



Global Medical Insurance®

The long-term, worldwide
medical insurance program
for
individuals and families

Three Plan Options:
Silver Gold Platinum

Security rated
A (excellent) by A.M. Best




INTERNATIONAL MEDICAL GROUP

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Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility, and exclusions outlined in this booklet. Certificate Wordings are available upon request and prior to application.

All amounts shown in this booklet are in U.S. dollars.

With Global Medical Insurance® you can choose any doctor or hospital for treatment.

Worldwide coverage for Non-U.S. Citizens and U.S. Expatriates

Being a citizen of the global community can be an exciting experience, yet one that can pose potential complications. Your health care while abroad should not be one of those concerns. Whether you are working or living abroad for extended periods, traveling frequently between countries, maintaining multiple countries of residence, or exploring private health care alternatives, Global Medical Insurance is designed to meet your needs.

Global Medical Insurance offers worldwide coverage to a wide variety of international clientele, including expatriates, international executives, diplomats, students, entertainers and other international travelers. Global Medical Insurance can help eliminate the obstacles of time, currency and language when you are seeking medical treatment and need assistance and administration of your global health care benefits.

You have a choice of three plan options: Silver, Gold and Platinum. You also have the opportunity to select a coverage area: worldwide or worldwide excluding the U.S. and Canada. Simply choose the plan option and coverage area that best fits your needs. Each one offers a full range of benefits suited for individuals and families, provides coverage 24 hours a day, and you have the freedom to choose any doctor or hospital for treatment. When you select Global Medical Insurance, you receive IMG's commitment to deliver world class health benefits, medical assistance and Global Peace of Mind®.



Your Plan Administrator

International Medical Group®, Inc. (IMG®) is a worldwide leader in designing, distributing and administering global health care benefits. Since 1990, we have built a solid reputation by providing medical security to hundreds of thousands of individuals and families in more than 150 countries.



IMG presents a unique, full-service approach to the international community. Our clients include international vacationers, business executives and consultants, missionary groups, expatriates, professional entertainers and athletes, government entities, schools and universities, professional marine captains and crew, and local and third country nationals. Our complete portfolio of products allows our clients access to worldwide quality health care and IMG's superior customer service.

Because we focus exclusively on the international market, we have the ability to offer unique services that many domestic plans cannot provide. Our staff includes claims administrators who process tens of thousands of claims each year from all over the world, handling virtually every language and currency; multilingual customer service representatives who ease the burden of communicating in a second language; and on-site medical advisors who are available 24 hours a day, seven days a week for emergencies, medical evacuations and precertification.

To ensure that we are available when and where needed, IMG also maintains a European service and assistance center, IMG Europe Ltd. From its offices in the United Kingdom, IMG Europe provides marketing services, administration support and emergency medical assistance to those who are living or traveling worldwide. Clients who work with IMG Europe receive the world class services of IMG, plus the added benefits of similar time zones, swift postal delivery and services that are in tune with local practices and administration.

The IMG offices (and each department within them) work together to assist our clients with problem-free, worry-free medical insurance coverage. Worldwide coverage, multilingual capabilities, international claims specialists and access to IMG from anywhere at anytime - all designed to give you true Coverage without Boundaries® and the confidence you deserve when choosing an international insurance administrator. Complete contact information for the IMG offices will be provided in the fulfillment kit that insured members receive following acceptance of their applications.

Key IMG Services	Benefits to You
<input type="checkbox"/> U.S.-based administration and European service center	Fast, efficient services and availability when and where you need it
<input type="checkbox"/> On-site executive Medical Director/physician and registered nurses	Provides 24 hour access to highly qualified coordinators of emergency medical services and international treatment
<input type="checkbox"/> Multilingual claims adjudication and customer service	Ability to submit claims from any country and communicate without language barriers
<input type="checkbox"/> Verification of benefits and claim status inquiries available by phone, fax, internet and email	Convenient contact with IMG at anytime from anywhere to reduce your worries during treatment and recovery
<input type="checkbox"/> International currency conversions and claim reimbursements via check, direct deposit and electronic transfer	Helps eliminate costly conversion fees and provide expedient receipt of funds
<input type="checkbox"/> MyIMG SM - Internet access to search for a PPO provider in the U.S., search our International Provider Access SM (IPA) database for physicians outside the U.S., recommend providers, initiate precertification, print plan descriptions and ID cards, check status of claims submissions, "live" chat with a claims representative, retrieve explanation of benefits and much more	Provides you with 24 hour secure access from anywhere in the world and the ability to manage your account at anytime for true Global Peace of Mind®

Your Plan Underwriter

When deciding which company will insure your health, there are many important factors to consider. In addition to comprehensive benefits and experienced administration, there must be the commitment and financial stability of an established international insurance company.



