Benefits | | |
| Prosthodontics | 50% | 50% |
| Major Restorative Services | 50% | 50% |
| Class 1 Deductible | $0 | $0 |
| Class 2, 3, 4 Deductible | $50 | $50 |
| Maximum Deductibles per Family | Up to 3 | Up to 3 |
| Class 4 Benefits | | |
| Orthodontia (to age 19) | 50% | 50% |
| Maximum Benefit per Person per Lifetime | $1,500 | $3,000 |

# Dental Rates

# *\*Dependent spouse and family rates are in addition to the Crew Member Rate.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dental Coverage** | **Census** | **Option 3** | **Option 4** |
| Marine Crew Member Rate |  | $00.00 |  |
| International Spouse |  | $00.00 |  |
| International Child |  | $00.00 |  |
| International Family |  | $00.00 |  |
| U.S. Spouse |  | $00.00 |  |
| U.S. Child |  | $00.00 |  |
| U.S. Family |  | $00.00 |  |
| **Estimated Monthly Premium** |  | $00.00 |  |
| **Estimated Annual Premium** |  | $00.00 |  |



|  |  |
| --- | --- |
| **Optional Group Term Life & AD&D** | **Premium Rate** |
| Total Employees | $0 |
| Rate Per Thousand | $0 |
| Principal Sum | $0 |
| Volume | $0 |
| **Estimated Annual Premium** | **$0** |

# Group Term Life and AD&D

* 10 or fewer IMG insured employees: $10,000 minimum required
* 11 or more IMG insured employees: Optional - No minimum requirement
* Group Life benefit automatically includes:
  + - * + Term Life Insurance Benefit
        + Accidental Death Benefit
        + Dismemberment Benefit
* Guarantee Issue to $100,000
  + - * + 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 ADEA Reduction Schedule (Age Discrimination in Employment Act of 1967)
  + - * + Less than age 65: Full amount payable
        + Ages 65-69: 35% reduction
        + Ages 70-74: 55% reduction
        + Ages 75-79: 70% reduction
        + Age 80+: 80% reduction

*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®).*



# Optional Pharmacy Discount Savings

Universal RX is a discount savings program that allows you to purchase prescriptions from one of 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx price or 2) the pharmacy regular retail price. This network offers a simplified claims process with minimal paperwork for the member if they visit an in-network provider.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | |
| Prescriptions   * Dispensing maximum per prescription: 90 days |  | 80% | 80% |  |
| Orphan Drugs or Biologic Drugs, but only when ALL the following are met:   * Approved in writing by the Company or Plan Administrator * Is Medically Necessary and generally accepted standard of medical practice, and * Is not Experimental or Investigational | * Maximum limit: $250,000 (applies toward the plan Period of Coverage Maximum Limit) * Subject to Deductible and Coinsurance   For Orphan Drugs or Biologic Drugs obtained through United States Retail Pharmacy, International Retail Pharmacy, and Inpatient or Outpatient Medical Treatment. | | | |

|  |  |
| --- | --- |
| **Prescriptions *(Optional)***  Subject to Deductible and Coinsurance unless otherwise noted  Eligible Medical Expenses are limited to Usual, Reasonable, and Customary  Maximum Limits per Period of Coverage or, if indicated, per Lifetime | |
| **Benefit** | **Description** |
| United States Retail Pharmacy  Not subject to Deductible and Coinsurance  Copayments are per 30-day supply  Dispensing Maximum per prescription: 90 days  Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company  Any drug prescribed for usage that is directly or indirectly associated to an exclusion in this Certificate of Insurance may also be subject to Pre-Authorization | Universal RX (URX) prescription drug card MUST be utilized for all outpatient prescription drugs in the United States.  Retail Pharmacy Copayments:  Generic:  Higher cost generic and brand:  Non-preferred brand name: |
| International Prescriptions  Subject to deductible and coinsurance 100%  Dispensing maximum per prescription: 90 days | |
| Expatriate Prescription Services Program  Copayments are per 30-day supply  Dispensing maximum per prescription: 180 days  Prescriptions $3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company  Any drug prescribed for usage that is directly or indirectly associated to an exclusion in this Certificate of Insurance may also be subject to Pre-Authorization | Generic $5  Brand Name $15  Contact Information:   * Enroll: via the provider’s website [www.expatps.com](http://www.expatps.com) * Prescription submission: * Email (scan prescription): [concierge@expatps.com](mailto:concierge@expatps.com) * Fax: +1.540.777.7184   Questions/Concerns:   * Phone number: +1.540.777.1450 * Email: [concierge@expatps.com](mailto:concierge@expatps.com) |
| Orphan Drugs or Biologic Drugs, but only when ALL the following are met:  Approved in writing by the Company or Plan Administrator  Is Medically Necessary and generally accepted standard of medical practice, and  Is not Experimental or Investigational | Maximum Limit: $250,000 (applies toward the plan Period of Coverage Maximum Limit)  For Orphan Drugs or Biologic Drugs obtained through:  United States Retail Pharmacy and Expatriate Prescription Services Program: Subject to Copayments stated above  For Orphan Drugs or Biologic Drugs obtained through:  Inpatient/Outpatient Medical Treatment: Subject to Deductible and Coinsurance |

