



A worldwide benefits program designed for groups of two or more professional marine captains, crew members, and their families.



## 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 IMG® (International Medical Group®), 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 Cruise Line International Insurance<sup>SM</sup> (CLI) plan. This customizable plan offers medical coverage to groups of two or more marine crew professionals who live and work aboard ocean going vessels. The CLI 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.

With IMG, you can rest assured knowing that we have a dedicated department working to keep your insurance as affordable as possible. The costs of health care are rising, but we are committed to controlling those costs. You need the proper worldwide coverage, provided by a company that's there for you when you need us most. When you select Cruise Line International Insurance<sup>SM</sup>, you receive IMG's promise to deliver exceptional medical benefits, medical assistance, and service—all designed to give you Global Peace of Mind®.

### Plan Highlights

- » **Customizable Solutions** IMG offers the flexibility to customize benefits and is available in \$US. Please contact your insurance producer for more information, and we will work closely with you to design a benefits package that meets your unique needs.
- » **International Care Management** Our experienced medical management team can 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
- » **Medical Travel Management** Giving 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. Following evaluation, a case manager will assist the member in identifying a qualified medical provider to provide the specified care. Upon approval, the case manager will coordinate the necessary services including patient care, travel, scheduling, and housing. 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.



### MyIMG<sup>SM</sup> Member Portal

It's easy to access and manage your IMG accounts any time, from anywhere and any device, via MyIMG.

MyIMG features include:

- » **Claims** submission and management
- » **ID Card and insurance documents** access
- » **Precertification** process initiation
- » **Explanation of Benefit (EOB)** access
- » **New travel resources tool**
- » **Customer Care live chat** and contact information
- » **Find a Doctor locator**





## SERVICE *Help when and where you need it.*

Nobody wants to experience an emergency while traveling the world, but if you do, you'll want a team you can trust to have your back. IMG's expert staff is here for you 24/7. We're accustomed to working in multiple time zones, languages, and currencies, so rest assured we have the training to assist you—even in remote and hazardous locations. Our international and U.S. provider networks include more than one million physicians and facilities across the globe, giving you access to quality care while away from your primary care team. Our innovative technology allows you to manage your claims, your account, and search for providers through our online portal and mobile app around the clock.

## STRENGTH *A market leader you can trust.*

You can feel confident with IMG knowing our industry expertise has led us to serve millions of customers worldwide since 1990. Owned by SiriusPoint, a multi-billion-dollar insurance industry leader and rated "A-" by A.M. Best, an independent analyst of the insurance industry, IMG has a strong financial backing and vision to become the preeminent provider of travel and health safety solutions. With loyal customers ranging from Fortune 500 companies, universities, to individuals and other insurance companies, our personalized offerings allow us to meet the needs of nearly anyone traveling internationally.

## Safety Solutions

Working away from your home country is already stressful. We know your safety while abroad or on the open seas is important to you, so IMG's Cruise Line International Insurance<sup>SM</sup> has solutions designed to protect you and give you Global Peace of Mind.



### PHYSICAL HEALTH

You can't plan when you get sick, and unfortunately, it can happen anytime and anywhere. Medical bills can be expensive, and IMG plans provide the cross-border medical coverage you need for unexpected medical care and routine visits.



### FINANCIAL PROTECTION

Costs can add up while seeking medical treatment. However, access to IMG's international physician and provider networks and pharmacy discount programs can help you save on out-of-pocket medical expenses and prescription medications.



### MENTAL WELLNESS

Being away from your support system can be challenging. IMG provides access to mental health services, like virtual counseling, to help with the transition as you adapt to cultural differences, adjust to a change in education, and navigate new relationships while you're away from loved ones.



### CRISIS SUPPORT

Navigating an emergency in a foreign country is never easy. That's why IMG offers a range of assistance benefits and services designed to support you in a crisis. A dedicated team of multilingual nurses, doctors, and case managers provide 24/7 assistance services to facilitate a response to urgent and emergency situations, such as evacuations or search and rescue missions.