SIRIUS
INTERNATIONAL

While IMG provides complete plan administration expertise, our globally recognized underwriter, Sirius International Insurance Corporation (publ), offers the financial security and reputation demanded by international consumers. Rated A (excellent) by A.M. Best and A- by Standard & Poor's*, Sirius International shares IMG's vision of the international marketplace and offers the stability of a well-established insurance company. Sirius International is a White Mountains Re company.

Growing year by year, expanding globally, building upon a solid reputation, remaining stable but never standing still - these characteristics make IMG and Sirius International the team to choose for your Global Peace of Mind®.

**Sources: A.M. Best affirmed their rating in a press release dated September 1, 2006; Standard & Poor's affirmed their rating in a press release dated July 14, 2006. Ratings are accurate as of the date of printing and are subject to change.*

Global Medical Insurance Plan Options

IMG truly understands the needs of global citizens. It is through this understanding that we have developed the three plan options of Global Medical Insurance. Each plan option provides an assortment of benefits all designed to accommodate your individual needs.

Silver option:

The Silver option provides affordable medical security designed for the more budget-conscious consumer. With \$5,000,000 of lifetime coverage, the Silver option offers a wide range of scheduled benefits equipped to meet your essential needs.

Gold option:

The Gold option provides comprehensive coverage to fit the needs of the global consumer who demands a full range of benefits. With its complete benefits package, the Gold option is the most popular option and it extends to its members \$5,000,000 of lifetime coverage. Its extensive benefits provide first-rate international medical coverage as well as aid in reducing out-of-pocket expenses.

Platinum option:

The Platinum option provides *the* superior benefits package for the most discerning global consumer. The Platinum option offers enhanced benefits and services with \$8,000,000 of lifetime coverage. It is designed for the client who wants the convenience of comprehensive medical, dental, and vision benefits in one plan. The elite Platinum option also offers members access to our exclusive Global Concierge and Assistance ServicesSM (see page 5).



IMG's World Headquarters
Indianapolis, Indiana USA

Silver | Gold | Platinum

The following is a partial list of benefits and terms that are offered on all three plan options. Please see the Summary Schedule of Benefits on pages 6 and 7 for further comparison of specific benefit levels. Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits.

HOSPITALIZATION

Offers benefits for the following: room and board • nursing services • prescription medication • physician charges • diagnostic and laboratory testing • X-rays, chemotherapy and radiation • durable medical equipment • treatment, services and supplies routinely provided.

SURGERY

Offers benefits for the following: surgical care • second surgical opinion • physician charges for surgery • treatment, inpatient and outpatient services and supplies routinely provided.

OUTPATIENT

An insured who receives medically necessary treatment by a physician or other health care provider that does not require an overnight stay.

RX COVERAGE

Medication prescribed by a physician for treatment of a covered illness or injury. These plan options also include a discount drug card administered by Universal Rx.

EMERGENCY ROOM ACCIDENT

Charges incurred for the use of the emergency room are covered up to the policy maximum.

EMERGENCY ROOM ILLNESS

Services received in the emergency room are covered up to the policy maximum. Emergency room charges that do not require admittance to the hospital will be subject to an additional \$250 deductible.

EMERGENCY MEDICAL EVACUATION

This coverage is available when there is not a qualified facility in the immediate area to treat your life-threatening illness or injury. See page 8 for additional information.

RETURN OF MORTAL REMAINS

Covers expenses for repatriation of bodily remains or ashes to the insured person's home country for death resulting from a covered injury or illness.

TRANSPLANTS

The plan options will reimburse an insured person with respect to a covered transplant incurred up to the benefit limit for each plan option. These are limited to certain transplants and covered only within designated transplant facilities that are members of the independently contracted PPO network.

CHILD WELLNESS

Routine physical exams, inoculations, vaccinations, and other related well child care for eligible children.

OTHER SERVICES

Provides the following services: chiropractor when referred by a physician, radiation treatment, home nursing care, hospice care, physical therapy and prosthetic devices.

MENTAL/NERVOUS

Charges for the diagnosis, treatment, and prescribed medication by a licensed physician for a mental or nervous state of health; physical, emotional, or behavioral illness. This benefit is part of the Silver plan option as inpatient only.

