



International Marine Medical Insurance<sup>SM</sup>  
S E R I E S



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





## Understanding your market. **Exceeding your expectations.**

It's rare to find an insurance provider that offers flexible, specialized products and associated services for the marine industry. Even rarer is to find a company with the dedication, resources, and ability to professionally administer medical care benefits and deliver claims cost containment on a global basis. However, at International Medical Group® (IMG®), we understand the unique needs of marine crew professionals. In fact, we have an entire marine division dedicated to it.

Since 1990, our team has provided specialized insurance programs for captains, officers, and crew members. One such program is the International Marine Medical Insurance<sup>SM</sup> (IMMI) plan. This customizable plan offers medical coverage to groups of two or more marine crew professionals who live and work aboard ocean-going vessels.

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."

The IMMI program, coupled with our expertise in marine claims, medical management, and international assistance services, will help you and your crew members properly prepare for injury or illness that occurs while on assignment. IMG provides more than just insurance; we provide the Global Peace of Mind® marine crew professionals deserve, backed by a team of professionals committed to being there when you need us.



W O R R Y   L E S S <sup>SM</sup>  
*experience more*



## Medical Management Without Boundaries<sup>SM</sup>

The ability to access quality healthcare is essential when a medical emergency arises abroad. From routine medical care and check-ups, to complex case management and medical evacuations, IMG is there to offer our expertise and unique blend of services, including:

### Medical Travel Management

The Medical Travel Management benefit offers the member who is contemplating non-emergency medical treatment in the United States the opportunity to be financially compensated for having that care rendered by a qualified medical provider(s) outside of the U.S.

First, a designated nurse case manager will evaluate the cost effectiveness of an international medical travel case to assess whether the minimum savings required can be achieved as defined by the plan. The case manager will then assist the member in identifying a qualified medical provider to provide the specified care, while also negotiating medical fees. Upon approval, the case manager will coordinate the necessary services including patient care, travel, scheduling, and housing. The case manager will also assist with coordination of a medical follow-up visit upon returning home, when needed.

When treatment is received outside of the U.S. and there is cost savings greater than \$10,000 to the plan, the member will personally share in any cost savings that are realized. The cost savings are calculated using the average U.S. cost of the medical service compared to the actual cost of the medical procedure and associated medical travel costs performed by the non-U.S.-based provider(s).

### International Care Management

Critically ill or injured crew have enough to worry about—let IMG ease the administrative workload and communications that come with complex international medical case management. Our experienced medical management team can assist with meeting the patient's health and care needs to deliver the best possible outcome. Our medical staff will help coordinate care for your members who have highly complex cases requiring detailed management. These services may include assisting with:

- Concurrent review and monitoring of services for medical necessity
- Coordination of the hospitalization and any necessary post-discharge care

## MyIMG<sup>SM</sup> Travel Intelligence & Member Tools

It's easy to access and manage your IMG accounts any time, anywhere, from any device, via MyIMG. With MyIMG Travel Intelligence, you can get location-specific alerts across 10 threat categories that span health, transportation, security, and weather. Leverage location-specific travel intelligence like travel tips, tools, and key insights from local analysts.

Additional MyIMG features include:

- Claims submission and management
- ID card and insurance documents access
- Precertification process initiation
- Explanation of Benefits (EOB) access
- Customer Care live chat and contact information
- Find a Doctor locator

## Customizable Solutions

We are confident that IMMI will provide quality medical coverage specific to your organization's and group members' needs. For groups of a certain size, IMG offers the flexibility to customize benefits. Please contact your insurance producer for more information. Our reputation for excellence has been built on providing top-tier programs to organizations like yours around the world, and we will work closely with you to design a benefits package that meets your unique needs.

*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

International Marine Medical Insurance<sup>SM</sup> (IMMI)

# Medical Benefits Summary



## Coverage Limit/Maximum Amount for Eligible Medical Expenses

Maximum Limit \$5,000,000 per period of coverage

Medical Concierge  
 ■ Non-emergency services only

The Medical Concierge Service is a proprietary service of IMG that helps an insured person navigate the United States healthcare system to identify the highest quality providers for scheduled inpatient and certain outpatient treatments. Refer to the MEDICAL CONCIERGE provision for further details.