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PLAN DETAILS

PHYSICAL HEALTH

Coverage Limit/Maximum Amount for Eligible Medical Expenses				
Plan Details	United States	United States	United States	International
Period of Coverage	365 days			
Calendar Year Maximum Limit	\$1,000,000			
Medical Concierge	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.			
<ul style="list-style-type: none"> <li>Non-emergency services only</li> </ul>				
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	\$250	\$0	\$250	\$250
Family Deductible	\$750	\$0	\$750	\$750
<ul style="list-style-type: none"> <li>Maximum 3 deductibles per family</li> </ul>				
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%
<ul style="list-style-type: none"> <li>In addition to deductible</li> </ul>				
Out-of-Pocket Maximum	\$0	\$0	\$1,000	\$0
Precertification				
<ul style="list-style-type: none"> <li>Transplants: No coverage if precertification requirements are not met.</li> <li>Interfacility Ambulance Transfer: No coverage if precertification requirements are not met.</li> <li>Emergency Medical Evacuation: No coverage if precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for further details and requirements.</li> <li>Maternity and Newborn Care: 50% reduction of eligible medical expenses if precertification requirements are not met.</li> <li>Orphan Drugs or Biologic Drugs: No coverage if not approved in writing by the Company or Plan Administrator.</li> <li>All other Treatments &amp; Supplies: 50% reduction of eligible medical expenses if precertification requirements are not met.</li> <li>Deductible is taken after reduction.</li> <li>Coinsurance is applied to remainder of the reduced amount.</li> <li>Refer to PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification.</li> </ul>				
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 Period of Coverage or if indicated, per Lifetime				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Eligible Medical Expenses	Not Applicable	100%	80%	100%
Physician Visits/Services	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.

## 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 Period of Coverage or if indicated, per Lifetime

PHYSICAL HEALTH

Benefit	Medical Concierge <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
<b>Telehealth* <i>Optional</i></b> <ul style="list-style-type: none"> <li>Coverage for a Telehealth 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 Telehealth 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</li> </ul>	Company pays 100%			
<b>Hospital Emergency Room: United States</b> <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
<b>Hospital Emergency Room: International</b> <ul style="list-style-type: none"> <li>Injury: Not subject to emergency room deductible</li> <li>Illness: Subject to a \$100 deductible for each emergency room visit for treatment that does not result in a direct hospital admission</li> </ul>	Not applicable	Not applicable	Not applicable	100%
<b>Hospitalization/Room &amp; Board</b> <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%
<b>Intensive Care</b>	100%	100%	80%	100%
<b>Outpatient Surgical/Hospital Facility</b>	100%	100%	80%	100%
<b>Laboratory</b>	Not applicable	100%	80%	100%
<b>Radiology/X-Ray</b>	Not applicable	100%	80%	100%
<b>Pre-Admission Testing</b>	Not applicable	100%	80%	100%
<b>Surgery</b>	100%	100%	80%	100%
<b>Second Surgical Option</b> <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%
<b>Reconstructive Surgery</b> <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%
<b>Assistant Surgeon</b> <ul style="list-style-type: none"> <li>20% of the primary surgeon's eligible fee</li> </ul>	Not applicable	100%	80%	100%
<b>Anesthesia</b>	Not applicable	100%	80%	100%
<b>Pregnancy</b> <ul style="list-style-type: none"> <li>After 10 months of continuous coverage</li> <li>Result of natural insemination</li> </ul>	Not applicable	100%	80%	100%
<b>Pregnancy Complications</b> <ul style="list-style-type: none"> <li>After 10 months of continuous coverage</li> </ul>	Not applicable	100%	80%	100%

*\*Telehealth will not support a diagnosis for Mental or Nervous disorders. Coverage for a Telehealth 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 Telehealth 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 Period of Coverage or if indicated, per Lifetime

PHYSICAL HEALTH

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Newborn Care <ul style="list-style-type: none"> <li>Eligible if pregnancy is covered under the plan</li> </ul>	Not applicable	100%	80%	100%
Congenital Disorders	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%
Chiropractic Care <ul style="list-style-type: none"> <li>Maximum limit per visit: \$75</li> <li>Maximum visits: 20</li> <li>Medical order or treatment plan required</li> <li>Not subject to deductible</li> </ul>	Not applicable	100%	80%	100%
Physical Therapy <ul style="list-style-type: none"> <li>Subject to deductible and coinsurance</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%
Attention-Deficit / Hyperactivity Disorder (ADHD) Treatment <ul style="list-style-type: none"> <li>Maximum Limit: \$2,500</li> <li>Excludes prescription drugs</li> <li>Dependent Children under age 26</li> </ul>	Not applicable	80%	60%	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 Period of Coverage or if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Preventative Care <ul style="list-style-type: none"> <li>Maximum limit: \$1,000</li> <li>Refer to the PREVENTATIVE CARE provision for further details and requirements</li> </ul>	Not applicable	100%	100%	100%