MATERNITY

Coverage for pre- and post-natal care, normal delivery or C-section for each pregnancy, well baby care and treatment of newborn for the first 31 days. *Coverage may be purchased as a rider at the time of initial application under the Silver and Gold plan options.* Under the Platinum plan option, Maternity is covered the same as any illness. See Summary Schedule of Benefits for additional information.

Gold | Platinum

In addition to the benefits listed above, the following are included on the Gold and Platinum plan options.

EMERGENCY REUNION

Expenses incurred for the travel of a relative or friend of the insured person during an emergency medical evacuation.

RECREATIONAL SCUBA

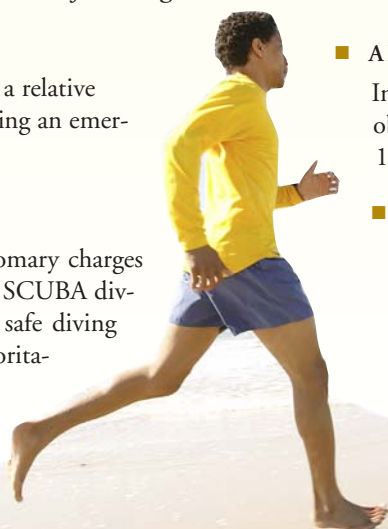
Covers usual, reasonable and customary charges for illness or injury incurred while SCUBA diving if the insured person is using safe diving practices as laid down by an authoritative diving body.

ADULT WELLNESS

Includes routine physicals, mammograms and ob/gyn visits. Visits must be separated by at least 12 months.

COMPLEMENTARY MEDICINE

Alternative treatments deemed medically necessary and prescribed by a licensed physician for a covered illness.



Platinum

The Platinum plan option is the complete international protection program. It offers enhanced and additional benefits, access to a dedicated service team ready to assist you, and access to our exclusive Global Concierge and Assistance ServicesSM.

■ REMOTE TRANSPORTATION

In addition to Emergency Medical Evacuation, the Platinum plan option provides Remote Transportation. In the event of a diagnosis of a critical medical condition which is not necessarily immediately life-threatening, but severe enough to result in death or a permanent disability if not treated right away, Remote Transportation will provide for eligible charges arising out of the transportation of an insured person to a qualified facility for further treatment (*if the current facility is unable to provide such treatment*).

To be eligible, Remote Transportation must be recommended by the attending physician in critical medical situations, and approved in advance and coordinated by IMG.

■ POLITICAL EVACUATION

If the United States Department of State, Bureau of Consular Affairs issues a mandatory evacuation order of the host country that becomes effective on or after the insured person's date of arrival in the host country, the Company will pay up to \$10,000 lifetime maximum for transportation to the nearest place of safety or for repatriation to the insured person's home country or country of residence provided that 1) the evacuation order must apply

specifically to the insured person 2) the insured person contacts the Company within 10 days of the United States Department of State, Bureau of Consular Affairs issuance of the evacuation order 3) there is not a travel advisory in effect on or within six (6) months prior to the insured person's date of arrival or return in the host country and 4) Political Evacuation and repatriation is approved and coordinated by IMG.

■ VISION

The Platinum plan option provides coverage for the cost of vision exams and materials (*includes frames, lenses and contacts*).

■ DENTAL

Provides coverages for Class I (*Diagnostic and Preventive Services*), Class II (*Basic Services*) and Class III (*Major Services*) as defined by the Certificate. These benefits are available after a six month waiting period and exclude orthodontia care.

■ HIGH SCHOOL SPORTS INJURY

Covers up to a maximum of \$5,000 for injuries incurred during sanctioned, organized sports at the high school level and below.

Global Concierge and Assistance ServicesSM

*The Platinum plan option provides clients more than insurance protection. IMG's Global Concierge and Assistance Services offers the knowledge and information they need to keep them healthy and safe. Below is a list of services handled by a dedicated service team that is available 24 hours a day, seven days a week, exclusively for our Platinum members.**

■ DEDICATED SERVICE LINE

An international toll-free number accessible worldwide 24/7.

■ DEDICATED CLAIMS TEAM

Provides members with expedited claims processing.

■ BAG TRACKING

Assistance in locating lost checked baggage and arranging the delivery of it to you anywhere in the world.

■ DRUG TRANSLATION SERVICES

24/7 online access that provides country specific brand names of common prescription and over-the-counter medications.

■ EMBASSY & CONSULATE REFERRAL

Provides the location and contact information of the nearest U.S. Embassy or Consulate.

■ EMERGENCY CASH TRANSFERS

Assists in arranging and obtaining cash transfers anywhere in the world.

■ EMERGENCY MESSAGE RELAY

Relay messages to your family, friends and co-workers, helping you maintain contact during an emergency.