## Benefit Plan Features

Benefit Levels	United States	United States	United States	International
	Medical Concierge	In-Network	Out-of-Network	International

## Deductible for Eligible Medical Expenses

Deductible	\$0	\$0	\$100 - \$10,000	\$100 - \$10,000
Family Deductible ■ Maximum 3 deductibles per family	\$0	\$0	3 deductibles	3 deductibles

## Coinsurance for Eligible Medical Expenses

Coinsurance ■ In addition to deductible	Plan pays 100%, Insured pays 0%	Plan pays 100%, Insured pays 0%	Plan pays 80%, Insured pays 20%	Plan pays 100%, Insured pays 0%
Out-of-Pocket Maximum	\$0	\$0	\$1,000	\$0

## Precertification

- Transplants: No coverage if precertification requirements are not met.
- Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.
- 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.
- 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.

## Pre-Existing Conditions

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
Sudden and Unexpected Reoccurrence of Pre-Existing Conditions ■ Up to the calendar year maximum limit ■ Available for the first 12 months if no prior creditable coverage	Not applicable	100%	80%	100%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

International Marine Medical Insurance<sup>SM</sup> (IMMI)

## 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	100%	100%	80%	100%
Physician Visits/Services	Not applicable	100%	80%	100%
Teladoc Consultation* <ul style="list-style-type: none"> <li>▪ Not subject to deductible and coinsurance</li> <li>▪ Services rendered in the United States</li> <li>▪ Teladoc consultations will not support a diagnosis for mental or nervous disorders</li> </ul>	Company pays 100% within the U.S.			
Hospital Emergency Room: United States <ul style="list-style-type: none"> <li>▪ Injury: Not subject to emergency room deductible</li> <li>▪ Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
Hospitalization/Room & Board <ul style="list-style-type: none"> <li>▪ Average semi-private room rate</li> <li>▪ Includes nursing, miscellaneous and ancillary services</li> </ul>	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy.			
Outpatient Surgical/Hospital Facility	100%	100%	80%	100%
Laboratory	Not applicable	100%	80%	100%
Radiology/X-Ray	100%	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	100%	80%	100%
Pre-Admission Testing	Not applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>▪ Surgery is incidental to and follows surgery that was covered under the plan</li> </ul>	100%	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>▪ 20% of the primary surgeon's eligible fee</li> </ul>	100%	100%	80%	100%
Second Surgical Opinion <ul style="list-style-type: none"> <li>▪ Payable at 100% if requested by the Company</li> <li>▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company</li> </ul>	Not applicable	100%	80%	100%
Anesthetists	100%	100%	80%	100%
Pregnancy and Newborn Care <ul style="list-style-type: none"> <li>▪ After 10 months of continuous coverage</li> <li>▪ Result of natural insemination</li> <li>▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life</li> </ul>	Not applicable	100%	80%	100%
Pregnancy Complications <ul style="list-style-type: none"> <li>▪ After 10 months of continuous coverage</li> </ul>	Not applicable	100%	80%	100%
Durable Medical Equipment	Not applicable	100%	80%	100%

\*Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a Teladoc Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

### Inpatient or Outpatient Services *(continued)*

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 <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
Podiatry Care <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$750</li> </ul>	Not applicable	100%	80%	100%
Chiropractic Care (Outpatient) <ul style="list-style-type: none"> <li>▪ Not subject to deductible and coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Maximum visits: 20</li> <li>▪ Physician order not required</li> </ul>	Not applicable	100%	100%	100%
Chiropractic Care (Inpatient) <ul style="list-style-type: none"> <li>▪ Must be part of recovery treatment plan for a covered illness or injury</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>▪ Not subject to coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	100%	100%
Occupational Therapy <ul style="list-style-type: none"> <li>▪ Not subject to coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> <li>▪ Upon direct transfer from acute care facility</li> </ul>	100%	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> <li>▪ Provided by a home health care agency</li> <li>▪ Upon direct transfer from an acute care facility</li> </ul>	100%	100%	80%	100%
Transplant <ul style="list-style-type: none"> <li>▪ Lifetime maximum: \$1,000,000</li> <li>▪ Per period of coverage transplant maximum limit: 1</li> <li>▪ Organ procurement &amp; harvesting costs lifetime maximum: \$10,000</li> <li>▪ Travel &amp; lodging lifetime maximum expense: \$5,000</li> <li>▪ Covered transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow</li> <li>▪ Subject to the TRANSPLANT PRECERTIFICATION provision and only when treatment is provided within the Company's approved independent Managed Transplant System Network</li> </ul>	100%	100%	80%	100%

