

**IMG IS YOUR COMPLETE
SOURCE FOR INTERNATIONAL
MEDICAL COVERAGE**

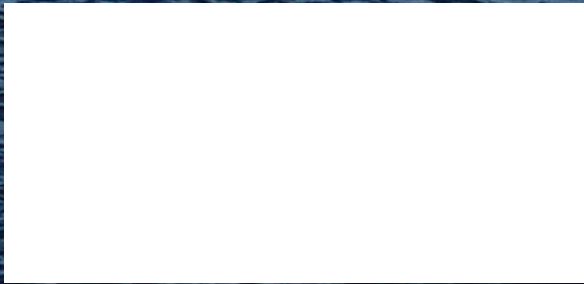
SHORT-TERM TRAVEL MEDICAL INSURANCE

INTERNATIONAL EMPLOYEE BENEFITS

MARINE INDIVIDUAL HEALTH INSURANCE

TRIP CANCELLATION INSURANCE

www.imglobal.com



Coverage without boundaries®



INTERNATIONAL MARINE MEDICAL INSURANCESM



Worldwide group medical insurance for
professional marine captains and crew

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



WORLDWIDE COVERAGE FOR PROFESSIONAL MARINE CREW

International medical insurance for marine crew requires provisions not met by many companies. International Marine Medical Insurance (IMMI) was designed specifically to provide comprehensive medical insurance to marine crew by offering continuous coverage worldwide.

IMMI provides US\$1,000,000 of coverage per certificate period with a full range of benefits. Group members will be covered worldwide, including their country of citizenship, 24 hours a day. 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 may significantly reduce out-of-pocket expenses. Regardless of where group members receive care, IMG is often able to work directly with the health care provider to pay eligible medical expenses.

When you select IMMI you receive IMG's commitment to deliver world class health care, medical assistance and total peace of mind.

ELIGIBILITY

IMMI is an employer-sponsored benefit plan designed for groups of 3 or more. For individuals, Global Crew Medical InsuranceSM is available and membership is portable between these two plans.

IMMI is available to Marine Captains, Crewmembers and their dependents of all nationalities. To be eligible, employees must currently or usually work aboard a vessel as full-time seagoing crewmembers. They must expect to spend a significant period of time sailing outside United States' waters, and not qualify for coverage under a US domestic insurance plan.

HOW TO APPLY

IMMI is applied for as a group and requires a fully completed Request for Proposal to be submitted to International Medical Group[®] (IMG[®]) for quotation. Individual enrollment forms are completed once the group has decided on coverage options.



PLAN ADMINISTRATOR

International Medical Group, Inc. 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 is a recognized leader and driving force in the international insurance market.

IMG presents a unique, full-service approach to the international community. Our clients include international vacationers, business executives and consultants, missionary groups, expatriates, professional entertainers and athletes, government entities, schools and universities, professional marine captains and crew, and local and third country nationals. Our complete portfolio of products allows our clients access to worldwide quality healthcare and IMG's superior customer service.



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[®].

**Sources: A.M. Best affirmed their rating in a press release dated July 11, 2005; Standard & Poor's affirmed their rating in a press release dated November 19, 2004. Ratings are accurate as of the date of printing and are subject to change.*

BENEFITS

IMMI covers the Usual, Reasonable, and Customary (URC) charges for eligible expenses in the area where treatment is received. Deductibles are per insured person per calendar year with a maximum of 3 deductibles per family per calendar year. **For eligible expenses incurred in the United States, outside of the independent PPO network:** once the deductible is met, the plan will pay 80% of all eligible expenses up to US\$5,000 then 100% of eligible expenses to the policy maximum. **For eligible expenses incurred in the United States, within the independent PPO network:** the deductible and co-insurance will be waived and the plan will pay 100% of eligible expenses. **For eligible expenses incurred outside of the United States:** once the deductible is met, the plan will pay 100% of eligible expenses up to the policy maximum.

