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## MHG'S RANGE OF MARINE INSURANCE PRODUCTS INCLUDES:

### **International Marine Medical Insurance<sup>SM</sup> (IMMI)**

Worldwide group medical insurance plan  
for shipboard employees

### **MHG Income Protection Plan**

Worldwide individual and group plans, providing income  
in case of a disabling accident or illness

### **MHG2000**

Vacation medical insurance for cruise line officers and crew

### **Onboard Patriot**

Temporary medical insurance for  
shipboard contractors and concessionaires

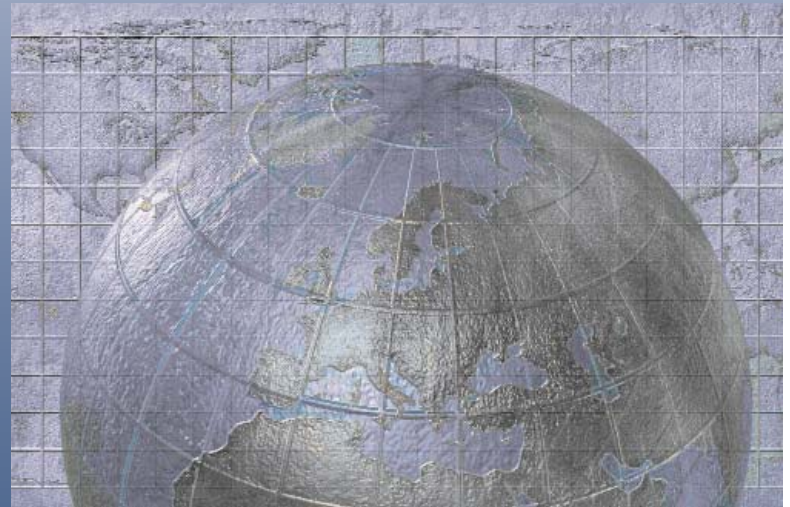
For more information on MHG's extensive range  
of marine benefit programs, contact MHG  
or your insurance professional

*Coverage without boundaries<sup>®</sup>*



# MHG

## MARINE BENEFITS



## GLOBAL CREW MEDICAL INSURANCE<sup>SM</sup>

Annually renewable, worldwide  
medical cover for international  
professional marine captains and crew

Security rated

A (excellent) by A.M. Best

# Global Crew Medical Insurance<sup>SM</sup>



## WORLDWIDE COVERAGE FOR PROFESSIONAL MARINE CAPTAINS & CREW MEMBERS

As a professional marine crew member, you know that finding adequate medical coverage can be a challenge. The unique demands of your nomadic lifestyle can often prevent you from getting the comprehensive plan you need and deserve.

MHG Associates (MHG) and International Medical Group<sup>®</sup>, Inc. (IMG<sup>®</sup>) have created Global Crew Medical Insurance, a comprehensive and portable international medical insurance plan for professional marine crew.

## ELIGIBILITY REQUIREMENTS

Global Crew Medical Insurance is available to individual professional marine crew members of all nationalities. To be eligible for coverage you must meet the following criteria:

- You must currently or usually work aboard or be employed by a vessel as a full-time, sea-going crew member for hire, who expects to spend a significant period of time during the Period of Insurance sailing outside of US territorial waters in such capacity.
- If you are a United States citizen, you must not qualify for or be able to obtain adequate coverage under a US domestic insurance plan that will provide continuous coverage outside of the United States, and you must provide a signed Statement of Residence and an address of residence outside of the US, if available. If you are not a United States citizen, you must provide a non-US residence address or provide a signed Statement of Residence.
- You must be less than 75 years of age.

An application must be completed for each person requesting coverage.

*This brochure contains 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, which is available upon request, for a complete description.*



MHG Associates designs, distributes and supports benefit programs for marine crew on all different types of vessels. Since 1979, we have developed an extensive range of group as well as individual benefit options. These are designed to provide levels of protection comparable to those enjoyed by other international employees but adapted to fit the unique needs and lifestyles of marine crew. MHG's programs include medical, disability, life and retirement savings plans.



## PLAN ADMINISTRATOR

International Medical Group, Inc. is a worldwide leader in designing, distributing and administering global health-care 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 is a recognized leader and driving force in the international insurance market.



## PLAN UNDERWRITER

While IMG provides 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.

**Growing year by year, expanding globally, building upon a solid reputation, remaining stable but never standing still – these characteristics make MHG, IMG and Sirius International the companies to choose for your Global Peace of Mind<sup>®</sup>.**

\*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 December 9, 2003. Ratings accurate as of the date of printing and subject to change.