### Preventative Care

NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary  
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
Adult Preventative Care <ul style="list-style-type: none"> <li>▪ Ages 19 and over</li> <li>▪ Maximum limit: \$250</li> <li>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%
Child Preventative Care <ul style="list-style-type: none"> <li>▪ Ages 18 and younger</li> <li>▪ Maximum limit: \$250</li> <li>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%

*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

International Marine Medical Insurance<sup>SM</sup> (IMMI)

## 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

## 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: 90 days per prescription Not applicable 80% 80% 100%

## 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

Lifetime Maximum \$20,000

Inpatient Mental or Nervous/Substance Abuse  
 ■ Available after 12 months of continuous coverage 100% 100% 80% 100%

Outpatient Mental or Nervous/Substance Abuse  
 ■ Maximum limit per visit: \$100 Not applicable 100% 80% 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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
<b>Emergency Local Ambulance</b> ■ Subject to deductible and coinsurance ■ Injury ■ Illness resulting in an inpatient hospital admission	Not applicable	100%	80%	100%
<b>Emergency Medical Evacuation</b> ■ Lifetime maximum: \$1,000,000 ■ Insured persons under 65 years of age ■ Approved in advance and coordinated by the Company	Not applicable	100%	100%	100%
<b>Emergency Reunion</b> ■ Lifetime maximum: \$10,000 ■ Maximum days: 15 ■ Maximum meal limit per day: \$25 ■ Reasonable and necessary travel costs and accommodations ■ Approved in advance by the Company	Not applicable	100%	100%	100%
<b>Interfacility Ambulance Transfer</b> ■ Transfer must be a result of an inpatient hospital admission	Not applicable	100%	100%	100%
<b>Return of Mortal Remains</b> ■ Maximum limit: \$25,000 ■ Local burial/Cremation maximum limit: \$10,000 ■ Return of insured person's mortal remains to home country ■ Approved in advance by the Company	Not applicable	100%	100%	100%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



## 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 <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
<b>Accommodation Benefit</b> <ul style="list-style-type: none"> <li>▪ Maximum limit: \$2,500</li> <li>▪ Refer to the ACCOMMODATION BENEFIT provisions for further details and requirements</li> </ul>	Not applicable	100%	100%	100%
<b>Amateur Sailboat Racing</b> <ul style="list-style-type: none"> <li>▪ Subject to deductible and coinsurance</li> </ul>	Not applicable	100%	80%	100%
<b>Crew Member Return</b> <ul style="list-style-type: none"> <li>▪ Maximum limit: \$2,500</li> </ul>	Not applicable	100%	100%	100%
<b>Emergency Dental</b> <ul style="list-style-type: none"> <li>▪ Subject to deductible and coinsurance</li> <li>▪ Accident related</li> </ul>	Not applicable	80%	80%	100%
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>▪ Treatment at a hospital facility due to an accident</li> <li>▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100%</li> </ul>	Not applicable	100%	80%	100%
<b>Hospital Indemnity</b> <ul style="list-style-type: none"> <li>▪ International only</li> <li>▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit</li> <li>▪ Inpatient hospitalization only</li> </ul>				<ul style="list-style-type: none"> <li>▪ Overnight maximum limit: \$100</li> <li>▪ Maximum overnight limit: 20</li> <li>▪ Maximum limit: \$2,000</li> </ul>
<b>Lifeworks Consultation*</b> <ul style="list-style-type: none"> <li>▪ Employee Assistance Program</li> </ul>	Company pays 100%			
<b>Medical Travel Management</b> <ul style="list-style-type: none"> <li>▪ Must be approved in advance by the Company</li> </ul>	<p>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.</p> <p>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.</p> <p>Meal allowance maximum: \$100</p> <p>Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements.</p>			
<b>Non-Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>▪ Lifetime maximum: \$1,000,000</li> <li>▪ Insured persons under age 65</li> <li>▪ Approved in advance and coordinated by the Company</li> </ul>	Not applicable	100%	100%	100%
<b>Recreational Underwater Activities</b> <ul style="list-style-type: none"> <li>▪ Subject to deductible and coinsurance</li> </ul>	Not applicable	100%	80%	100%
<b>Supplemental Accident Benefit</b> <ul style="list-style-type: none"> <li>▪ Maximum limit per covered accident: \$300</li> </ul>	Not applicable	100%	100%	100%



