



# **GEO<sup>SM</sup> Group** - Plan Summary

The **G**lobal **E**mployer's **O**ption<sup>SM</sup> - A worldwide benefits program designed for groups of two or more internationally assigned employees

## Understanding Your Market. **Exceeding Your Expectations.**

As an international employer, it's important to provide the proper medical coverage for your employees. This helps you recruit and retain top-level staff. You want to ensure that they receive worldwide access to quality care, superior international claims administration and the financial stability from an established leader in the international medical insurance field.

With more than 20 years of experience working closely with large, multi-national corporations, small businesses, not-for-profits and non-governmental organizations from around the world, International Medical Group® (IMG®) understands the intricacies of worldwide health care delivery. We have earned a reputation for excellence by providing quality, dependable health care programs to organizations like yours, and we have the resources to support you and your group members wherever they are. We focus solely on the international medical insurance market while performing all administration functions in-house - ensuring your group members get the most efficient, quality and cost-effective care available. This also helps you control your group health care costs now and into the future.

In order to provide the comprehensive, cost-effective plan your organization needs, we designed GEO Group. This program offers four base plan options with a wide range of benefits that can be customized to suit your specifications. Your insurance producer and IMG will consult with you to design your plan based on the size and needs of your group.





# Program Summary

The following pages offer a summary of the benefits and plan conditions of GEO Group.

## ■ *Designed for*

- ▶ Multi-national employers with two or more employees
- ▶ U.S. or non-U.S. expatriate employees
- ▶ Third country or key local nationals
- ▶ Independently contracted employees

## ■ *Highlights*

- ▶ Coverage area options
- ▶ Flexible plan designs
- ▶ Full group takeover/Replacement provision available
- ▶ Tiered group underwriting
- ▶ COBRA and HIPAA like options
- ▶ Medical History Disregarded underwriting option
- ▶ Enhanced benefit option for U.S.-based employers
- ▶ Long-term disability insurance

## Medical Information Service

Among the benefits that GEO Group offers is a medical information service that group members can access. The service will allow them to consult with board-certified physicians, licensed psychologists, pharmacists, dentists, dieticians, and fitness trainers to assist them with any routine health related questions they have. The service is not meant to replace a family physician; instead it focuses on addressing your group members' concerns in a convenient manner and providing them with support to make informed decisions. Professionals will quickly respond to your group members' questions, refer them to specialists and get them the information they need – saving them time and possibly preventing unnecessary office visits. Highlights include:

- ▶ Web-based medical tools including direct email access to doctors, psychologists, pharmacists, dentists, dieticians, and fitness trainers
- ▶ Available to employees, spouses and children: 24 hours a day, 365 days a year
- ▶ Email response time: Normally two to four hours in U.S. time zones - 24 hour guarantee
- ▶ Searchable 3D medical video library: Unlimited access to more than 250 videos
- ▶ Medical Library: Unlimited access to more than 2,200 topics
- ▶ Health Tips e-Newsletter: Sent weekly via email
- ▶ Personal Health Record - Healthy Lifestyle Assessment - Blog: Unlimited access
- ▶ Printable ID card: Allows physician online access to personal health records in case of emergencies

## Universal Rx Pharmacy Discount Savings

This discount savings program is available to all GEO Group members. This program allows card members to purchase prescriptions at one of over 35,000 participating pharmacies in the U.S. and receive the lower of 1) Universal Rx contract price or 2) the pharmacy regular retail price.

This is not insurance coverage. It is purely a discount program. Use of the discount card does not guarantee that prescribed medication is covered under the insurance benefit plan.

IMG also offers a prescription drug card option for an additional premium. For more information, please see Supplemental Programs.

