

## Understanding Your Market. Exceeding Your Expectations.

At International Medical Group® (IMG®), we understand the intricacies of worldwide health care delivery and are especially sensitive to the needs of those in the missionary market. IMG created an entire missionary division in 1992 so we could provide specialized products and services exclusive to the missionary community. Over time, we have earned a reputation for excellence by providing quality, dependable health care programs to mission sending organizations like yours and hundreds have found a partner in IMG that they can rely on and trust to service the worldwide needs of their missionaries.

MP+International® was designed to provide medical insurance to missionary groups by offering continuous coverage while overseas and back in the U.S. while on furlough or deputation. We recognize that nowhere are stable premiums more important than within the missionary community. Our attention to this fact begins with our unique plan design. MP+International offers a wide range of worldwide benefits that follow missionaries wherever they go. At the same time, it is designed to encourage them to receive medical care overseas when feasible, where the cost of medical care is comparatively less expensive than in the U.S. Combined with other cutting-edge services like our Medical Travel Management benefit, MP+International benefits and services are positioned to help you and your members take more control of your health care costs, which lends itself to greater premium stability.

It is rare to find a company that offers specialized products and services for the missionary community. As much as we are proud of our history in helping missionaries and mission sending organizations throughout the years, it is we who consider ourselves blessed to have had the opportunity to contribute in some way to the well-being and peace of mind to those who are serving the great commission abroad.



# **Medical Benefits Summary**

The following is a schedule of benefits for MP+International. The plan covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. All amounts shown are in U.S. dollars.

Schedule of Benefits	Benefit Description		
Coverage Area	Worldwide		
Maximum Lifetime Benefit Per Person	\$1,000,000 standard - \$5,000,000 option available		
Deductible	Calendar year deductible per insured with an accumulative maximum Family Deductible equal to two times the individual deductible		
Coinsurance Percentages			
<ul> <li>Medical expenses incurred outside the U.S. &amp; Canada</li> <li>Medical expenses incurred in the U.S. using the PPO and in Canada</li> </ul>	<ul> <li>Plan pays 100% of eligible charges after deductible</li> <li>Plan pays 80% of eligible charges after deductible up to \$5,000</li> </ul>		
■ Medical expenses incurred in the U.S. outside the PPO	► Eligible expenses reduced by 20% to a maximum of \$1,000 and a minimum of \$50. Deductible and coinsurance applied to the remaining expenses. This penalty is waived if there is not a network provider within 25 miles of the treatment location.		
Physician Services	Subject to deductible and coinsurance		
Hospital Services			
<ul><li>In-patient &amp; Out-patient - Room &amp; Board</li><li>Intensive Care</li></ul>	<ul> <li>Payable to the average semi-private room rate</li> <li>Subject to three times the average semi-private room rate</li> </ul>		
■ Emergency Room • Injury • Illness	<ul> <li>Subject to deductible and coinsurance</li> <li>Subject to and additional (extra) \$250 deductible if treatment for illness does not require admittance to the hospital</li> </ul>		
Prescription Drugs	Subject to deductible and coinsurance		
Wellness	\$250 benefit every 24 months - not subject to deductible or coinsurance. Available for insured and dependent spouse age 35 and older, after a 24 month waiting period.		
Maternity Coverage ■ Pre-natal Care - Delivery of Newborn - Post-natal Care	Covered same as any illness. Subject to deductible and coinsurance.		
Other Services			
■ Chiropractic Care	\$500 maximum per year, reimbursable at 50%		
Durable Medical Equipment	Subject to deductible & coinsurance		
Home Health Care	30 days per calendar year		
Human Organ Covered Transplants	\$500,000 lifetime maximum when treatment is provided within PPO		
Local Ambulance	Subject to deductible & coinsurance		
Physical Therapy	\$50 maximum benefit per visit		
Hospice	\$7,500 lifetime		
Extended Care Facility	▶ 60 days per calendar year		
Mental/Nervous Disorders			
In-patient Treatment	▶ 15 days per calendar year per insured person		
Out-patient Treatment	▶ 50% reimbursement		

## **Supplemental Programs**

As a complement to the medical benefits, MP+International offers the following supplemental insurance programs. All amounts shown are in U.S. dollars:

#### **Employee Life Insurance**

Employee Term Life and Accidental Death and Dismemberment benefits are available for \$10,000 and greater.

Dependent Life Insurance is available as an optional coverage. It provides \$10,000 of coverage for the dependent spouse and \$5,000 of coverage for each dependent child over the age of six months.

### **Emergency Medical Evacuation**

As an emergency situation arises that local (international) medical care cannot adequately treat, IMG medical staff coordinates all aspects of the medical evacuation. Because each evacuation is unique, a tailored action plan is developed to assure the best medical outcome. Some of those services included in the action plan are:

- Verification of medical condition and determination that an evacuation is necessary
- Research and identification of the nearest qualified medical facility to handle the individual medical situation faced by your member
- Research and coordination of all evacuation transportation options including:
  - Types and availability of appropriate transportation options
  - Necessary medical escort personnel
- Coordination of the patient's return to the U.S. (if necessary)

An Emergency Reunion Benefit also provides up to \$15,000 of coverage toward travel and lodging expenses for a relative of a friend who accompanies a member who is evacuated.