## BENEFITS

Global Crew Medical Insurance<sup>SM</sup> (GCMI) covers the Usual, Reasonable, and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each person will only need to satisfy their deductible once per policy period (12 months). **For eligible expenses incurred in the U.S., outside the independent PPO network:** once the deductible is met, GCMI pays 80% of the next US\$5,000 in eligible expenses, then 100% of eligible expenses up to the policy maximum. **For eligible expenses incurred in the U.S., within the independent PPO network:** the deductible is reduced by 50% and coinsurance is waived. **For eligible expenses incurred in Canada:** once the deductible is met, GCMI pays 80% of the next US\$5,000 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, GCMI will pay 100% of eligible expenses up to the policy maximum.

### MEDICAL BENEFITS

	LIMITS <small>- Subject to deductible and coinsurance</small>
<b>Coverage Area</b>	Worldwide
<b>Policy Maximum Per Individual</b>	US\$5,000,000 lifetime
<b>Hospitalization</b> • Semi-private room and board • Nursing services • Prescription medication • Physician charges • Diagnostic and laboratory testing • X-rays • Chemotherapy and radiation • Durable medical equipment • Treatment, services and supplies routinely provided	URC
<b>Intensive Care Unit</b>	URC
<b>Surgery</b> • Surgical care • Second surgical opinion • Anesthetics • Physician charges for surgery • Treatment, services and supplies routinely provided	URC
<b>Transplants</b> Limited to certain transplants and covered only within designated transplant facilities that are members of IMG's independently-contracted PPO network	US\$1,000,000 lifetime
<b>Outpatient</b> • Emergency treatment of illness or injury • Surgery • Rehabilitative treatment • Prescription medication • Treatment, services or supplies routinely provided	URC
<b>Emergency</b> • Surgery or dental treatment following an accident • Emergency room following an accident • Charges incurred for the use of the Emergency room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital	URC
<b>Emergency Transportation by Ground Ambulance</b>	URC
<b>Emergency Medical Evacuation</b> Included with Emergency Medical Evacuation is an Emergency Reunion benefit of US\$10,000 lifetime	Up to the policy maximum

### MEDICAL BENEFITS (cont'd)

	LIMITS <small>- Subject to deductible and coinsurance</small>
<b>Repatriation of Mortal Remains to Home Country</b>	US\$25,000
<b>Supplemental Accident</b> The first US\$300 will be covered for each accidental injury	US\$300 per covered accident (not subject to deductible or coinsurance)
<b>Pre-existing Conditions</b> Available after 24 months of continuous coverage	US\$50,000 lifetime (maximum of US\$5,000 per period of insurance)
<b>Mental/Nervous Care</b> • Available after 12 months of continuous coverage • Inpatient and outpatient care by a licensed psychiatrist	US\$10,000 per period of insurance, US\$50,000 lifetime
<b>Wellness</b> • Females age 30 and over after 12 months on the plan • Routine physicals, including dermatology screenings • Mammogram, gynecologist visit, etc. (exams must be separated by 12 months) • Males age 30 and over, after 12 months on the plan • Routine physicals, including dermatology screenings (exams must be separated by 12 months)	US\$250 per period of insurance (not subject to deductible or coinsurance)
<b>Dental Emergency</b> Necessary treatment of sudden, unexpected pain to sound, natural teeth	US\$100 per period of coverage
<b>Complementary Medicine</b> When referred by a physician Acupuncture Aroma Therapy Herbal Therapy Magnetic Therapy Massage Therapy Vitamin Therapy	(Each per period of insurance) US\$150 US\$50 US\$50 US\$75 US\$150 US\$100
<b>Chiropractic Care</b> • When referred by a physician • With no physician referral	URC US\$25 per visit (maximum of 20 visits per period of insurance, not subject to deductible or coinsurance)
<b>Recreational SCUBA Coverage</b> Illness or injury while using safe diving practices as laid down by an Authoritative Diving Body	URC
<b>Amateur Sailboat Racing Coverage</b> Please contact your insurance professional for benefit details	US\$50,000 lifetime maximum; up to US\$10,000 US\$10,000 per period of insurance (subject to period of insurance benefit deductible of US\$2,500)
<b>Other</b> • Radiation treatment • Home nursing care • Hospice care • Prosthetic devices • Physical therapy (maximum US\$50 per visit)	URC

## TERM LIFE INSURANCE/DAILY INDEMNITY

OPTIONAL

### GLOBAL TERM LIFE INSURANCE<sup>SM</sup> INCLUDING AD&D

While Global Crew Medical Insurance is designed to protect individuals from the high cost of medical expenses, Global Term Life Insurance provides protection following a traumatic loss. Global Term Life Insurance includes Accidental Death and Dismemberment (AD&D) coverage at no additional cost. AD&D is paid in addition to any amount paid by Global Term Life Insurance and can double the amount of the benefit.