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## Prescriptions

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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Prescriptions <ul style="list-style-type: none"> <li>Dispensing Maximum per prescription: 90 days</li> </ul>	Not applicable	80%	80%	100%

Orphan Drugs or Biologic Drugs, but only when ALL the following are met:

- Approved in writing by the Company or Plan Administrator
- Is Medically Necessary and generally accepted standard of medical practice; and
- Is not Experimental or Investigational
- Maximum Limit: \$250,000 (applies toward the plan Period of Coverage Maximum Limit)
- Subject to Deductible and Coinsurance
- For Orphan Drugs and Biologic Drugs obtained through United States Retail Pharmacy, International Retail Pharmacy, and Outpatient and Emergency Department Treatment

## Prescriptions (Optional)

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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
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United States Retail Pharmacy

- Not subject to deductible and coinsurance
- Copayments are per 30-day supply
- Dispensing Maximum per prescription: 90 days
- Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company
- Any drug prescribed for usage that is directly or indirectly associated to an exclusion in this Certificate of Insurance may also be subject to Pre-Authorization
- Attention-Deficit / Hyperactivity Disorder (ADHD) Medications for Dependent Children under age 26: Maximum Limit: \$2,500 (combined with EPS)

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

- Subject to deductible and coinsurance
- Dispensing maximum per prescription: 90 days
- \$250,000 prescription limit for Orphan or Biologic drugs

100%

Expatriate Prescription Services Program

- Copayments are per 30-day supply
- Dispensing maximum per prescription: 180 days
- Prescriptions \$3,000 and higher will require Universal RX (URX) to obtain prior authorization from the Company
- Any drug prescribed for usage that is directly or indirectly associated to an exclusion in this Certificate of Insurance may also be subject to Pre-Authorization
- Attention-Deficit / Hyperactivity Disorder (ADHD) Medications for Dependent Children under age 26: Maximum Limit: \$2,500 (combined with EPS)

Generic: \$5

Brand Name: \$15

Contact Information:

- Enroll via the provider's website: [www.expatps.com](http://www.expatps.com)
- Prescription submission:
  - Email (scan prescription): [concierge@expatps.com](mailto:concierge@expatps.com)
  - Fax: +1.540.777.7184

Questions/Concerns:

- Phone number: +1.540.777.1450
- Email: [concierge@expatps.com](mailto:concierge@expatps.com)

Orphan Drugs or Biologic Drugs, but only when ALL the following are met:

- Approved in writing by the Company or Plan Administrator
- Is Medically Necessary and generally accepted standard of medical practice; and
- Is not Experimental or Investigational
- Maximum Limit: \$250,000 (applies toward the plan Period of Coverage Maximum Limit)
- Subject to Deductible and Coinsurance
- For Orphan Drugs and Biologic Drugs obtained through United States Retail Pharmacy, International Retail Pharmacy, and Outpatient and Emergency Department Treatment

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.

### Prescriptions (Optional)

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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
<b>Special Drug Copayments</b> <ul style="list-style-type: none"> <li>Applies to United States Retail Pharmacy</li> <li>Copayments are per 30-day supply unless otherwise indicated</li> <li>Dispensing Maximum: 90 days</li> </ul>	<ul style="list-style-type: none"> <li>Insulin Copayment: \$25</li> <li>Insulin Supplies Copayment: \$100</li> <li>Epinephrine Autoinjector Copayment: \$25 for 2 pack</li> <li>Anti-diabetic Drugs Copayment \$150</li> </ul>			

