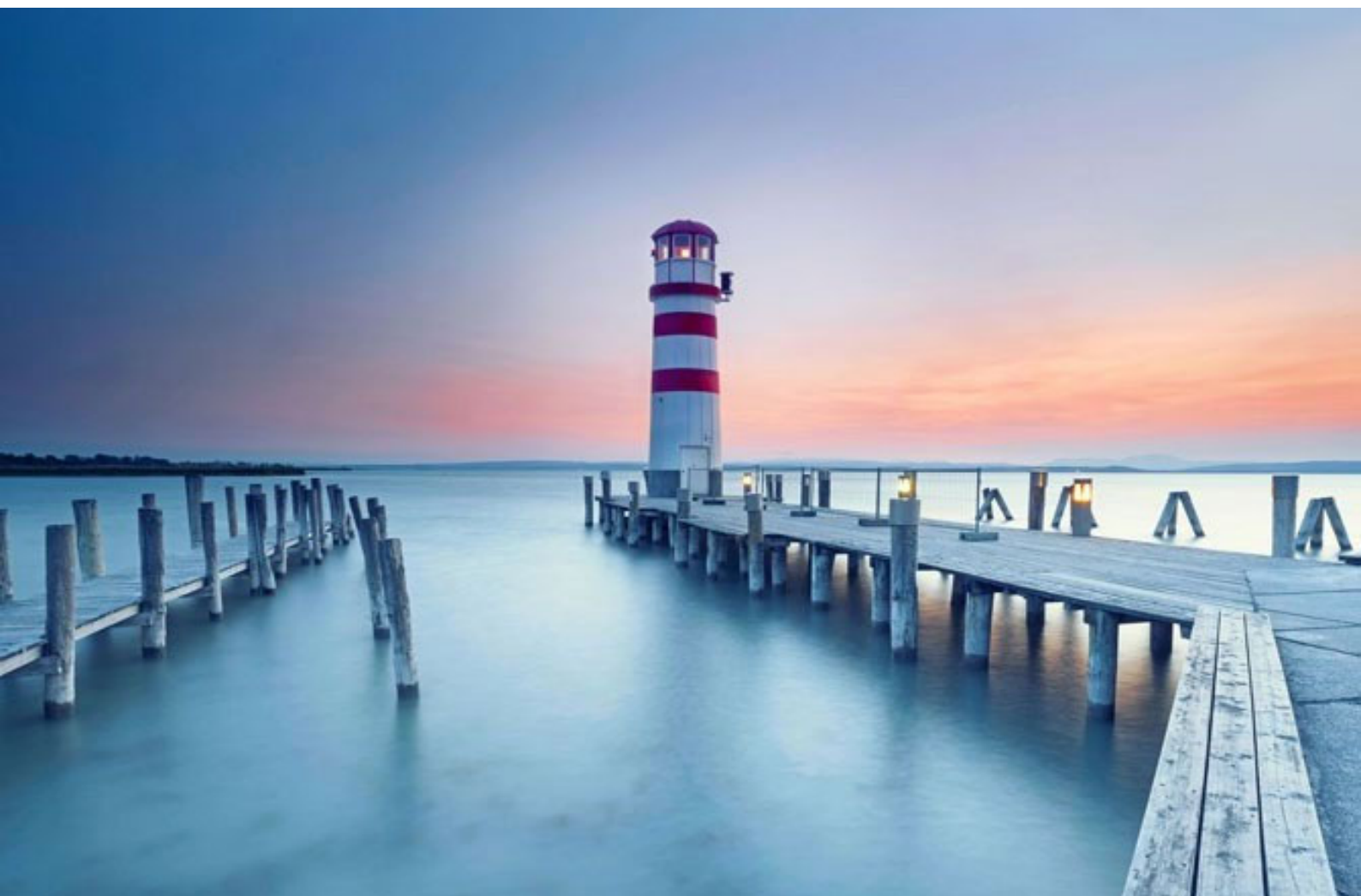


Global Medical Insurance Gold with Creditable Coverage



IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):

This insurance is not subject to, and does not provide benefits required by, PPACA. PPACA requires United States citizens, United States nationals and resident-alien to obtain PPACA compliant insurance coverage unless they are exempt from PPACA. Penalties may be imposed on persons who are required to maintain PPACA compliant coverage but do not do so.

Eligibility to purchase or renew this product, or its terms and conditions, may be modified or amended based upon changes to applicable law, including PPACA. Please note that it is solely the Insured Person's responsibility to determine if the insurance requirements apply to them, and the Company and its Administrator shall have no liability whatsoever, including for any penalties that the Insured Person may incur, for their failure to obtain coverage required by any applicable law including without limitation PPACA.