#### ELIGIBILITY AND COVERAGE

Those approved for Global Crew Medical Insurance and under age 70 are automatically eligible for Global Term Life Insurance at the time of application. Global Term Life Insurance is an optional program purchased in units. The number of units applicants may purchase is based upon their age at time of application and each subsequent renewal. Applicants who are 18 years of age or between the ages of 65 and 69 are eligible for one unit of coverage. Applicants from age 19 through age 64 are eligible for two units of coverage.

#### GLOBAL TERM LIFE INSURANCE

AGE	PRINCIPAL SUM* per unit	AGE	PRINCIPAL SUM* per unit
18	US\$5,000	50-54	US\$20,000
19-29	US\$75,000	55-59	US\$15,000
30-39	US\$50,000	60-64	US\$10,000
40-44	US\$35,000	65-69	US\$7,500
45-49	US\$25,000		

#### ACCIDENTAL DEATH AND DISMEMBERMENT (INCLUDED WITH GLOBAL TERM LIFE INSURANCE)

	BENEFIT
Accidental Loss of Life	Principal Sum*
Accidental Loss of Two Members**	Principal Sum*
Accidental Loss of One Member**	50% of Principal Sum*

\*Benefit based on age at time of death \*\*"Member" means hand, foot or eye.

#### GLOBAL DAILY INDEMNITY<sup>SM</sup>

Insuring your life and health reduces the burden of unforeseen financial liabilities due to an illness or accident. Unfortunately, obligations and bills continue even during a hospital stay. The Global Daily Indemnity plan is an excellent way to offset these expenses. Global Daily Indemnity will pay directly to you US\$100 for each required overnight stay in a hospital. The hospital stay must be eligible for coverage under your Global Crew Medical Insurance plan.

GLOBAL DAILY INDEMNITY	BENEFIT
Available only between ages 19-69 with Global Crew Medical Insurance	US\$100 per day

## EMERGENCY MEDICAL EVACUATION

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Crew Medical Insurance includes Emergency Medical Evacuation coverage up to the policy maximum. This coverage is available when there is not a qualified facility in the immediate area to treat your life threatening illness or injury. In addition, an Emergency Reunion lifetime benefit of US\$10,000 is available to cover the travel/lodging expenses of a relative or friend during an Emergency Medical Evacuation. Global Crew Medical Insurance also covers expenses for repatriation of bodily remains or ashes to the insured's country of citizenship up to a maximum of US\$25,000 for death resulting from a covered injury or illness.

#### HOW THE EVACUATION PROCESS WORKS

Emergency Medical Evacuation benefits under the plan provide access to care when you or your family need it most. During the emergency, IMG will coordinate evacuation to a qualified facility equipped to handle your illness or injury. A team of independent pilots and medical professionals transport you and a family member, while arrangements for your arrival are being made with the receiving hospital. Once at the receiving hospital, IMG will continue to monitor your treatment and communicate with physicians and family members.

To be eligible, the evacuation must be recommended by the attending physician in life-threatening situations, and approved in advance and coordinated by IMG. IMG is available 24 hours a day, 7 days a week to arrange emergency medical evacuations.

IMG has around-the-clock medical staff available to approve, certify and coordinate medical evacuations.



## PRE-EXISTING CONDITIONS

After coverage has been in effect for 24 continuous months, Global Crew Medical Insurance provides a US\$50,000 lifetime benefit for eligible pre-existing conditions that existed at or prior to the effective date, subject to a maximum of US\$5,000 per period of coverage. This benefit is payable whether or not you have received consultation or treatment for the condition(s) during the 24-month period. This is important since few pre-existing conditions remain free from ongoing consultation or treatment, and often do not qualify for coverage in standard plans. Global Crew Medical Insurance does not "rider" or charge additional premium for pre-existing conditions. If you properly disclose a pre-existing condition at the time of application, and are accepted into the plan, you will be covered for eligible medical expenses after 24 months of continuous coverage, subject to the foregoing limits and the other terms of the plan.\*

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first 180 days of coverage from the initial effective date are considered pre-existing conditions under the plan, and are subject to the waiting period and other limitations of coverage described above: tonsillectomy, disc disease, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.

