

## PRECERTIFICATION

Prior to receiving treatment group members may need to contact IMG to precertify treatment and/or for verification of benefits. **Precertification** means calling IMG's Utilization Review department to receive determination of medical necessity for the proposed treatment or services. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. Precertification may be done by the group member, the doctor, a hospital administrator or a relative. The following treatments and services must be pre-certified:

♦ Maternity ♦ Inpatient care ♦ Any surgery ♦ Certain diagnostic procedures such as Endoscopic Retrograde Cholangiopancreatography (ERCP), Percutaneous Transhepatic Cholangiography (PTC), Nasogastric or Intestinal Intubation, Liver Biopsy, Small Bowel Biopsy & Duodenal Aspiration, Gastrointestinal Endoscopy, Colonoscopy, Sigmoidoscopy, Anoscopy, Peritoneoscopy (Laparoscopy) ♦ Care in an extended care facility ♦ Home nursing care generally ♦ Durable medical equipment, artificial limbs ♦ All transplant benefits ♦ Magnetic Resonance Imaging (MRI) & Computerized Axial Tomography (CAT Scan)

*There will be a 20% penalty in addition to a deductible and coinsurance, with a minimum penalty of US\$50 and a maximum penalty of US\$1,000 if precertification requirements are not met.*

**Verification of benefits** is the process of verifying general coverage and the available benefits under the plan. Group members may contact IMG's Customer Care department whether or not treatment or services require precertification. Verification of benefits is not a guarantee of payment and all medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan. While precertification and verification of benefits are separate determinations, both are made in reliance on the completeness and accuracy of the information provided by the group member and his/her healthcare providers to IMG.

## PPO NETWORK

Your group members may seek treatment under Mission Basic Group worldwide, including the United States, at the hospital or doctor of their choice. When seeking treatment in the U.S., group members may use the independent Preferred Provider Organization (PPO) contracted by IMG, a separately-organized network of approximately 475,000 physicians and 4,500 privately owned and operated hospitals (all PPO providers are contracted separately through First Health Group Corp.). This PPO network includes approximately 67% of all the hospitals in the U.S., including some of the most well-recognized university medical centers and transplant facilities.

Using the provider network may significantly reduce out-of-pocket expenses. If a group member chooses not to use a PPO

provider, eligible medical expense claims will be reduced by 20% to a maximum of US\$1,000 and a minimum of US\$50, the deductible will be subtracted from the remaining amount and the coinsurance will be applied. This penalty will be waived if there is not a network provider within 25 miles of the location of treatment.

Group members may request a copy of the PPO directory or they may visit [www.missionarymedicalinsurance.com](http://www.missionarymedicalinsurance.com). Network providers are listed by location and specialty.

## CLAIMS INFORMATION

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

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

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

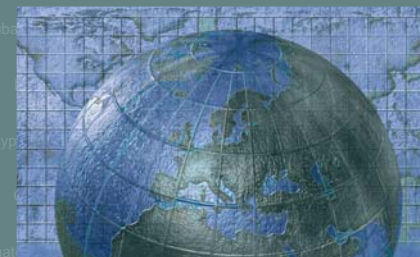
Please remember to submit bills and receipts as soon as they are received. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.

For more information, please contact  
International Medical Group  
P.O. Box 88500

Indianapolis, IN 46208-0500 USA  
800.628.4664 inside the U.S. or  
317.655.4500 outside the U.S.

[missions@imglobal.com](mailto:missions@imglobal.com)

[www.missionarymedicalinsurance.com](http://www.missionarymedicalinsurance.com)



MISSION  
**BASIC**  
GROUP<sup>SM</sup>

Long-term, worldwide medical coverage for  
mission groups of two or more

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

## WORLDWIDE COVERAGE

Missionary groups require unique medical coverage and services that many domestic plans are unable to provide. Mission Basic Group<sup>SM</sup> was designed specifically to provide medical insurance to missionary groups by offering continuous coverage while overseas and back in the U.S. while on furlough or deputation.

Mission Basic Group provides US\$1,000,000 of lifetime coverage with a full range of benefits. Group members will be covered worldwide, 24 hours a day, including their country of citizenship under certain circumstances. Members have the freedom to choose any doctor or hospital for treatment. Additionally, when they are in the U.S., they may receive care at top medical facilities across the country through the independent Preferred Provider Organization, which could significantly reduce out-of-pocket expenses.

## PLAN ADMINISTRATOR

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



IMG presents a unique, full-service approach to the international community. Our staff includes claims administrators who process thousands of claims each year from throughout the world, handling virtually every language and currency; multilingual customer service representatives who ease the burden of communicating in a second language; and on-site medical advisors who are available 24 hours a day, seven days a week for emergencies, medical evacuations and precertification.

## PLAN UNDERWRITER

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



\*Sources: A.M. Best reconfirmed their rating in a press release dated April 22, 2004; Standard & Poor's reconfirmed their rating in a press release dated November 19, 2004. Ratings accurate as of the date of printing and subject to change.

