



# Summary Schedule of Benefits

The following is a summary schedule of benefits for eligible medical expenses.

Charges and expenses incurred by the Insured Person during the Period of Coverage with respect to an Illness or Injury suffered or sustained by the Insured Person during the Period of Coverage and while this Certificate is in effect, so long as the Charges are Usual, Reasonable and Customary and are incurred for Treatment or supplies that are Medically Necessary ("Eligible Medical Expenses").

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
<b>Lifetime Maximum Limit</b>	\$1,000,000 per individual	\$5,000,000 per individual	\$5,000,000 per individual	\$8,000,000 per individual
<b>Deductible</b> (Per period of coverage)	\$250 to \$10,000	\$250 to \$10,000	\$250 to \$25,000	\$100 to \$25,000
<b>Treatment outside the U.S.</b>	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance
<b>Treatment inside the U.S. using Medical Concierge</b>	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance	50% of deductible waived, up to a maximum of \$2,500. No coinsurance
<b>Treatment inside the U.S. - PPO Network</b>	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance
<b>Treatment inside the U.S. - Non-PPO Network</b>	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the overall maximum per period of coverage
<b>Coinsurance</b>	International - 100% U.S. in-network - 100% U.S. out-of-network - 80%	International - 100% U.S. in-network - 100% U.S. out-of-network - 80%	International - 100% U.S. in-network - 100% U.S. out-of-network - 80%	International - 100% U.S. in-network - 100% U.S. out-of-network - 80%
<b>Outpatient</b>	\$300 maximum per visit - lab tests; \$250 maximum per visit - diagnostic X-rays  \$500 maximum limit - specialists/physician charges (pre-inpatient / post-inpatient)  Subject to deductible and coinsurance	\$300 maximum per visit - lab tests; \$250 maximum per visit - diagnostic X-rays  25 combined maximum visits \$70 per visit/examination - specialists/physician charges \$50 per visit/examination - chiropractor charges \$500 per consultation - surgery intervention consultation charges  Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Mental/Nervous</b>	NA	Subject to deductible and coinsurance. Outpatient after 12 months of continuous coverage	Subject to deductible and coinsurance. \$10,000 maximum. Available after 12 months of continuous coverage	Subject to deductible and coinsurance. \$50,000 lifetime maximum. Available after 12 months of continuous coverage
<b>Hospital Emergency Room Injury</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Hospital Emergency Room Illness</b>	Subject to deductible and coinsurance. Covered only if admitted as inpatient	Subject to deductible and coinsurance. Additional \$250 deductible if not admitted as an inpatient	Subject to deductible and coinsurance. Additional \$250 deductible if not admitted as an inpatient	Subject to deductible and coinsurance. Additional \$250 deductible if not admitted as an inpatient
<b>Hospitalization/ Room &amp; Board</b>	Subject to deductible and coinsurance for average semi-private room rate	Subject to deductible and coinsurance for average semi-private room rate. All subject to \$600 per day /240 day maximum	Subject to deductible and coinsurance for average semi-private room rate	Subject to deductible and coinsurance for average private room rate
<b>Intensive Care Unit</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance. \$1,500 limit per day - 180 days of coverage per event	Subject to deductible and coinsurance	Subject to deductible and coinsurance

Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

# Summary Schedule of Benefits

(CONTINUED)