### OTHER EXCLUSIONS & LIMITATIONS\*

- Routine physical examinations-during first 12 months of coverage
- Mental and nervous-during first 12 months of coverage
- Organized amateur or professional sports
- Treatment not ordered or received by a physician
- Treatment or supplies not medically necessary
- Investigational, experimental or research procedures
- Custodial care
- Weight modification
- Elective cosmetic or plastic surgery
- Treatment of impotency
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Devices to correct sight or hearing
- Routine foot care
- Treatment by a relative or family member
- Treatment as a result of war or riot
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Services and treatment eligible for payment by any government or other insurance

*\*See certificate wording for a definition of pre-existing conditions and a complete list of exclusions and limitations, and for all other specific terms and conditions of the plan. Certificate wording is available upon request.*

## RENEWAL OF COVERAGE



Subject to the terms of the plan, Global Crew Medical Insurance is annually renewable and coverage is continuous when renewed. Prior to the end of each period of coverage (12 months) you will receive a renewal form. You must continue to meet the eligibility requirements in order to renew. There are no additional medical questions at renewal, and rates do not change based on your individual claims activity. Your renewal premium will be the same rate as all persons renewing in your same class. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage. Note: If you have reached part of your deductible during the last 30 days of your certificate year, we will carry over that portion you have met of your deductible to the next certificate year.

## PREFERRED PROVIDER ORGANIZATION

You may seek treatment under Global Crew Medical Insurance worldwide, including in the United States, with the hospital or doctor of your choice. When seeking treatment in the U.S, you 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.\* 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 this provider network could significantly reduce your out-of-pocket expenses. Your deductible will be reduced by 50%, and any coinsurance applicable to that charge is waived, when eligible treatment is received from a network provider. When a U.S. hospital outside the network is used, a co-payment of US\$250 is required in addition to the regular deductible and coinsurance. This co-payment is waived, however, if there is not a network provider within 50 miles of the location of treatment.

You may access the PPO directory by requesting that a copy be sent to you or you may visit the IMGGLOBAL® web site, [www.imglobal.com](http://www.imglobal.com). Network providers are listed by location and specialty.

*\*All PPO providers are contracted separately through First Health Group Corp.*

## PRECERTIFICATION/ VERIFICATION OF BENEFITS

Prior to receiving treatment you may need to contact IMG to pre-certify your treatment and/or for verification of benefits. ***Precertification*** means calling IMG's Utilization Management and Review department to receive a 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 undertaken by you, the doctor, a hospital administrator or a relative. The following treatments and services must be pre-certified or certain reductions in benefits may result :

- Any surgery or treatment requiring hospitalization
- Outpatient surgery
- Within 48 hours after an emergency admission to the hospital
- Care in an extended care facility
- Home nursing care
- CAT scans, MRIs
- Durable medical equipment including artificial limbs
- Transplants

***Verification of benefits*** is the process of verifying your general coverage and the available benefits under the plan. You may do this by contacting IMG's Customer Care department whether or not your treatment or services require precertification. Verification of benefits is not a guarantee of payment or assurance of coverage, 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 to IMG by you and your healthcare providers.

## CLAIMS INFORMATION

### CLAIMS PROCEDURE

When you receive 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.

### CLAIM FILING ALTERNATIVES

**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 your behalf. To be eligible to have a claim paid in this fashion, you or the provider must complete a

Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your 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 your bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.**

## HOW TO APPLY

To apply for the Global Crew Medical Insurance<sup>SM</sup> plan, simply complete and return the application. You must complete all questions outlined in the application in order to be considered for coverage. An attending physician statement may be required depending upon your answers to the medical conditions, and IMG reserves the right to request additional medical information.

When we receive your completed application with premium, we will process it as quickly as possible. Once accepted, you or your agent/broker will be mailed a fulfillment kit which includes an identification card, declaration of insurance and a certificate of insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. You are required to notify IMG, as required by the terms of the plan, if you suffer or are treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not accepted, you will receive a full refund of premium. For additional information, please contact your independent insurance agent or broker.

Once you are accepted into the plan, we are confident that you will be pleased with the full terms of coverage. To ensure your satisfaction, we provide you with a 15 day period to review the fulfillment kit contents. If, during that 15 day period you find that you are not happy with the plan for any reason, you may submit a written request for cancellation and full refund of your premium. See the Certificate of Insurance for full details.

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.

The summary description of coverages, benefits and eligibility in this brochure is accurate at the date of printing, subject to the terms of the plan. 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.

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