# Proposal Conditions & Assumptions

1. **Effective Date:** This proposal is made on [insert date] with an assumed effective date of [insert effective date]. The proposal will expire in 30 days. This is not an offer, but an invitation for you to make an offer, which may or may not be accepted by IMG.
2. **This proposal was quoted to include Medical Health Disregard.**
3. **International/Domestic Rates:**

* **“International Rates”** are the medical and dental rates for dependents that are residing outside the U.S. or Canada.
* **“U.S. and Canadian Rates”** are the medical and dental rates for dependents that are residing inside the U.S. or Canada for 30 consecutive days or longer.
* If the dependents don’t live together and reside in both **“International” and “U.S. and Canadian” rate areas**, then the medical and dental rates are determined by where the majority of the family members reside. *When there is an equal number of insured dependents residing in both “International” and “U.S. and Canadian” rate areas, then the “International” rates will be charged.*

1. **Deductible:** The group can only select one (1) deductible that will be applicable for all insureds. Other deductible options are available upon request. In addition, there are a maximum number of deductibles per family per calendar year. See Schedule of Benefits for details.
2. **Eligibility:** All eligible employees must be actively working a minimum of 7 hours per 24-hour period.
3. **Enrollment:** A signed Employer Application and fully completed census will be required for the group to be considered. Any missing information from the census will delay the underwriting process.
4. **Census:** This proposal is based upon a census that was provided to IMG. The appropriate rate category (International or Domestic) is based on the census and adjusted (if necessary) on where the majority of the insureds within a family reside. See Rates section for details.
5. **Payment:** A minimum of the first month’s premium is required in order for an approved group to become effective.
6. **Providers:** This insurance is a “Reimbursement Contract” and insured patients are required to file a claim form with IMG in order to receive reimbursement for eligible medical expenses. If a “direct billing agreement” is in place with the provider or the provider agrees to send IMG an itemized billing statement, then the provider may not require advance payment from the patient.
7. **Certificate of Coverage:** This insurance is not subject to certain portability access and renewal requirements of the Health Insurance Portability and Accountability Act of 1996.

*This is a fully insured group benefit plan designed for the above group. 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®)*



# Customer Care

IMG operates customer care call centers in the U.S. and UK 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 precertification.**

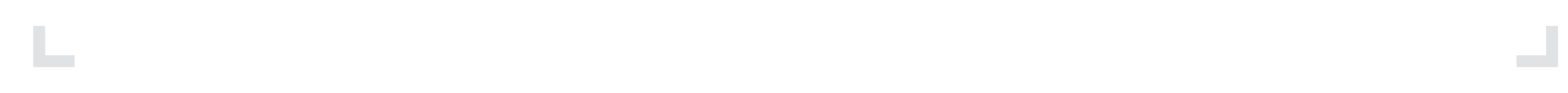
***U.S. Service Center Contact Information***

|  |  |
| --- | --- |
| **Phone:** | +1.317.655.4500 |
| **Fax:** | +1.317.655.4505 |
| **Email:** | insurance[@imglobal.com](http://www.imglobal.com) |
| **Website:** | [www.imglobal.com](mailto:sales@imgeurope.co.uk) |

***UK Service Centre Contact Information***

|  |  |
| --- | --- |
| **Phone:** | +44 (0) 1444 465555 |
| **Fax:** | +44 (0) 1444 465550 |
| **Email:** | [sales@imgeurope.co.uk](mailto:sales@imgeurope.co.uk) |
| **Website:** | [www.imgeurope.co.uk](mailto:customercare@imglobal.com) |

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