# Medical Benefits Summary

The following is a schedule of benefits for the four plans of GEO Group. The plans cover Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts are shown in U.S. dollars and subject to deductible and coinsurance unless otherwise noted. **NA** = Not Applicable **URC** = Usual, Reasonable and Customary **SAAI** = Same As Any Illness

Benefit	Plan 1	Plan 2	Plan 3	Plan 4 (Hospital Plan)
<b>Choice of Coverage Area</b>	<b>1)</b> Worldwide <b>2)</b> Worldwide excluding U.S., Canada, China, Hong Kong, Japan, Macau, Singapore & Taiwan <b>3)</b> Country of Assignment	<b>1)</b> Worldwide <b>2)</b> Worldwide excluding U.S., Canada, China, Hong Kong, Japan, Macau, Singapore & Taiwan <b>3)</b> Country of Assignment	<b>1)</b> Worldwide <b>2)</b> Worldwide excluding U.S., Canada, China, Hong Kong, Japan, Macau, Singapore & Taiwan <b>3)</b> Country of Assignment	<b>1)</b> Worldwide <b>2)</b> Worldwide excluding U.S., Canada, China, Hong Kong, Japan, Macau, Singapore & Taiwan <b>3)</b> Country of Assignment
<b>Maximum Lifetime Benefit per person</b>	\$50,000 - \$8,000,000	\$50,000 - \$8,000,000	\$50,000 - \$8,000,000	\$50,000 - \$8,000,000
<b>Deductible/Coinsurance</b>				
<b>Deductible - Calendar Year</b>	\$0 - \$25,000	\$0 - \$25,000	\$0 - \$25,000	\$0 - \$25,000
<b>Family Deductibles</b>	2 or 3	2 or 3	2 or 3	2 or 3
<b>Treatment outside the U.S. &amp; Canada</b>	Subject to deductible. No coinsurance	Subject to deductible. No coinsurance	Subject to deductible. Plan pays 90% of the next \$10,000 - 100% thereafter	Subject to deductible. Plan pays 90% of the next \$10,000 - 100% thereafter
<b>Treatment inside the U.S.</b> (Out-patient/In-patient Emergency)	<u>PPO Network</u> – deductible 50% waived (to a \$2,500 maximum). No coinsurance	<u>PPO Network</u> – deductible 50% waived (to a \$2,500 maximum). No coinsurance	<u>PPO Network</u> – deductible 50% waived (to a \$2,500 maximum). Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter	<u>PPO Network</u> – deductible 50% waived (to a \$2,500 maximum). Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter
<b>Treatment inside the U.S.</b> (In-patient Non-Emergency)	<u>Medical Concierge</u> – deductible 50% waived (to a \$2,500 maximum). No coinsurance. <u>PPO Network</u> -Subject to deductible. No coinsurance	<u>Medical Concierge</u> – deductible 50% waived (to a \$2,500 maximum). No coinsurance. <u>PPO Network</u> -Subject to deductible. No coinsurance	<u>Medical Concierge</u> – deductible 50% waived (to a \$2,500 maximum). Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter. <u>PPO Network</u> - Subject to deductible. Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter	<u>Medical Concierge</u> – deductible 50% waived (to a \$2,500 maximum). Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter. <u>PPO Network</u> - Subject to deductible. Plan pays 80% of the next \$10,000 of eligible expenses - 100% thereafter
<b>Treatment inside the U.S.- Non-PPO Network and Canada</b>	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses - 100% thereafter	Subject to deductible. Plan pays 80% of the next \$5,000 of eligible expenses - 100% thereafter	Subject to deductible. Plan pays 70% of the next \$10,000 of eligible expenses - 100% thereafter	Subject to deductible. Plan pays 70% of the next \$10,000 of eligible expenses - 100% thereafter
<b>In-patient/ Out-patient Services</b>				
<b>Hospitalization/ Room &amp; Board</b>	In U.S./Canada - URC of average semi-private room rate. <u>Outside of U.S./Canada</u> - URC of private room rate (not to exceed 150% of semi-private room rate).	In U.S./Canada - URC of average semi-private room rate. <u>Outside of U.S./Canada</u> - URC of private room rate (not to exceed 150% of semi-private room rate).	Semi-private room rate	Semi-private room rate
<b>Intensive Care Unit</b>	URC	URC	URC	URC
<b>Out-patient</b>	URC	URC	Following In-patient Treatment up to \$2,000 per period of insurance and/or 90 days	Following In-patient Treatment up to \$2,000 per period of insurance and/or 90 days
<b>Emergency Room</b>	URC Additional \$250 deductible applied if not admitted for treatment of an illness	URC Additional \$250 deductible applied if not admitted for treatment of an illness	URC Additional \$250 deductible applied if not admitted for treatment of an illness	Hospital admission required
<b>Prescription Drugs</b>	URC	Up to \$1,500 annual maximum	Up to \$1,500 annual maximum	URC (In-patient expenses only)
<b>Local Ambulance</b>	URC	URC	URC	NA