\*Coverage for a LifeWorks Consultation is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a LifeWorks Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

International Marine Medical Insurance<sup>SM</sup> (IMMI)

# Dental Benefits Summary

## Coverage Limit/Maximum Amount for Eligible Dental Expenses

Calendar Year Maximum Limit	\$1,000-\$1,500
Calendar Year Orthodontia Maximum Limit	\$1,000-\$1,500
Deductible	\$50
▪ Applies to minor restorative, major restorative, and orthodontia services	
Family Deductible	\$150
▪ Maximum 3 deductibles per family	

### Routine Services

NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Expenses are limited to Usual, Reasonable, and Customary  
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Coinsurance	
Diagnostic and Preventative Services		
▪ Preventative visits and cleanings: 2 (1 every 6 months)	Plan pays 100%	Insured pays 0%
▪ Radiographic examinations (including posterior bitewings): 2 (1 every 6 months)		
▪ Fluoride treatment: 1 for children under age 19		
Emergency Palliative Treatment	Plan pays 100%	Insured pays 0%

### Minor Restorative

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

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

### Major Restorative

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

Major Restorative Services		
▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years		
▪ Limitations apply for children under age 12	Plan pays 50%	Insured pays 50%
▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements		
Prosthodontics		
▪ Dentures/bridges: 1 every 5 years		
▪ Replacement of denture base material or reline: 1 every 3 years	Plan pays 50%	Insured pays 50%
▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements		

### Orthodontia 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

Orthodontia		
▪ Children under age 19	Plan pays 50%	Insured pays 50%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



WORRY LESS<sup>SM</sup>  
*experience more*





## Coverage Limit/Maximum Amount for Eligible Medical Expenses

Period of Coverage Maximum Limit: 365 days

Calendar Year Maximum Limit Unlimited

### Medical Concierge

- Non-emergency services only

The Medical Concierge Service is a proprietary service of IMG that helps an insured person navigate the United States healthcare system to identify the highest quality providers for scheduled Inpatient and certain outpatient treatments.

Refer to the MEDICAL CONCIERGE provision for further details.

## Benefit Plan Features

Benefit Levels	United States	United States	United States	International
	Medical Concierge	In-Network	Out-of-Network	International

## Deductible for Eligible Medical Expenses

Deductible	\$0	\$0	\$0	\$0
------------	-----	-----	-----	-----

## Coinsurance for Eligible Medical Expenses

Coinsurance	Plan pays 100%, Insured pays 0%	Plan pays 100%, Insured pays 0%	Plan pays 80%, Insured pays 20%	Plan pays 100%, Insured pays 0%
In addition to deductible				

Out-of-Pocket Maximum	\$0	\$0	\$1,000	\$0
-----------------------	-----	-----	---------	-----

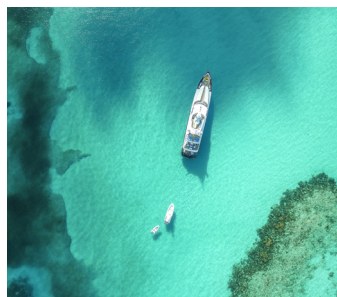
## Precertification

- Transplants: No coverage if precertification requirements are not met.
- Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.
- 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.
- 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.

## Pre-Existing Conditions

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

Pre-existing conditions are covered the same as any other illness or injury.



All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

International Marine Medical Insurance<sup>SM</sup> (IMMI)