If a covered illness or accident results in death, expenses for the Repatriation of Bodily Remains or ashes to the home country are covered up to \$5,000.

Group Dental Insurance	Plan I	Plan II	Plan III
Calendar Year Maximum per Person	\$1,000	\$1,000	\$1,500
Individual Deductible	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150
Schedule of Benefits			
Class I, Diagnostic, Preventive Emergency Palliative Treatment - Not subject to deductible	100%	100%	100%
Class II, Basic Service X-Rays, oral surgery, extractions, endodontics, periodontics, anesthesia	80%	80%	80%
Class III, Major Services Prosthodontics (bridges, partial dentures), Major restorative services (crowns, inlays)	50%	50%	50%
Orthodontia Separate lifetime maximum of \$1,500 to age 19	0%	50%	50%

### **Medical Management Without Boundaries** SM

The ability to access quality health care is of paramount importance when a medical emergency arises abroad. From routine medical care to complex case management, from check-ups to emergency medical evacuations, IMG is there to offer our expertise in cost containment and a unique blend of valuable services including:

#### **International Utilization Management**

Utilization Management is the process of determining whether the services delivered or scheduled to be delivered to a patient are medically necessary and appropriate. By using established national medical guidelines, evaluation is provided for the medical necessity for hospitalizations and out-patient services and the appropriateness of the overall treatment plan.

The key to successfully managing rising health care costs is early identification of catastrophic cases, and then taking action to manage those cases. Precertification is used as a key tool for this early identification of a patient's entry into the health care system. This allows our medical staff to be proactive in working with both the patient and the providers assuring delivery of health care in the most appropriate and cost-effective manner.

Prior to receiving treatment, members will need to precertify the following procedures to avoid a reduction in benefits:

- In-patient treatment
- Surgery or surgical procedure
- Care in an extended care facility
- Home nursing care
- Durable medical equipment
- Artificial limbs
- All transplants

### **International Comprehensive Care Management**

Our medical staff will coordinate care for your members who have highly complex cases requiring detailed management. These services may include:

- Concurrent review and monitoring of medical services for medical necessity
- Coordination of the hospitalization and any necessary post-discharge care
- Transition of patient to a U.S.-based care manager upon return to the U.S.

#### **Medical Claim Review**

If your members have received a hospital bill, there is a reasonable bet that they have been overcharged. As was reported in the Wall Street Journal, over 95% of all hospital bills contain errors. Of these errors, 85% are in favor of the hospital. Most claim administrators have invested significant amounts of money incorporating claims auditing software in the claims system. IMG takes the claim review process one step further by examining the details behind documents submitted by the medical provider. Our auditors review all medical records to assure that all the services billed were actually delivered and delivered in the quantities billed.

Our goal is to assure that your members only pay for the services that were actually rendered.

## **Medical Travel Management**

Nowhere is an affordable and stable premium more important than within the missionary community. IMG's cutting-edge services are aimed at providing that needed stability. Claim costs drive premiums. Where your missionaries receive their medical care can, in large part, significantly impact your organization's claim costs. Encouraging your members to receive their medical care overseas whenever feasible can help you take control and manage your claim costs. As a rule, medical care received in the U.S. will be considerably more costly than the same care received overseas. The more your members receive medical care overseas, the greater the savings in claim cost to your medical plan. The greater the savings, the more stable the premium.

We offer Medical Travel Management, an industry unique benefit designed to assist your members who are considering expensive medical procedures in the U.S. by incentivizing them to consider receiving that care with qualified providers overseas. The value to your medical plan can be quite substantial when thousands of dollars in cost savings can be realized. And the benefit for your members? **They are paid a percentage of the realized savings** when the cost of the procedure performed in the U.S. is compared to the cost of the same procedure incurred overseas. It's a win-win situation for everyone!

The entire process is managed and coordinated for the benefit of your members by an experienced Case Manager with the full resources of IMG, including our in-house physician – IMG's Chief Medical Officer. Your members are presented with their options so they can make an informed decision. Participants are assigned a designated case manager to help with the preparation of their treatment including:

- Assist in locating an accredited and qualified medical provider(s) to provide the necessary medical services
- Coordinate the necessary services with the participant and with the medical provider, including patient care, travel, scheduling, and housing
- Provide assistance with transfer and receipt of medical records before and after the services provided to the participant
- Provide follow up services to monitor medical needs after return of participant to residence



### **Additional Information**

The following is a summary of items that are excluded under MP+International.

- **Pre-existing conditions\*** (Certificate of Credible Coverage will provide credit toward the waiting period for pre-existing medical conditions.)
- 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
- Elective abortion
- 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 or felony
- Speech, vocational, occupational, biofeedback, recreational, sleep or music therapy
- 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

#### Do you have everything you need?

We are confident that MP+International will provide the quality medical coverage specific to your organization and group members' needs. For groups of a certain size, MP+International 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.

\*Pre-existing conditions are defined as medical or health conditions (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 six (6) month period ending on the Enrollment Date. Coverage for medical expenses arising from pre-existing conditions will be excluded until the earlier of: 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. (Note: Special provisions may apply to U.S.-based employer groups. Refer to your Certificate Wording for complete details).

The benefits, coverages and exclusions listed herein are only a summary and are 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.

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