In-patient/ Out-patient Services <i>(continued)</i>	Plan 1	Plan 2	Plan 3	Plan 4 (Hospital Plan)
<b>Chronic Condition</b>	URC	60 days per condition	60 days per condition	60 days per condition
<b>Transplants</b>	\$1,000,000 lifetime	\$250,000 lifetime	NA	\$250,000 lifetime
<b>Wellness</b>				
<b>Adult Wellness Benefit</b> <i>Not subject to deductible and coinsurance</i>	\$250 per calendar year	\$250 per calendar year	NA	NA
<b>Child Wellness Benefit</b> <i>Not subject to deductible and coinsurance</i>	\$150 per calendar year	\$150 per calendar year	NA	NA
<b>Physician Services</b>				
<b>Illness or Accident Benefit</b>	URC	URC	Following In-patient Treatment Up to \$2,000 per period of insurance and/or 90 days	URC (In-patient expenses only)
<b>Supplemental Accident Benefit</b> <i>Not subject to deductible and coinsurance</i>	\$300 per covered accident	NA	NA	NA
<b>Emergency Services</b>				
<b>Return of Mortal Remains to Home Country</b>	\$25,000	\$10,000	NA	\$25,000 included in Emergency Evacuation Benefit
<b>Political Evacuation &amp; Repatriation</b>	\$10,000 lifetime	\$10,000 lifetime	\$10,000 lifetime	\$10,000 lifetime
<b>Emergency Medical Evacuation</b>	Up to plan maximum lifetime benefit per person	\$25,000 lifetime benefit per person	NA	\$25,000 lifetime benefit per person
<b>Emergency Reunion</b>	\$10,000 lifetime benefit	\$5,000 lifetime benefit	NA	\$25,000 included in Emergency Evacuation Benefit
<b>Maternity</b>				
<b>*Maternity Coverage</b> <i>Available after 10 months of continuous coverage</i>	SAAI	SAAI	NA	SAAI
<b>Pre-natal Care - Delivery of Newborn - Post-natal Care</b>	URC	\$5,000 - Normal Delivery \$7,500 - Complications	NA	\$5,000 - Normal Delivery \$7,500 - Complications
<b>Newborn Baby Care</b> <i>(Well-Baby)</i>	Routine care for the first 31 days of life	Routine care for the first 31 days of life	NA	Routine care for the first 31 days of life
<b>Additional Benefits</b>				
<b>Physical Therapy</b>	\$50 per visit	\$50 per visit	NA	URC (In-patient expenses only)
<b>Chiropractic Care</b> <i>Not subject to deductible and coinsurance</i>	\$25 per visit (maximum of 20 visits per policy period)	NA	NA	NA
<b>Complementary Medicine</b>	Acupuncture - \$150; Aroma Therapy - \$50; Herbal - \$50; Magnetic - \$75; Massage - \$150; Vitamin - \$100	Acupuncture - \$150; Aroma Therapy - \$50; Herbal - \$50; Magnetic - \$75; Massage - \$150; Vitamin - \$100	NA	NA

Additional Benefits Available on Plan 1	
<b>*Mental &amp; Nervous Disorders / Alcohol &amp; Substance Abuse</b> <i>Available after 12 months of continuous coverage</i>	In-patient Treatment - \$10,000 Calendar year; \$20,000 Lifetime Out-patient Treatment - 50% of a maximum charge of \$100 per visit of 52 visits per calendar year
<b>Vision</b> <i>Not subject to deductible and coinsurance</i>	Exams - Up to \$100 per 24 months Materials, frames, lenses, contacts - Up to \$150 per 24 months

\*Waiver of Waiting Period – Proof of prior group coverage required at time of initial proposal (Replacement Provision)

# Supplemental Programs

As a complement to the medical benefits, GEO Group offers the following supplemental insurance programs. All amounts are in U.S. dollars.