## BENEFITS

Mission Basic Group<sup>SM</sup> (MBG) covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each insured person will only need to satisfy their deductible once per period of coverage (12 months), with a maximum of two deductibles per family. **For eligible expenses incurred in the U.S. and Canada:** once the deductible is met, MBG pays 80% of the next US\$5000 in eligible expenses, then 100% of eligible expenses up to the policy maximum. **For eligible expenses incurred outside of the U.S. and Canada:** once the deductible is met, MBG will pay 100% of eligible expenses up to the policy maximum.

### MEDICAL INSURANCE

### BENEFIT – Subject to deductible & coinsurance

<b>Coverage area</b>	<b>Worldwide</b>
<b>Policy maximum per individual</b>	<b>US\$1,000,000 lifetime maximum benefit</b>
<b>Hospital room &amp; board</b>	<b>US\$600 per day</b> (maximum of 240 consecutive days per covered event)
<b>Intensive care unit</b>	<b>US\$1,500 per day</b> (maximum of 180 consecutive days per covered event)
<b>Inpatient or outpatient surgery</b>	<b>URC up to lifetime maximum benefit</b>
<b>Anesthetist's charges associated with surgery</b>	<b>20% of the surgery benefit payable</b>
<b>Laboratory tests, X-rays, &amp; other treatment associated with an inpatient covered event</b>	<b>URC up to lifetime maximum benefit</b>
<b>Local ground ambulance</b>	<b>US\$1,500 per covered event</b> (not subject to deductible or coinsurance)
<b>Emergency room treatment due to an accident</b>	<b>URC up to lifetime maximum benefit</b>
<b>Emergency dental due to an accident</b>	<b>US\$1,000 per coverage period</b>
<b>Maternity</b> Available only after 12 months of continuous coverage	<b>Limited to US\$6,000 per pregnancy</b>
<b>Professional services related to inpatient maternity expenses</b>	<b>US\$200 per day</b> (not subject to coinsurance)
<b>Newborn care and treatment</b>	<b>US\$15,000 lifetime maximum for the first 30 days after birth</b>

### MEDICAL INSURANCE

### BENEFIT – Subject to deductible & coinsurance

<b>Outpatient visits or exams</b> 25 visits, including prenatal and postnatal care, per insured person per coverage period reimbursed to the maximum limit as outlined below: • Physician • Specialist • Psychiatrist • Chiropractor • Surgical intervention consultation	<b>US\$70 per visit/exam</b> US\$70 per visit/exam US\$60 per visit/exam US\$50 per visit/exam US\$500 per visit/exam
<b>Outpatient X-rays</b>	<b>US\$250 per exam maximum limit</b>
<b>Outpatient lab tests</b>	<b>US\$300 per exam maximum limit</b>
<b>Pre-existing Conditions</b>	<b>Please see certificate wording for details</b>
<b>Prescription medication related to a covered event</b>	<b>URC up to lifetime maximum benefit</b>
<b>Extended care facility services</b>	<b>Limited to the first 30 days of convalescent confinement</b>
<b>Home nursing care services</b>	<b>Limited to 30 days per covered event</b>
<b>Inpatient hospice care</b>	<b>Limited to the first 30 days of hospice confinement</b>
<b>Chemotherapy &amp; radiation therapy</b>	<b>URC up to lifetime maximum benefit</b>
<b>Physical therapy</b>	<b>30 visits per coverage period</b> (maximum limit of \$40 per visit)
<b>MRI, CAT scan, endoscopy, echocardiography, gastroscopy, colonoscopy &amp; cystoscopy</b>	<b>US\$600 per exam maximum limit</b>
<b>Transplants</b> Certain precertification provisions must be met	<b>US\$250,000 all inclusive per transplant</b>

*The foregoing list is only a summary of available benefits and coverages, and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Please refer to the certificate wording for a complete description, which is available upon request prior to purchase.*

# IMG Evacuation Coverage

## *(optional)*

### Emergency Medical Evacuation

- ▶ Provides up to \$75,000 coverage for Emergency Medical Evacuations to the nearest qualified medical facility; expenses for reasonable travel and accommodations resulting from evacuation; and the cost of returning to either the country of residence or the country where the evacuation occurred; must be coordinated by IMG as the plan administrator
- ▶ Eligible expenses under this program include:
  - 1) Emergency air transportation to a suitable airport nearest to the hospital where the insured person will receive treatment
  - 2) Emergency ground transportation necessarily preceding emergency air transportation and from the destination airport to the hospital where the insured person will receive treatment

### Emergency Reunion

- ▶ Provides up to \$15,000 coverage for a maximum of 15 days for the reasonable travel and lodging expenses of a relative or friend during an Emergency Medical Evacuation of an insured person; either the cost of accompanying the insured during the evacuation or traveling from the country of residence to be reunited with the insured; must be coordinated by IMG as the plan administrator

### Repatriation

- ▶ If a covered illness/injury results in death, expenses for Repatriation of bodily remains or ashes to the country of residence will be covered up to a maximum of \$5,000; must be coordinated by IMG as the plan administrator