■ EMERGENCY TRAVEL ARRANGEMENTS

Assists in making the appropriate travel arrangements in the event you must interrupt your travel and return home.

■ LEGAL REFERRALS

Provides the contact information for an attorney located in your country of travel.

■ LOST PASSPORT/TRAVEL DOCUMENTS ASSISTANCE

Assists in reporting, retrieval or replacement of lost or stolen travel documents.

■ PRESCRIPTION DRUG REPLACEMENT ASSISTANCE

Assists in the replacement and shipment of lost or damaged medication.

■ PRE-TRIP HEALTH AND SAFETY ADVISORIES

24/7 online access to information concerning current passport and visa requirements; information regarding inoculations and vaccinations; and up-to-date travel safety advisories.

■ SECURITY UPDATES AND COUNTRY PROFILES

24/7 online access to the latest advisories and travel warnings.

* Global Concierge and Assistance Services are additional services offered under the Platinum plan option. They are not insurance benefits.

Summary Schedule of Benefits

Benefit Description <i>Subject to deductible and coinsurance unless otherwise noted</i>	Silver	Gold	Platinum
Coverage Area	Two options: worldwide or worldwide excluding the U.S. and Canada	Two options: worldwide or worldwide excluding the U.S. and Canada	Two options: worldwide or worldwide excluding the U.S. and Canada
Policy Maximum	\$5,000,000 lifetime per individual	\$5,000,000 lifetime per individual	\$8,000,000 lifetime per individual
Deductible	Ranges from \$250 to \$10,000 per period of coverage, 50% reduction within PPO	Ranges from \$250 to \$10,000 per period of coverage, 50% reduction within PPO, Carry forward deductible - last 30 days of certificate year	Ranges from \$100 to \$10,000 per period of coverage, 50% reduction within PPO, Carry forward deductible - last 30 days of certificate year
Family Deductible	3x the single	3x the single	2x the single
Coinsurance within the U.S. and Canada	80% of the next \$5,000 of eligible expenses after the deductible, then 100% to the overall maximum per period of coverage	80% of the next \$5,000 of eligible expenses after the deductible, then 100% to the overall maximum per period of coverage	90% of the next \$5,000 of eligible expenses after the deductible, then 100% to the overall maximum per period of coverage
Coinsurance within the PPO network and outside the U.S. and Canada	100%	100%	100%
Hospitalization / Room & Board	\$600 per day (maximum of 240 consecutive days per covered event)	Average semi-private room rate	Private room rate
Intensive Care Unit	\$1,500 per day (maximum of 180 consecutive days per covered event)	Usual, Reasonable and Customary (URC)	Usual, Reasonable and Customary (URC)
Surgery	URC	URC	URC
Anesthetist's Charges Associated with Surgery	20% of surgery benefit	URC	URC
Transplants	\$250,000 per transplant	\$1,000,000 lifetime maximum	\$2,000,000 lifetime maximum
Outpatient	Visits/Exams - 25 visits per insured person per period of coverage to the maximum limit as outlined: <i>physician</i> \$70; <i>specialist</i> \$70; <i>psychiatrist</i> \$60; <i>chiropractor</i> \$50; <i>surgical intervention consultation</i> \$500; <i>X-rays</i> - \$250 per exam maximum limit; <i>Lab Tests</i> - \$300 per exam maximum limit	URC	URC
Rx Coverage	URC	URC	URC
Emergency Room Illness	URC - subject to an additional \$250 deductible if not admitted	URC - subject to an additional \$250 deductible if not admitted	URC - subject to an additional \$250 deductible if not admitted
Emergency Room Accident	URC	URC	URC
Local Ambulance	\$1,500 per covered event - not subject to deductible or coinsurance	URC	URC
Emergency Evacuation	\$50,000 per period of coverage - not subject to deductible or coinsurance	Limited to policy maximum - not subject to deductible or coinsurance	Limited to policy maximum - not subject to deductible or coinsurance
Emergency Reunion	NA (Not Applicable)	\$10,000 lifetime maximum	\$10,000 lifetime maximum
Return of Mortal Remains	\$25,000 lifetime maximum per insured - not subject to deductible or coinsurance	\$25,000 lifetime maximum per insured - not subject to deductible or coinsurance	\$50,000 lifetime maximum per insured - not subject to deductible or coinsurance
Maternity	Optional Rider - \$50,000 lifetime maximum, maximum of \$5,000 for normal delivery, \$7,500 for C-section, \$200 child wellness benefit for first 12 months - not subject to deductible or coinsurance <i>Available after 10 months of coverage-benefits reduced by 50% for births that occur in 11th or 12th month of continuous coverage</i>	Optional Rider - \$50,000 lifetime maximum, maximum of \$5,000 for normal delivery, \$7,500 for C-section, \$200 child wellness benefit for first 12 months - not subject to deductible or coinsurance <i>Available after 10 months of coverage-benefits reduced by 50% for births that occur in 11th or 12th month of continuous coverage</i>	Same As Any Illness (SAAI) \$1,000 additional deductible, \$50,000 lifetime maximum, \$200 child wellness benefit for first 12 months <i>Available after 10 months of coverage</i>