### 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 Period of Coverage

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Lifetime Maximum			\$20,000	
<b>Inpatient Mental or Nervous/Substance Abuse</b> <ul style="list-style-type: none"> <li>After 12 months of continuous coverage</li> <li>Maximum limit: \$10,000</li> </ul>	Not applicable	100%	80%	100%
<b>Outpatient Mental or Nervous/Substance Abuse</b> <ul style="list-style-type: none"> <li>After 12 months of continuous coverage</li> <li>Maximum limit per visit: \$100</li> <li>Maximum visits per Calendar Year: 52</li> </ul>	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 Period of Coverage or if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
<b>Interfacility Ambulance Transfer</b> <ul style="list-style-type: none"> <li>Transfer must be a result of an inpatient hospital admission, from one licensed healthcare facility to another licensed health care facility</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%

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**Emergency Services**

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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
<b>Emergency Local Ambulance</b> <ul style="list-style-type: none"> <li>Injury</li> <li>Illness resulting in an inpatient hospital admission</li> </ul>	Not applicable	100%	100%	100%
<b>Emergency Medical Evacuation</b> <ul style="list-style-type: none"> <li>Maximum limit as indicated on the declaration</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%

**Other Services**

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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
<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>Up to the maximum limit</li> <li>Subject to deductible and coinsurance</li> <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>Recreational Underwater Activities</b> <ul style="list-style-type: none"> <li>Subject to Deductible and Coinsurance</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>	Private Hospital <ul style="list-style-type: none"> <li>Overnight maximum limit: \$100</li> <li>Calendar year maximum limit: \$2,000</li> </ul> Public Hospital (state, government, or charitable hospital) <ul style="list-style-type: none"> <li>Overnight maximum limit: \$400</li> <li>Calendar year maximum limit: \$8,000</li> </ul> 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.			
<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 United States. Meal allowance maximum: \$100 Refer to the MEDICAL TRAVEL MANAGEMENT provision for further details and requirements.			

<b>Employee Assistance Program Remote Mental Health Service** (Optional)</b> <ul style="list-style-type: none"> <li>Coverage for a 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 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.</li> </ul>	Company pays 100%			
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\*\*Coverage for Remote Mental Health Service 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 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.

# Dental Benefits Summary

PHYSICAL HEALTH

Coverage Limit/Maximum Amount for Eligible Dental Expenses		
Calendar Year Maximum Limit		\$1,000 - \$1,500
Orthodontia Lifetime Maximum Limit		\$1,000
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 amounts Maximum Limits per Calendar Year or if indicated, per Lifetime		
Benefit	Coinsurance	
Diagnostic and Preventative Services		
<ul style="list-style-type: none"> <li>Maximum visits per calendar year: 1 every 6 months</li> <li>Maximum visits:</li> <li>Radiographic examinations (including posterior bitewings): 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%
Periodontics		
<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%
Minor Restorative Services	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		
<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> </ul>	Plan pays 50%	Insured pays 50%
Prosthodontics		
<ul style="list-style-type: none"> <li>Dentures/bridges: 1 every 5 years</li> <li>Replacement of denture base material or relines: 1 every 3 years</li> </ul>	Plan pays 50%	Insured pays 50%
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		
<ul style="list-style-type: none"> <li>Children under age 19</li> </ul>	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.

## Description of Optional Services

### Telehealth

- Online and telephonic access to a network of medical professionals available to diagnose, treat and prescribe for non-emergency medical issues. The best medicine brought to you and your family 24 hours a day, seven days a week

### Employee Assistance Program - Remote Mental Health Services

- Telemedicine for mental health that offers support with financial, physical, and emotional wellbeing. Whether you have questions about handling stress at work or home, parenting and childcare, managing money or health issues, you can turn to this valuable benefit for a confidential service that you can trust.

## 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 CLI Insurance plan

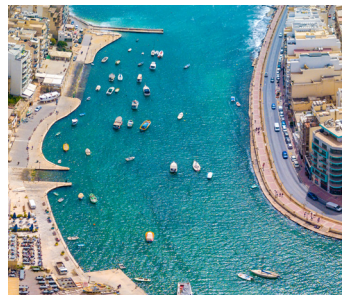
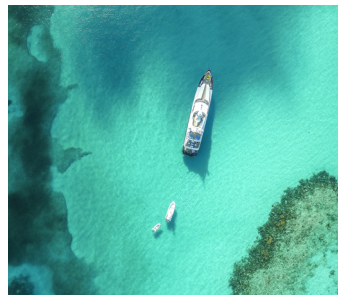
- Additional underwriting \$100,001-\$250,000

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

*Cruise Line International 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.*

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