## 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	100%	100%	80%	100%
Physician Visits/Services	Not applicable	100%	80%	100%
Teladoc Consultation* <ul style="list-style-type: none"> <li>▪ Not subject to deductible and coinsurance</li> <li>▪ Services rendered in the United States only</li> <li>▪ Teladoc consultations will not support a diagnosis for mental or nervous disorders</li> </ul>	Company pays 100% within the U.S.			
Hospital Emergency Room: United States <ul style="list-style-type: none"> <li>▪ Injury: Not subject to emergency room deductible</li> <li>▪ Illness: subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
Hospitalization/Room & Board <ul style="list-style-type: none"> <li>▪ Average semi-private room rate</li> <li>▪ Includes nursing, miscellaneous and ancillary services</li> </ul>	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy. All other pandemic exclusions apply.			
Outpatient Surgical/Hospital Facility	100%	100%	80%	100%
Laboratory	Not applicable	100%	80%	100%
Radiology/X-Ray	100%	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	100%	80%	100%
Pre-Admission Testing	Not applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> <li>▪ Surgery is incidental to and follows surgery that was covered under the plan</li> </ul>	100%	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> <li>▪ 20% of the primary surgeon's eligible fee</li> </ul>	100%	100%	80%	100%
Second Surgical Opinion <ul style="list-style-type: none"> <li>▪ Payable at 100% if requested by the Company</li> <li>▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company</li> </ul>	Not applicable	100%	80%	100%
Anesthetists	100%	100%	80%	100%
Pregnancy and Newborn Care <ul style="list-style-type: none"> <li>▪ After 10 months of continuous coverage</li> <li>▪ Result of natural insemination</li> <li>▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life</li> </ul>	Not applicable	100%	80%	100%
Pregnancy Complications <ul style="list-style-type: none"> <li>▪ After 10 months of continuous coverage</li> </ul>	Not applicable	100%	80%	100%
Durable Medical Equipment	Not applicable	100%	80%	100%
Podiatry Care <ul style="list-style-type: none"> <li>▪ Maximum Limit: \$750</li> </ul>	Not applicable	100%	80%	100%

\*Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a Teladoc Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

### Inpatient or Outpatient Services *(continued)*

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 <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
<b>Chiropractic Care (Outpatient)</b> <ul style="list-style-type: none"> <li>▪ Not subject to deductible and coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Maximum visits: 20</li> <li>▪ Physician order not required</li> </ul>	Not applicable	100%	100%	100%
<b>Chiropractic Care (Inpatient)</b> <ul style="list-style-type: none"> <li>▪ Must be part of recovery treatment plan for a covered illness or injury</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	80%	100%
<b>Physical Therapy</b> <ul style="list-style-type: none"> <li>▪ Not subject to coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	100%	100%
<b>Occupational Therapy</b> <ul style="list-style-type: none"> <li>▪ Not subject to coinsurance</li> <li>▪ Maximum limit per visit: \$75</li> <li>▪ Medical order or treatment plan required</li> </ul>	Not applicable	100%	80%	100%
<b>Extended Care Facility</b> <ul style="list-style-type: none"> <li>▪ Upon direct transfer from acute care facility</li> </ul>	100%	100%	80%	100%
<b>Home Nursing Care</b> <ul style="list-style-type: none"> <li>▪ Provided by a home health care agency</li> <li>▪ Upon direct transfer from an acute care facility</li> </ul>	100%	100%	80%	100%
<b>Transplant</b> <ul style="list-style-type: none"> <li>▪ Lifetime maximum: \$1,000,000</li> <li>▪ Per period of coverage transplant maximum limit: 1</li> <li>▪ Organ procurement &amp; harvesting costs lifetime maximum: \$10,000</li> <li>▪ Travel &amp; lodging lifetime maximum expense: \$5,000</li> <li>▪ Covered transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow</li> <li>▪ Subject to the TRANSPLANT PRECERTIFICATION provision and only when treatment is provided within the Company's approved independent Managed Transplant System Network</li> </ul>	100%	100%	80%	100%

### Preventative Care

NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary  
Maximum Limits per Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
<b>Adult Preventative Care</b> <ul style="list-style-type: none"> <li>▪ Ages 19 and over</li> <li>▪ Maximum limit: \$500</li> <li>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%
<b>Child Preventative Care</b> <ul style="list-style-type: none"> <li>▪ Ages 18 and younger</li> <li>▪ Maximum limit: \$500</li> <li>▪ Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

## 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

## 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

### United States Retail Pharmacy

- Not subject to deductible and coinsurance
- Copayments are per 30-day supply
- Dispensing maximum: 90 days per prescription
- Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company

Universal RX (URX) Prescription Drug Card **MUST** be utilized for all outpatient prescription drugs in the United States.