Benefit Description <i>Subject to deductible and coinsurance unless otherwise noted</i>	Silver	Gold	Platinum
Supplemental Accident	NA	\$300 per occurrence - not subject to deductible or coinsurance	\$500 per occurrence - not subject to deductible or coinsurance
Mental/Nervous	Outpatient only - (see <i>Outpatient page 6</i>) <i>Available after 12 months of continuous coverage</i>	\$10,000 per period of coverage up to a \$50,000 lifetime maximum <i>Available after 12 months of continuous coverage</i>	SAAI \$50,000 lifetime maximum <i>Available after 12 months of continuous coverage</i>
Adult Wellness	NA	\$250 per period of coverage - not subject to deductible or coinsurance <i>Available for those 30 years of age and over after 12 months of continuous coverage</i>	\$500 per period of coverage - not subject to deductible or coinsurance <i>Available for those 18 years of age and over after 12 months of continuous coverage</i>
Child Wellness	Three visits per period of coverage - maximum \$70 per visit <i>Available for children under 18 years of age after 12 months of continuous coverage</i>	\$200 maximum per period of coverage - not subject to deductible or coinsurance <i>Available for children under 18 years of age after 12 months of continuous coverage</i>	\$400 maximum per period of coverage - not subject to deductible or coinsurance <i>Available for children under 18 years of age after 12 months of continuous coverage</i>
Other Services	Extended Care - limited to first 30 days of confinement Radiation Treatment - URC Home Nursing Care - limited 30 days per covered event Hospice Care - limited 30 days per covered event Prosthetic Devices - all URC	URC	URC
Physical Therapy	Maximum \$40 per visit 30 visit maximum per period of coverage	Maximum \$50 per visit	Maximum \$50 per visit
High School Sports Injury	NA	NA	Up to \$5,000 maximum
Recreational SCUBA	NA	URC	URC
Remote Transportation	NA	NA	Limited to \$5,000 per certificate period up to a \$20,000 lifetime maximum
Political Evacuation and Repatriation	NA	NA	Limited to \$10,000 lifetime maximum
Complementary Medicine	NA	Acupuncture \$150 Aroma Therapy \$50 Herbal Therapy \$50 Magnetic Therapy \$75 Massage Therapy \$150 Vitamin Therapy \$100 Each per period of coverage	Acupuncture \$150 Aroma Therapy \$50 Herbal Therapy \$50 Magnetic Therapy \$75 Massage Therapy \$150 Vitamin Therapy \$100 Each per period of coverage
Non-emergency Dental	NA	NA	Calendar year maximum - \$750 Individual deductible - \$50 Schedule of benefits - Class I: 90% Class II: 70% Class III: 50% Ortho 0% (6 month waiting period)
Emergency Dental due to Accident	\$1,000 per period of coverage	URC	URC
Emergency Dental due to Sudden Unexpected Pain	NA	\$100 per period of coverage	See non-emergency dental benefits
Vision	NA	NA	Exams - up to \$100 per 24 months Materials - up to \$150 per 24 months
Global Concierge & Assistance Services	NA	NA	Included (see page 5)
Pre-existing Conditions (see page 9)	\$5,000 per period of coverage up to a \$50,000 lifetime maximum <i>Available after 24 months of continuous coverage</i>	\$5,000 per period of coverage up to a \$50,000 lifetime maximum <i>Available after 24 months of continuous coverage</i>	SAAI

Global Term Life InsuranceSM Including AD&D

While Global Medical Insurance is designed to protect individuals and families from the high cost of medical expenses, Global Term Life Insurance provides protection for families following a traumatic loss. Global Term Life Insurance also includes Accidental Death and Dismemberment (AD&D) coverage at no additional cost. AD&D is paid in addition to any amount paid by Global Term Life Insurance and can double the amount of the benefit.