BENEFIT SUMMARY

Coverage Limit / Maximum Amount for Eligible Medical Expenses				
Period of Coverage	Maximum Limit: 365 days			
Area of Coverage	Area 2: Worldwide excluding United States, Canada, China, Hong Kong, Japan, Macau, Singapore and Taiwan. United States 30-day maximum per Period of Coverage for Emergency Illness or Accident only. Treatment in the United States must be received from a Physician, Hospital or other healthcare provider within the Preferred Provider Network (PPO).			
	Area 3: Worldwide			
Lifetime Maximum	\$5,000,000			
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 (Subject to Area of Coverage indicated on the Declaration)				
United States: 50 states and the District of Columbia	United States	United States	United States	International
International: United States territories and countries other than the United States	Medical Concierge	In-Network	Out-of-Network	International
Deductible for Eligible Medical Expenses				
Deductible • Refer to Declaration for Deductible amount	50% reduction of Deductible or maximum of \$2,500	100% of Deductible	100% of Deductible	50% reduction of Deductible or maximum of \$2,500
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
Pre-certification				
<ul style="list-style-type: none"> Transplants: No coverage if Pre-certification requirements are not met. Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. Medical Evacuation: No coverage if Pre-certification requirements are not met. Refer to the MEDICAL EVACUATION provision for further details and requirements. Orphan Drugs or Biologic Drugs: No coverage if not approved in writing by the Company or Plan Administrator. All other Treatments & supplies: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. Deductible is taken after reduction. Coinsurance is applied to remainder of the reduced amount. Refer to PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification. 				

Inpatient or Outpatient Services				
Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	100%	80%	100%
Outpatient Physician / Specialist Visit	Not Applicable	100%	80%	100%
Physician Visits / Services	100%	100%	80%	100%
Teladoc Consultation <ul style="list-style-type: none"> • For Insured Persons with Area 3 coverage only • 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. 	Not Applicable	100%	Not Applicable	Not Applicable
Hospital Emergency Room: United States <ul style="list-style-type: none"> • Injury: Not subject to Emergency Room Deductible • Illness: Subject to a \$250 Deductible for each Emergency Room visit for Treatment that does not result in a direct Hospital admission 	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"> • Average semi-private room rate • Private room considered when no semi-private room available • Includes nursing, miscellaneous and Ancillary Services 	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
Surgery / Outpatient Hospital Facility	100%	100%	80%	100%
Laboratory	Not Applicable	100%	80%	100%
Radiology / X-ray	100%	100%	80%	100%
Chemotherapy / Radiation Therapy	Not Applicable	100%	80%	100%
Pre-admission Testing	Not Applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery <ul style="list-style-type: none"> • Surgery is incidental to or follows Surgery that was covered under the plan 	100%	100%	80%	100%
Assistant Surgeon <ul style="list-style-type: none"> • 20% of the primary surgeon's eligible fee 	Not Applicable	100%	80%	100%

Inpatient or Outpatient Services				
Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Second Surgical Opinion <ul style="list-style-type: none"> • Payable at 100% if requested by the Company • 50% reduction of Eligible Medical Expenses for failure to obtain a Second Surgical Opinion when required by the Company 	Not Applicable	100%	80%	100%
Anesthesia	Not Applicable	100%	80%	100%
Durable Medical Equipment	Not Applicable	100%	80%	100%
Podiatry Care <ul style="list-style-type: none"> • Maximum Limit: \$750 	Not Applicable	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> • Maximum Limit per visit: \$50 • Maximum visits per day: 1 • Medical order or Treatment plan required 	Not Applicable	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> • Upon direct transfer from an acute care Facility 	100%	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> • Provided by a Home Health Care Agency • Upon direct transfer from an acute care Facility 	100%	100%	80%	100%
Hospice <ul style="list-style-type: none"> • Terminally ill – 6 months to live • Inpatient Hospice Facility • Insured Person's home 	100%	100%	80%	100%
Transplant <ul style="list-style-type: none"> • Lifetime Maximum: \$1,000,000 • Transplant Maximum Limit: 1 • Organ procurement & harvesting costs Lifetime Maximum: \$10,000 • Travel & lodging Lifetime Maximum expense: \$5,000 • Covered Transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow • Subject to the TRANSPLANT PRE-CERTIFICATION provision and only when Treatment is provided within the Company's approved independent Managed Transplant System Network 	100%	100%	Not Applicable	100%