#### Retail Pharmacy Copayments:

Generic	\$5
Higher-cost generic and brand	\$15
Non-preferred brand name	\$30

### International Prescriptions

- Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company

Coinsurance: 100%

Subject to deductible and coinsurance

Dispensing maximum: 90 days per prescription

#### Expatriate Prescription Services Program

Generic \$5

Brand name \$15

Copayments are per 30-day supply

Dispensing maximum: 180 days per prescription

#### Contact Information:

- Enroll via the provider's website: [www.expatsps.com](http://www.expatsps.com)

#### Prescription Submission:

- Email (scan prescription): [epsmanager@universalrx.com](mailto:epsmanager@universalrx.com)
- Fax: +1.540.777.7184

#### Questions/Concerns:

- Phone number: +1.540.777.1450
- Email: [epsmanager@universalrx.com](mailto:epsmanager@universalrx.com)

## 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

### Lifetime Maximum

\$20,000

### Inpatient Mental or Nervous/Substance Abuse

- Available after 12 months of continuous coverage

100%

100%

80%

100%

### Outpatient Mental or Nervous/Substance Abuse

- Maximum limit per visit: \$100
- Maximum visits: 52

Not applicable

100%

80%

100%

## 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

Not applicable

100%

80%

100%

*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

International Marine Medical Insurance<sup>SM</sup> (IMMI)

## 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
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>▪ Lifetime maximum: \$1,000,000</li> <li>▪ Insured persons under 65 years of age</li> <li>▪ Approved in advance and coordinated by the Company</li> </ul>	Not applicable	100%	100%	100%
<b>Emergency Reunion</b> <ul style="list-style-type: none"> <li>▪ Lifetime maximum: \$10,000</li> <li>▪ Maximum days: 15</li> <li>▪ Maximum meal limit per day: \$25</li> <li>▪ Reasonable and necessary travel costs and accommodations</li> <li>▪ Approved in advance by the Company</li> </ul>	Not applicable	100%	100%	100%
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>▪ Transfer must be a result of an inpatient hospital admission</li> </ul>	Not applicable	100%	100%	100%
<b>Return of Mortal Remains</b> <ul style="list-style-type: none"> <li>▪ Maximum limit: \$25,000</li> <li>▪ Local burial/cremation maximum limit: \$10,000</li> <li>▪ Return of insured person's mortal remains to home Country</li> <li>▪ Approved in advance by the Company</li> </ul>	Not applicable	100%	100%	100%

## Other Services

NOT Subject to Deductible and Coinsurance unless otherwise noted  
Eligible Medical Expenses are limited to Usual, Reasonable, and Customary  
Maximum Limits per Calendar Year or, if indicated, per Lifetime

<b>Accommodation Benefit</b> <ul style="list-style-type: none"> <li>▪ Maximum limit: \$2,500</li> <li>▪ Refer to the ACCOMMODATION BENEFIT provision for further details</li> </ul>	Not applicable	100%	100%	100%
<b>Amateur Sailboat Racing</b> <ul style="list-style-type: none"> <li>▪ Subject to deductible and coinsurance</li> </ul>	Not applicable	100%	80%	100%
<b>Crew Member Return</b> <ul style="list-style-type: none"> <li>▪ Maximum limit: \$2,500</li> </ul>	Not applicable	100%	100%	100%
<b>Emergency Dental</b> <ul style="list-style-type: none"> <li>▪ Subject to deductible and coinsurance</li> <li>▪ Accident related</li> </ul>	Not applicable	80%	80%	100%
<b>Traumatic Dental Injury</b> <ul style="list-style-type: none"> <li>▪ Treatment at a hospital facility due to an accident</li> <li>▪ Additional treatment for the same injury rendered by a dental provider will be paid at 100%</li> </ul>	Not applicable	100%	80%	100%
<b>Hospital Indemnity</b> <ul style="list-style-type: none"> <li>▪ International only</li> <li>▪ Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit</li> <li>▪ Inpatient hospitalization only</li> </ul>	<ul style="list-style-type: none"> <li>▪ Overnight maximum limit: \$100</li> <li>▪ Maximum overnight limit: 20</li> <li>▪ Maximum limit: \$2,000</li> </ul>			
<b>LifeWorks Consultation*</b> <ul style="list-style-type: none"> <li>▪ Employee Assistance Program</li> </ul>		Company pays 100%		
<b>Medical Travel Management</b> <ul style="list-style-type: none"> <li>▪ Must be approved in advance by the Company</li> </ul>	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 U.S. Meal allowance maximum: \$100 Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements.			

\*Coverage for a LifeWorks Consultation is not a determination that any specific condition discussed, raised, or identified during such consultation is covered under this insurance. The Company reserves the right to decline future claims relating to or arising from any condition discussed, raised, or identified during a LifeWorks Consultation where the illness or injury is directly or indirectly related to any pre-existing condition or is otherwise excluded under this Certificate of Insurance.

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.