Eligibility and Coverage

Those approved for Global Medical Insurance and under age 70 are automatically eligible for Global Term Life Insurance at the time of application. Global Term Life Insurance is an optional program purchased in units. The number of units applicants may purchase is based upon their age at the time of application and each subsequent renewal. Applicants from age 31 days through 18 years and from 65 through age 69 are eligible for one unit of coverage. Applicants from age 19 through age 64 are eligible for two units of coverage.

Global Term Life Insurance

Age	Principal Sum [*] per unit
31 days-18	\$5,000
19-29	\$75,000
30-39	\$50,000
40-44	\$35,000
45-49	\$25,000
50-54	\$20,000
55-59	\$15,000
60-64	\$10,000
65-69	\$7,500

Accidental Death and Dismemberment (Included with Global Term Life Insurance)

Accidental Loss of Life
Accidental Loss of Two Members**
Accidental Loss of One Member**

Benefit
Principal Sum*
Principal Sum*
50% of Principal Sum*

**Benefit based on age at time of death.
** "Member" means hand, foot or eye.*

Global Daily IndemnitySM

Insuring your life and health reduces the burden of unforeseen financial liabilities due to an illness or accident. Unfortunately, obligations and bills continue even during a hospital stay. The Global Daily Indemnity plan is an excellent way to offset these expenses. Global Daily Indemnity will pay directly to you \$100 for each required overnight stay in a hospital. The hospital stay must be eligible for coverage under your Global Medical Insurance plan. Hospital stays related to maternity are not eligible.

Global Daily Indemnity

Available only between ages
31 days-69 years

Principal Sum
\$100 per day

How to Apply

Global Term Life Insurance and Global Daily Indemnity are available with no additional medical underwriting. Simply complete and return the health and life portions of the application with the appropriate premiums as outlined in the application.

Emergency Medical Evacuation

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Medical Insurance includes Emergency Medical Evacuation. This coverage is available when there is not a qualified facility in the immediate area to treat your life-threatening illness or injury.

Global Medical Insurance covers Emergency Medical Evacuation to the nearest qualified medical facility or to the nearest qualified medical facility in the insured's home country provided that any additional travel time to the insured's home country will not cause detriment to his/her health as determined by the treating physician.

Emergency Medical Evacuation benefits under Global Medical Insurance provide access to care when you or your family need it most. During the emergency, IMG will coordinate evacuation to a qualified facility equipped to handle your illness or injury. A team of independent pilots and medical professionals will transport you and a family member (if there is room available), while arrangements for your arrival are being made with the receiving hospital. Once at the receiving hospital, IMG will continue to monitor your treatment and communicate with the physicians and your family members.

To be eligible, the evacuation must be recommended by the attending physician in life-threatening situations, and approved in advance and coordinated by IMG. IMG is available 24 hours a day, 7 days a week to arrange emergency medical evacuations.

Global Medical Insurance effectively handles pre-existing conditions based on the plan option you choose.

Pre-existing Conditions

Silver and Gold:

After coverage has been in effect for 24 continuous months, the Silver and Gold plan options provide a \$50,000 lifetime benefit for eligible pre-existing conditions that existed at or prior to the effective date, subject to a maximum of \$5,000 per period of coverage. This benefit is payable whether or not you have received consultation or treatment for the condition(s) during the 24-month period. The Silver and Gold plan options do not rider or charge additional premium for pre-existing conditions. If you properly disclose a pre-existing condition at the time of application and are accepted into the plan, you will be covered for eligible medical expenses after 24 months of continuous coverage, subject to the foregoing limits and the other terms of the plan.*

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first 180 days of coverage from the initial effective date are considered pre-existing conditions and are subject to the waiting period and other limitations of coverage described above: asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.

Platinum:

On the Platinum plan option, conditions that are fully disclosed on the application and have not been excluded or restricted by a rider will be covered the same as any illness. Conditions, including any complications therefrom, that are not fully disclosed on the application will not be covered.

Other Exclusions and Limitations*

- Treatment not ordered or received by a physician
- Treatment or supplies not medically necessary
- Investigational, experimental or research procedures
- Custodial care
- Weight modification
- Elective cosmetic or plastic surgery
- Treatment of impotency
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Routine foot care
- Treatment by a relative or family member
- Treatment as a result of war or riot
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Organized amateur or professional sports
- Maternity and newborn care (unless the maternity rider or Platinum plan option is purchased - see Summary Schedule of Benefits on page 6)
- Services and treatment eligible for payment by any government or other insurance
- Adult routine physical examinations are excluded under the Silver plan option and for the first 12 months for the Gold and Platinum plan options
- Devices to correct sight or hearing are excluded under the Silver and Gold plan options
- Inpatient mental and nervous is excluded under the Silver plan option and for the first 12 months for the Gold and Platinum plan options
- Outpatient mental and nervous for the first 12 months on all plan options

**This brochure contains only a consolidated and summary description of some of the current Global Medical Insurance benefits, conditions, limitations and exclusions. A certificate containing the complete Certificate Wording with all terms, conditions and exclusions will be included in the fulfillment kit. IMG reserves the right to issue the most current Certificate Wording for this insurance plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Certificate Wordings are available upon request.*



As an accommodation, IMG works with the hospital or clinic for direct payment of eligible expenses.