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
CAT Scans, MRI, Echocardiography, Endoscopy, Gastroscopy, Cystoscopy	Subject to deductible and coinsurance. \$600 maximum limit per examination	Subject to deductible and coinsurance. \$600 maximum limit per examination	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Surgery	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Assistant Surgeon	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge	20% of primary surgeon's charge
Chemotherapy or Radiation Therapy	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Maternity</b> <i>Delivery, preventative care, newborn care &amp; congenital disorders, Family Matters Maternity Program (available after 10 months of coverage)</i>	NA	NA	NA	\$2,500 additional deductible per pregnancy. \$50,000 lifetime maximum. \$200 newborn preventative care benefit for the first 31 days -12 months after birth. \$250,000 maximum for newborn care & congenital disorders for the first 31 days after birth
Podiatry Care	NA	NA	\$750 maximum limit	\$750 maximum limit
Physical Therapy	Subject to deductible and coinsurance. \$40 maximum per visit - 10 visit limit per event. Available for 90 days following inpatient treatment or outpatient surgery	Subject to deductible and coinsurance. \$40 maximum per visit - 30 visit limit	Subject to deductible and coinsurance. \$50 maximum per visit	Subject to deductible and coinsurance. \$50 maximum per visit
Transplants	\$250,000 lifetime maximum	\$250,000 lifetime maximum	\$1,000,000 lifetime maximum	\$2,000,000 lifetime maximum
Prescription Coverage	Subject to deductible and coinsurance. Available for 90 days following related inpatient treatment or outpatient surgery. \$600 maximum limit per event (includes dressings and durable medical equipment)	Subject to deductible and coinsurance. 90-day supply per prescription following related covered event. U.S. Retail Pharmacy out-of-network: 80% International Retail Pharmacy: 100%	Subject to deductible and coinsurance. 90-day supply per prescription. U.S. Retail Pharmacy out-of-network: 80% International Retail Pharmacy: 100%	U.S. Retail Pharmacy: prescription drug card required. Co-pay per 30-day supply; \$20 for generic / \$40 for brand name where generic is not available. International Retail Pharmacy (subject to deductible): 100%
Expatriate Prescription Services Program	NA	NA	NA	Co-pay per 30-day supply: \$20 for generic / \$40 for non-preferred brand name. Must enroll via provider website: <a href="http://www.expatsps.com">www.expatsps.com</a> Dispensing maximum: 180 days
<b>Orphan or Biologic Drugs</b> <i>(Available when all conditions are met)</i> » Approved in writing by company » Medically necessary » Not experimental or investigational  <i>Applies to period of coverage max. Max limit applies towards lifetime max.</i>	Inpatient Treatment maximum limit: \$250,000. Outpatient Surgery: up to the maximum limit. Subject to deductible and coinsurance. Does not apply to maximum limit per event	Inpatient & Outpatient Treatment maximum limit: \$250,000. Subject to deductible and coinsurance	Inpatient & Outpatient Treatment maximum limit: \$250,000. Subject to deductible and coinsurance	Maximum limit \$250,000. U.S. Retail Pharmacy & expatriate prescription services program: Subject to copayments. International retail pharmacy: Subject to deductible and coinsurance. Inpatient/outpatient medical treatment: Subject to deductible and coinsurance

Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

# Summary Schedule of Benefits

(CONTINUED)

BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
<b>Healthy Travel Preventative Coverage</b>	\$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	\$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	\$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination	\$250 lifetime maximum. Not subject to deductible or coinsurance. Applies to vaccinations and preventative prescription drugs administered by a physician within 30 days prior to the insured person's initial effective date and before departing to any destination
<b>Vision</b>	Optional Rider	Optional Rider	Optional Rider	\$100 maximum per 24 months for exams. \$150 per 24 months for materials
<b>Emergency Local Ambulance</b> <i>(Injury or illness resulting in an inpatient hospital admission)</i>	\$1,500 maximum limit per event. Not subject to deductible or coinsurance	\$1,500 maximum limit per event. Not subject to deductible or coinsurance	Subject to deductible and coinsurance	Not subject to deductible or coinsurance
<b>Emergency Evacuation</b>	\$50,000 maximum per period of coverage. Not subject to deductible or coinsurance	\$50,000 maximum per period of coverage. Not subject to deductible or coinsurance	Up to lifetime maximum limit. Not subject to deductible or coinsurance	Up to maximum limit. Not subject to deductible or coinsurance
<b>Emergency Reunion</b>	\$10,000 lifetime maximum. Not subject to deductible or coinsurance	NA	\$10,000 lifetime maximum. Not subject to deductible or coinsurance	\$10,000 lifetime maximum. Not subject to deductible or coinsurance
<b>Interfacility Ambulance Transfer</b> <i>(Transfer from one licensed health care facility to another licensed health care facility)</i>	\$1,500 maximum limit per event. Not subject to deductible or coinsurance. U.S. only	\$1,500 maximum limit per event. Not subject to deductible or coinsurance. U.S. only	Subject to deductible and coinsurance. U.S. only	Not subject to deductible or coinsurance. U.S. only
<b>Political Evacuation and Repatriation</b>	NA	NA	NA	\$10,000 lifetime maximum
<b>Remote Transportation</b>	NA	NA	NA	\$5,000 per period of coverage up to \$20,000 lifetime maximum. Not subject to deductible or coinsurance
<b>Return of Mortal Remains</b>	\$10,000 lifetime maximum. Not subject to deductible or coinsurance	\$25,000 lifetime maximum. Not subject to deductible or coinsurance	\$25,000 lifetime maximum. Not subject to deductible or coinsurance	\$50,000 lifetime maximum. Not subject to deductible or coinsurance
<b>Complementary Medicine</b>	NA	NA	\$500 maximum limit per period of coverage	\$500 maximum limit per period of coverage
<b>Traumatic Dental Injury</b> <i>Treatment at a hospital facility</i>	\$1,000 per period of coverage	\$1,000 per period of coverage	Up to the lifetime maximum limit	Up to the lifetime maximum limit
<b>Treatment Due to Unexpected Pain to Sound, Natural Teeth</b>	NA	NA	\$100 per period of coverage	100%
<b>Non-Emergency Treatment at a Dental Provider due to an Accident</b>	NA	NA	\$500 per period of coverage	See Non-Emergency Dental benefit
<b>Non-Emergency Dental</b>	Optional Rider	Optional Rider	Optional Rider	\$750 maximum per period of coverage; \$50 individual deductible, applies to minor restorative and major restorative services
<b>Hospital Indemnity</b> <i>(Inpatient hospitalization outside the U.S. only)</i>	<u>Private Hospitals</u> : \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage <u>Public Hospitals</u> : \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	<u>Private Hospitals</u> : \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage <u>Public Hospitals</u> : \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	<u>Private Hospitals</u> : \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage <u>Public Hospitals</u> : \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance	<u>Private Hospitals</u> : \$400 maximum limit per overnight and \$4,000 maximum limit per period of coverage <u>Public Hospitals</u> : \$500 maximum limit per overnight and \$5,000 maximum limit per period of coverage. Not subject to deductible or coinsurance

Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

# Summary Schedule of Benefits

(CONTINUED)



BENEFIT	BRONZE	SILVER	GOLD	PLATINUM
Supplemental Accident	NA	NA	\$300 of eligible medical expenses following an accident. Not subject to deductible or coinsurance	\$500 maximum limit per accident. Not subject to deductible and coinsurance
Adult Preventative Care <i>(Age 19 or older)</i>	NA	NA	\$250 per period of coverage. Not subject to deductible or coinsurance.	\$500 per period of coverage. Not subject to deductible or coinsurance.
Child Preventative Care <i>(Through age 18)</i>	NA	\$70 maximum per visit, 3 visit limit per period of coverage. Not subject to deductible or coinsurance.	\$200 per period of coverage. Not subject to deductible or coinsurance.	\$400 per period of coverage. Not subject to deductible or coinsurance.
Pre-Existing Conditions Limitation*	Excluded	\$50,000 lifetime maximum; \$5,000 per period of coverage for unknown conditions. Available after 24 months of continuous coverage*	\$50,000 lifetime maximum; \$5,000 per period of coverage for unknown conditions. Available after 24 months of continuous coverage*	Covered if disclosed and not excluded by rider

\*If applicants can verify their prior comprehensive health insurance, with no significant break in coverage (63 days), IMG may accept this as Creditable Coverage and provide a pre-existing conditions waiver (final decision is subject to Underwriters approval). Creditable Coverage is defined as a group health plan provided by a U.S. employer or Health Insurance Issuer, individual major medical health insurance provided by a Health Insurance Issuer, or other Public Health Plan (any comprehensive health plan established or maintained by a State or the U.S. government).

## Optional Coverage

Global Medical Insurance is designed to help protect individuals and families from the high cost of medical expenses. In addition to tailored benefits packages, the program offers several optional coverages. You may review and choose the options that meet your needs.

RIDER	DESCRIPTION	
Global Term Life Insurance <i>(Amounts shown are the Principal Sums per unit)</i>	<b>Age 31 days - 18 years: \$5,000</b> <b>Age 19 - 29 years: \$75,000</b> <b>Age 30 - 39 years: \$50,000</b> <b>Age 40 - 44 years: \$35,000</b> <b>Age 45 - 49 years: \$25,000</b> <b>Age 50 - 54 years: \$20,000</b> <b>Age 55 - 59 years: \$15,000</b> <b>Age 60 - 64 years: \$10,000</b> <b>Age 65 - 69 years: \$7,500</b>	
Accidental Death & Dismemberment (AD&D) - included with Global Term Life Insurance	Accidental Loss of Life: Principal Sum* Accidental Total Loss of 2 body parts**: Principal Sum* Accidental Total Loss of 1 body part**: 50% of Principal Sum* <i>(*Benefit based on age at time of death **"body part" means hand, foot or eye)</i>	
Terrorism <i>(Platinum plan option)</i>	\$50,000 lifetime maximum for Eligible Medical Expenses arising out of injury or illness incurred by the Insured as a result of or in connection with an act of terrorism <i>(Refer to rider for more details)</i>	
Sports <i>(Gold and Platinum plan options)</i> <i>(Refer to rider for a comprehensive list of sports excluded)</i>	\$10,000 lifetime maximum for amateur athletics <b>Adventure Sports:</b> Through age 49 years: \$50,000 lifetime maximum Age 50 years through age 59 years: \$30,000 lifetime maximum Age 60 years through age 64 years: \$15,000 lifetime maximum	
Dental & Vision <i>(Bronze, Silver, and Gold plan options)</i>	<b>Dental</b> <i>\$750 per period of coverage</i> <i>\$50 deductible (max. 2 per family)</i> <i>Routine services - 90% (deductible is waived),</i> <i>Minor restorative - 70%,</i> <i>Major restorative - 50%</i> <i>6 month waiting period</i>	<b>Vision</b> <i>Exams - up to \$100</i> <i>per 24 months</i> <i>Materials - up to \$150</i> <i>per 24 months</i>



Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