Prescription Drugs and Medication Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
The following categories listed immediately below accumulate toward the Lifetime Maximum.				
United States Retail Pharmacy Prescriptions • Dispensing maximum per prescription: 90 days	Not Applicable	Not Applicable	80%	Not Applicable
International Retail Pharmacy Prescriptions • Dispensing maximum per prescription: 90 days	Not Applicable	Not Applicable	Not Applicable	100%
The following category applies toward the Period of Coverage Maximum Limit. The Maximum Limit applies towards the Lifetime Maximum.				
Inpatient and Outpatient Treatment • Orphan Drugs or Biologic Drugs, but only when ALL the following are met: <ul style="list-style-type: none"> ○ Approved in writing by the Company or Plan Administrator ○ Is Medically Necessary and generally accepted standard of medical practice ○ Is not Experimental or Investigational 	Maximum Limit: \$250,000 For Orphan Drugs or Biologic Drugs obtained through: <ul style="list-style-type: none"> • United States Retail Pharmacy: Subject to Deductible and Coinsurance stated above • International Retail Pharmacy: Subject to Deductible and Coinsurance stated above For Orphan Drugs or Biologic Drugs obtained through: <ul style="list-style-type: none"> • Inpatient/Outpatient Medical Treatment: Subject to Deductible and Coinsurance 			
Preventative Care NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Adult Preventative Care • Ages 19 and older • Maximum Limit: \$250	Not Applicable	100%	100%	100%
Child Preventative Care • Ages 18 and younger • Maximum Limit: \$200	Not Applicable	100%	100%	100%
Mental or Nervous and Counseling Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Mental or Nervous • After 12 months of continuous coverage • Maximum Limit: \$10,000 • Lifetime Maximum: \$50,000	Not Applicable	100%	80%	100%
Bereavement Counseling • Not subject to Deductible and Coinsurance • Lifetime Maximum: \$300 • Counseling 6 months before or after a Family member's death	Not Applicable	100%	100%	100%

Emergency Services

NOT Subject to Deductible and Coinsurance unless otherwise noted
Eligible Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Emergency Local Ambulance <ul style="list-style-type: none"> • Subject to Deductible and Coinsurance • Injury • Illness resulting in an Inpatient Hospital admission 	Not Applicable	100%	80%	100%
Emergency Medical Evacuation <ul style="list-style-type: none"> • Up to the Lifetime Maximum • Approved in advance and coordinated by the Company 	Not Applicable	100%	100%	100%
Emergency Reunion <ul style="list-style-type: none"> • Lifetime Maximum: \$10,000 • Maximum days: 15 • Meal Maximum Limit per day: \$25 • Reasonable and necessary travel costs and accommodations • Approved in advance by the Company 	Not Applicable	100%	100%	100%
Interfacility Ambulance Transfer <ul style="list-style-type: none"> • United States only • Transfer from one licensed health care Facility to another licensed health care Facility 	Not Applicable	100%	80%	Not Applicable
Return of Mortal Remains <ul style="list-style-type: none"> • Maximum Limit: \$25,000 • Local Burial / Cremation Maximum Limit: \$5,000 • Return of Insured Person's Mortal Remains to Country of Residence • Approved in advance by the Company 	Not Applicable	100%	100%	100%
Other Services Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable and Customary amounts Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum				
Complementary Medicine <ul style="list-style-type: none"> • Maximum Limit: \$500 • Services include Acupuncture, Aromatherapy, Herbal Therapy, Magnetic Therapy, Massage Therapy and Vitamin Therapy 	Not Applicable	100%	100%	100%

Other Services

Subject to Deductible and Coinsurance unless otherwise noted
Eligible Expenses are limited to Usual, Reasonable and Customary amounts
Maximum Limit per Period of Coverage or if indicated, Lifetime Maximum

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Dental Treatment <ul style="list-style-type: none"> Maximum Limit: \$100 (Treatment due to unexpected pain to sound natural teeth) Maximum Limit: \$500 (Non-emergency Treatment at a Dental Provider's office due to an Accident) 	Not Applicable	100%	100%	100%
Traumatic Dental Injury <ul style="list-style-type: none"> Up to the Lifetime Maximum Treatment at a Hospital Facility due to an Accident Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100% 	Not Applicable	100%	80%	100%
Healthy Travel Preventative Coverage <ul style="list-style-type: none"> Not subject to Deductible and Coinsurance Adult and Child Vaccinations and preventative prescription drugs administered by a Physician within 30 days prior to the Insured Person's Initial Effective Date and before departing to any destination Lifetime Maximum: \$250 Refer to the HEALTHY TRAVEL PREVENTATIVE COVERAGE provision for further details and requirements 	Not Applicable	100%	100%	100%
Hospital Indemnity <ul style="list-style-type: none"> Not subject to Deductible and Coinsurance International only Inpatient Hospitalization only 	Private Hospital <ul style="list-style-type: none"> Overnight Maximum Limit: \$400 Maximum Limit: \$4,000 Public Hospital (state, government or charitable Hospital) <ul style="list-style-type: none"> Overnight Maximum Limit: \$500 Maximum Limit: \$5,000 Treatment received by the Insured Person at a Public Hospital and no Charges are incurred by the Insured Person or the Company will be subject to the Public Hospital Maximum Limit. Treatment received by the Insured Person at a Public Hospital and Charges are submitted to the Company for reimbursement will be subject to the Private Hospital Maximum Limit.			
Supplemental Accident <ul style="list-style-type: none"> Not subject to Deductible and Coinsurance Maximum Limit per Accident: \$300 Charges will be subject to Deductible and Coinsurance and paid the same as any other Injury once the Maximum Limit has been satisfied 	Not Applicable	100%	100%	100%