Precertification

Prior to receiving treatment you may need to contact IMG to precertify your treatment and/or for verification of benefits. Precertification means calling IMG's Utilization Management and Review company to receive a determination of medical necessity for the proposed treatment or services. It is 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. The following treatments and services must be precertified or certain reductions in benefits may result:

- Any surgery or treatment requiring hospitalization
- Outpatient surgery
- Within 48 hours after an emergency admission to the hospital
- Care in an extended care facility
- Home nursing care
- CAT scans, MRIs
- Durable medical equipment including artificial limbs
- Transplants

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 health care providers to IMG.

Claims Procedures

When you receive treatment, original itemized bills must be received by IMG within 90 days of services. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

Claim Filing Alternatives

DIRECT PAYMENT TO PROVIDERS-In many cases IMG works with the hospital or clinic as an accommodation, including those outside the independent PPO, for direct payment of eligible medical expenses on your behalf. To be eligible to have a claim paid in this fashion, you or the provider must complete a Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your deductible, coinsurance amounts and non-eligible expenses and charges.

REIMBURSEMENT-If you have received treatment and need to be reimbursed for out-of-pocket medical expenses, complete the Claim Form and submit your original itemized bills and paid receipts within 90 days. We will reimburse your eligible medical expenses after applying the deductible and coinsurance, subject to the terms of the plan.

Please remember to submit your bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.



As more people travel around the world, keeping the lines of communication open is exceedingly important. Understanding your needs and realizing this importance, we provide you with the essential element to satisfy your search for smooth communication.

As an IMG insured, you have the ability to access the information you need to manage your account online 24 hours a day, seven days a week from anywhere in the world with MyIMG. Some features of this cutting-edge tool include:

- Claim status check
- Obtain certificate documents
- Read announcements
- Get explanation of benefits
- Initiate precertification
- Request ID cards
- Search for physicians within the First Health Network (PPO) and through the International Provider AccessSM (IPA)

Akeso Care Management[®] (ACM[®])



Akeso Care Management is a URAC accredited health care management company that has been specializing in the complete spectrum of International Medical Management Services since 1996. ACM offers a unique blend of service components and expertise in medical management. Rather than work with a third party vendor in dealing with Emergency Medical Evacuation, Precertification, Disease Management, Medical Claims Auditing, Claim Rate Negotiations and Large Case Management, you will work directly with IMG's wholly-owned subsidiary, ACM, and receive the security you need, along with peace of mind.



URAC is an independent, nonprofit organization well-known as a leader in promoting health care quality through its accreditation and certification programs, and it is recognized by state and insurance regulators. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.

It is through ACM's qualified staff and the acknowledgement of URAC that utilization of ACM's services allows you to turn a negative medical experience into a very positive one. ACM's coordination of the insured's condition and associated medical care allows the family to focus on the patient, not the coordination of care.

Preferred Provider Organization

You may seek treatment under Global Medical Insurance with the hospital or doctor of your choice. If you choose the worldwide option and you need to seek treatment in the U.S., you may use the independent Preferred Provider Organization (PPO), a separately organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG.* This PPO network includes approximately 67% of all the hospitals in the U.S., including some of the most well-recognized university medical centers and transplant facilities.