## Term Life and Accidental Death and Dismemberment Insurance

- ▶ Available up to \$250,000 per employee
- ▶ 10 or fewer IMG insured employees: \$10,000 minimum required
- ▶ 11 or more IMG insured employees: Optional - No minimum required
- ▶ Group Life benefit automatically includes: ■ Term Life Insurance Benefit ■ Accidental Death Benefit ■ Dismemberment Benefit
- ▶ Guarantee Issue to \$100,000
  - Additional underwriting \$100,001 - \$250,000
- ▶ Group Life can be issued as a flat amount (e.g. \$50,000) or by salary (e.g. 2 x salary)
- ▶ Group Life ADEA Reduction Schedule (Age Discrimination in Employment Act of 1967)
  - Less than age 65: Full amount payable
  - Ages 65-69: 35% reduction
  - Ages 70-74: 55% reduction
  - Ages 75-79: 70% reduction
  - Age 80+: 80% reduction

## Daily Indemnity Insurance

- ▶ Benefit pays \$100 for every day of eligible in-patient hospitalization
- ▶ Cash benefit payable directly to the employee
- ▶ \$25,000 lifetime maximum benefit
- ▶ Group Life Insurance required

*Exclusions: Pregnancy or related conditions; Hospitalization which begins before the day of a scheduled surgery or procedure; Spouse and children are excluded.*

## Dental Insurance

	Option 1	Option 2	Option 3
Calendar Year Maximum per Person	\$1,000	\$1,000	\$1,500
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
<b>Schedule of Benefits</b>			
Class I, Diagnostic, Preventive <i>(Emergency Palliative Treatment - not subject to deductible)</i>	100%	100%	100%
Class II, Basic Service <i>(X-Rays, oral surgery, extractions, endodontics, periodontics, anesthesia)</i>	80%	80%	80%
Class III, Major Services <i>(Prosthodontics (bridges, partial dentures), Major restorative services (crowns, inlays))</i>	50%	50%	50%
Class IV Orthodontia <i>(available to age 19 years)</i>	0%	50%	50%

## GEO Platinum USA Benefits Rider

This rider is available to U.S.-based employers that wish to provide enhanced benefits more in line with U.S.-style health care plans. The rider adds the following benefits:

- ▶ Unlimited lifetime maximum
- ▶ Coverage for preventive services at 100%
- ▶ Extends dependent coverage up to age 26 provided dependent is not eligible under any other health care plan and a full-time student
- ▶ Waives pre-existing condition limitations on children under the age of 19

## Prescription Drug Card

- ▶ \$10 / \$20 - U.S. Drug Card
- ▶ \$15 / \$30 - U.S. Drug Card

## Adventure Sports Rider

- ▶ Available to insureds up to age 65
- ▶ Age 0-49, lifetime maximum \$50,000
- ▶ Age 50-59, lifetime maximum \$30,000
- ▶ Age 60-65, lifetime maximum \$15,000

# Additional Information

*The following is a summary of items that are excluded from coverage\* under GEO Group.*