Other Services (continued)				
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
Non-emergency Medical Evacuation <ul style="list-style-type: none"> <li>Lifetime maximum: \$1,000,000</li> <li>Insured persons under age 65</li> <li>Approved in advance and coordinated by the Company</li> </ul>	Not applicable	100%	100%	100%
Recreational Underwater Activities <ul style="list-style-type: none"> <li>Subject to deductible and coinsurance</li> </ul>	Not applicable	100%	80%	100%
Supplemental Accident Benefit <ul style="list-style-type: none"> <li>Maximum limit per covered accident: \$500</li> </ul>	Not applicable	100%	100%	100%

## PLATINUM Dental Benefits Summary

Coverage Limit/Maximum Amount for Eligible Dental Expenses		
Calendar Year Maximum Limit		\$1,500
Calendar Year Orthodontia Maximum Limit		\$1,500
Deductible		\$50
<ul style="list-style-type: none"> <li>Applies to minor restorative, major restorative and orthodontia services</li> </ul>		
Family Deductible		\$150
<ul style="list-style-type: none"> <li>Maximum 3 deductibles per family</li> </ul>		
Routine Services		
NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Benefit	Coinsurance	
Diagnostic and Preventative Services <ul style="list-style-type: none"> <li>Preventative visits and cleanings: 2 (1 every 6 months)</li> <li>Radiographic examinations (including posterior bitewings): 2 (1 every 6 months)</li> <li>Fluoride Treatment: 1 for children under age 19</li> </ul>	Plan pays 100%	Insured pays 0%
Emergency Palliative Treatment	Plan pays 100%	Insured pays 0%
Minor Restorative		
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		
Radiographs <ul style="list-style-type: none"> <li>Radiograph: 1 every 3 years</li> <li>Full mouth x-rays including panoramic x-rays</li> </ul>	Plan pays 80%	Insured pays 20%
Oral Surgery	Plan pays 80%	Insured pays 20%
Endodontics	Plan pays 80%	Insured pays 20%

All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

International Marine Medical Insurance<sup>SM</sup> (IMMI)

<b>Periodontics</b> <ul style="list-style-type: none"> <li>Root planning: 1 every 2 years</li> <li>Periodontal surgery: 1 every 3 years</li> </ul>	Plan pays 80%	Insured pays 20%
<b>Minor Restorative Services</b> <ul style="list-style-type: none"> <li>Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements</li> </ul>	Plan pays 80%	Insured pays 20%
<b>Major Restorative</b> 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		
<b>Major Restorative Services</b> <ul style="list-style-type: none"> <li>Crowns, jackets, inlays (on same tooth): 1 every 5 years</li> <li>Limitations apply for children under age 12</li> <li>Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements</li> </ul>	Plan pays 50%	Insured pays 50%
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>Dentures/bridges: 1 every 5 years</li> <li>Replacement of denture base material or reline: 1 every 3 years</li> <li>Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements</li> </ul>	Plan pays 50%	Insured pays 50%
<b>Orthodontia Services</b> 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		
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>Children under age 19</li> </ul>	Plan pays 50%	Insured pays 50%

## Group Life Insurance (Optional)

Group Life benefit includes:

- Term Life Insurance Benefit
- Accidental Death Benefit
- Dismemberment Benefit

10 or fewer employees:

- \$10,000 minimum required

Automatically approved up to \$100,000 if member is approved for the IMMI medical plan

- 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 reduction schedule:

- Under age 65: full amount payable
- Ages 65-69: 35% reduction
- Ages 70-74: 55% reduction
- Ages 75-79: 70% reduction
- Age 80+: 80% reduction

*International Marine Medical Insurance is a fully insured group benefit plan. 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®).*



*All coverage and benefits in the plan are in United States (U.S.) dollars. Benefits are subject to the exclusions and limitations and are payable only at Usual, Reasonable, and Customary charges. This is a summary of a selection of plan benefits offered only as an illustration and does not supersede in anyway the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.*

International Marine Medical Insurance<sup>SM</sup>(IMMI)



G L O B A L  
*peace of mind*<sup>®</sup>





IMG PRODUCER USE ONLY

James Craig  
PO Box 50612  
Jacksonville Beach, FL 32240  
Phone: 1-904-370-3976  
jim@thecraigagency.com  
<http://www.thecraigagency.com>



2960 N. Meridian Street, Ste. 300  
Indianapolis, IN 46208-0509 USA  
Telephone: +1.317.655.4500  
Fax: +1.317.655.4505  
Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)