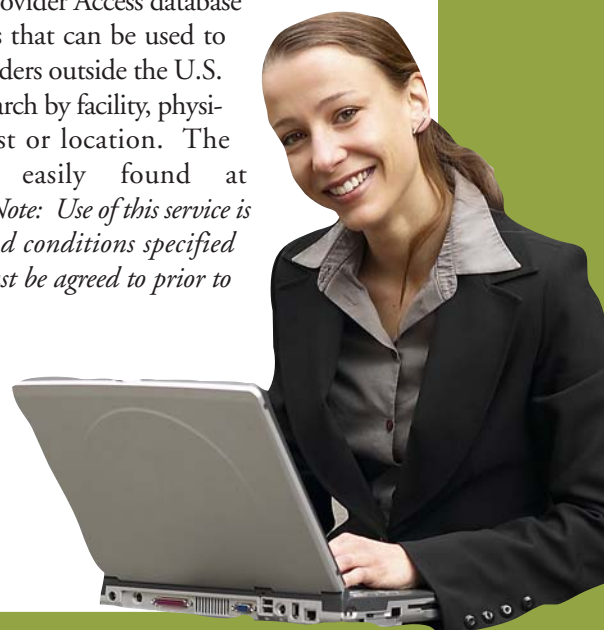
Using this provider network could significantly reduce your out-of-pocket expenses. **Your deductible will be reduced by 50%, and any coinsurance applicable to that charge is waived, when eligible treatment is received from a network provider.** When a U.S. hospital outside the network is used, a co-payment of \$250 is required in addition to the regular deductible and coinsurance. This co-payment is waived, however, if there is not a network provider within 50 miles of the location of treatment.

You may access the PPO directory by requesting that a copy be sent to you or you may visit the IMGGLOBAL[®] website, www.imgglobal.com. Network providers are listed by location and specialty.

**All PPO providers are contracted separately through First Health Group Corp.*

International Provider AccessSM (IPA)

As another example of our commitment to assisting you and assuring your Global Peace of Mind[®], IMG provides an online International Provider Access database of over 8,600 facilities that can be used to locate health care providers outside the U.S. as needed. You may search by facility, physician, specialty, dentist or location. The database can be easily found at www.imgglobal.com. (Note: Use of this service is subject to the terms and conditions specified online. These terms must be agreed to prior to using the service.)



IMG helps you manage your care and guides you through the claims process to ensure your Global Peace of Mind[®].

Eligibility

Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must reside abroad or plan to leave the U.S. on their effective date and plan to reside abroad for at least six of the next 12 months. Non-U.S. citizens may reside anywhere, including their country of citizenship, although certain eligibility restrictions may apply to non-U.S. citizens residing in the United States. Persons between the ages of 14 days and 74 years old may apply for coverage. Persons older than 74 years of age are not eligible. Certain other restrictions may also apply. Please ask your independent insurance agent or broker for further details.

Families applying for Global Medical Insurance will receive free coverage for the first two eligible dependent children between the ages of 14 days to 9 years when both parents are insured under the Global Medical Insurance plan. Children under the age of 19 applying individually should use the male 19-24 age bracket when applying for coverage. Each person requesting coverage must complete the information required in the application.

Renewal of Coverage

Subject to the terms of the plan, Global Medical Insurance is annually renewable and coverage is continuous when renewed. Prior to the end of each period of coverage (12 months) you will receive a renewal form. You must continue to meet the eligibility requirements outlined above in order to renew. There are no additional medical questions at renewal. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Lifetime Coverage

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance plan by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a summary of benefits of a new plan, Global Senior Plan®, and an enrollment form for coverage. There is no additional medical underwriting. You simply need to review the benefits, and complete and return the enrollment form with your premium.

How to Apply

To apply for Global Medical Insurance, simply complete and return the application. If you are applying as a family, you may include yourself, your spouse and dependents on one application. If you are 19 years of age or older, you must complete your own application. You must accurately complete all questions outlined in the application in order to be considered for coverage. An attending physician statement may be required depending upon your answers to the medical questions, and IMG reserves the right to request additional medical information.

When we receive your completed application with premium, we will process it as quickly as possible. Once accepted, you or your agent/broker will be mailed a fulfillment kit which includes an identification card, declaration of insurance and a Certificate of Insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. You are required to notify IMG, as required by the terms of the plan, if you or any family member suffers from or is treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not accepted, you will receive a full refund of premium. For additional information, please contact your independent insurance agent or broker.

Once you are accepted in the plan, we are confident that you will be pleased with the full terms of coverage. To ensure your satisfaction, we provide a 15 day period to review the fulfillment kit contents. If, during that 15 day period, you find that you are not happy with the plan for any reason, you may submit a written request for cancellation and full refund of your premium. See the Certificate of Insurance for full details.

Cancellation requests received after this 15 day period will be granted at the sole discretion of IMG as the plan administrator. Any refund you may receive will be based on an established refund schedule, not a pro-rated basis. See the Certificate of Insurance for full details.





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Please refer to the Certificate Wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this booklet. Certificate Wording is available upon request prior to purchase.

The summary description of coverages, benefits and eligibility in this brochure is accurate at the date of printing, subject to the terms of the plan. Any updates or changes made subsequent to printing will be included in the fulfillment kit sent upon approval of your application, and/or from time to time thereafter.

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