■ Treatment, services or supplies that are not administered or ordered by a licensed physician ■ Treatment, services, or supplies that are not medically necessary ■ Charges that exceed Usual, Reasonable and Customary charges ■ Surgeries or treatments that are investigational, experimental or for research purposes ■ Confinement primarily for custodial, educational or rehabilitative care ■ Weight modification or treatment for obesity ■ Treatment or surgery for cosmetic or aesthetic reasons, except for reconstructive surgery incidental to or following other covered surgery ■ Treatment for a person who was HIV+ prior to the person's effective date ■ Artificial insemination, infertility, impotency, sterilization or reversal of sterilization ■ Hearing aids ■ TMJ dysfunction ■ Injury sustained from Hazardous Sports activities ■ Injury sustained while under the influence of alcohol or drugs ■ Self-inflicted injury or illness ■ Charges resulting from or during the commission of a crime ■ Services or supplies performed or provided by a relative ■ Orthoptics and visual eye training ■ Certain care, treatment or supplies for the feet ■ Care and treatment for hair loss ■ Exercise programs ■ Injury that occurs during work for pay/profit or covered under workers' compensation or similar law - Special coverage for work related injuries may apply if prior approval authorized by The Underwriter ■ Conditions and medications that are subject to an Exclusionary Medical Rider ■ War and terrorism (limited "innocent bystander" coverage is included) ■ Maternity, Mental & Nervous and Alcohol & Substance Abuse during the waiting period unless Replacement/Takeover benefit is purchased for eligible employees at the inception of the group certificate ■ Pre-existing medical conditions during initial waiting period - Unless waiting period waiver is purchased prior to the initial effective date of the group.

## Emergency Travel Assistance Services

Even the smallest disruption can be an emergency when your group members are abroad. We offer a complete array of emergency travel assistance services so they can spend more time enjoying their international experience and spend less time worrying about the smaller issues. Some services provided include:

- Emergency travel arrangements
- Lost passport/travel documents assistance
- Lost luggage assistance
- Embassy or consulate referrals
- Emergency message relay
- Emergency prescription replacement
- Medical referrals
- 24-hour medical monitoring
- Emergency cash transfer and emergency translations
- Legal referrals

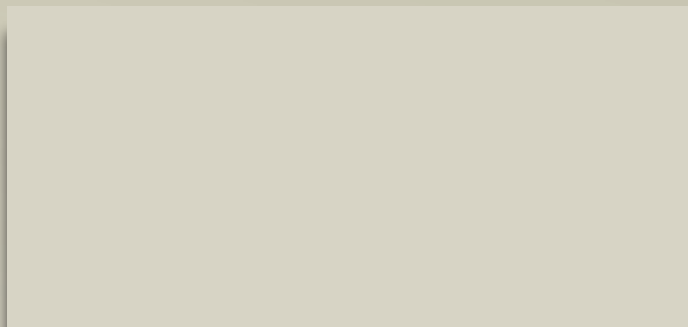
## Do You Have Everything You Need?

We are confident that GEO Group will provide the quality medical coverage specific to your organization and group members' needs. For groups of a certain size, GEO Group also offers the flexibility to customize benefits. Please do not hesitate to contact your insurance producer and/or IMG 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 the benefits package to meet your specific needs.

\*Charges arising or resulting directly or indirectly from or relating to any Pre-existing Condition, which is a medical or health condition (whether physical or mental, and regardless of the cause of the condition) for which medical advice, diagnosis care or Treatment was recommended or received during the three (3) month period ending on the enrollment date, are excluded until the earlier of the following: (a) the date that the number of days, beginning on the Enrollment Date, exceeds 180 days continuously during which no treatment is sought, recommended or received (including prescription medication or drugs); or (b) the date that the number of days, beginning on the enrollment date, exceeds 365 days; or (c) if present in the contract, the date that the number of days beginning on the enrollment date, when added to the number of days of creditable coverage beginning on the first day following any significant break in creditable coverage and ending on the individual's enrollment date, exceeds 365 days; or (d) if present in the contract, with respect to late enrollees, the date that the number of days beginning on the enrollment date, when added to the number of days of creditable coverage beginning on the first day following any significant break in creditable coverage and ending on the individual's enrollment date, exceeds 546 days.

The benefits, coverages and exclusions listed herein are only a summary and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. 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. 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.

Coverage Without Boundaries®



INTERNATIONAL MEDICAL GROUP

P.O. Box 88509  
Indianapolis, IN 46208-0509 USA  
Telephone: 1.317.655.4500 or  
1.866.368.3724  
Fax: 1.317.655.4505  
Email: [insurance@imglobal.com](mailto:insurance@imglobal.com)  
**[www.imglobal.com](http://www.imglobal.com)**