| MEDICAL INSURANCE | BENEFIT <small>Subject to deductible & coinsurance</small> |
|--------------------------------------|--|
| Coverage Area | Worldwide, 24 hours per day |
| Policy Maximum | US\$1,000,000 per insured per certificate period |
| Hospitalization | Average semi-private room rate |
| Intensive Care Unit | URC |
| Surgery | URC |
| Outpatient Care | URC |
| Supplemental Accident Benefit | \$300 per covered accident, before application of deductible and coinsurance |
| Mental and Nervous Care | US\$20,000 lifetime maximum after 12 months of continuous coverage |
| Maternity and Newborn Care | Up to the policy maximum after 10 months of continuous coverage |

| MEDICAL INSURANCE | BENEFIT <small>Subject to deductible & coinsurance</small> |
|---|---|
| Transplants Subject to special transplant pre-notification requirements, and only when treatment is provided within the Managed Transplant System Network | Up to a lifetime maximum of US\$1,000,000 |
| Emergency Medical Evacuation | Up to a lifetime maximum of US\$1,000,000-must be approved and coordinated in advance by IMG |
| Repatriation of Mortal Remains | Up to US\$25,000 - must be approved and coordinated in advance by IMG |
| Chiropractic Care With a physician's referral Without a physician's referral | URC US\$25 per visit, up to 20 visits per year, not subject to deductible or coinsurance |
| Wellness Care Routine physical examinations, including pap smear and mammogram after 12 months of continuous coverage | Up to US\$250 per calendar year, not subject to deductible or coinsurance |
| SCUBA Coverage Please contact your agent or representative for details | URC |
| Physical Therapy | Up to US\$50 per visit, per charge |
| Amateur Sailboat Racing Coverage Please contact your agent or representative for details | US\$10,000 per policy period, US\$50,000 lifetime maximum with a benefit specific deductible of US\$2,500 per calendar year |

The foregoing list is a summary of available benefits and coverages only, 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.

OUR SERVICES

Because we focus exclusively on the international market, we have the ability to offer unique services that many domestic plans cannot provide. 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.

To ensure that we are available when and where needed, IMG also maintains a European service and assistance center, IMG Europe Ltd. From its offices in the United Kingdom, IMG Europe provides marketing services, administration support and emergency medical assistance to those who are living or traveling worldwide. Both IMG offices (and each department within them) work together to assist our clients with problem-free, worry-free medical insurance coverage. Worldwide coverage, multilingual capabilities, international claims specialists and access to IMG from anywhere at anytime -all designed to give you true Coverage Without Boundaries and the confidence you deserve when choosing an international insurance administrator.

| KEY IMG SERVICES | BENEFITS TO YOU |
|---|--|
| U.S.-based administration and European service center | Fast, efficient services and availability when and where you need it for true Coverage Without Boundaries® |
| On-site executive medical director/physician and registered nurses | Provides access to highly qualified coordinators of emergency medical services and international treatment |
| Multilingual claims adjudication and customer service | Ability to submit claims from any country and communicate without language barriers |
| Verification of benefits and claim status inquiries available by phone, fax, internet and email | Convenient contact with IMG at any time from anywhere to reduce your worries during treatment and recovery |
| International currency conversions and claim reimbursements via check, direct deposit and electronic transfer | Can eliminate costly conversion fees and provide expedient receipt of funds |
| Internet access to search for a PPO provider, initiate precertification, print plan descriptions and ID cards, and "live" chat with a claims representative | 24 hour assistance from anywhere in the world for your Global Peace of Mind® |

PLAN INFORMATION

EXCLUSIONS

The following is a summary of services that are not covered under IMMI:

- War and terrorism
- Treatment, services or supplies that are not administered or ordered by a licensed physician, or services or supplies performed or provided by a relative
- Treatment, services, or supplies that are not medically necessary or 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
- Exercise programs, 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, orthoptics and visual eye training
- Injury sustained from Hazardous Sports activities
- Self-inflicted injury or illness, charges resulting from or during the commission of a crime or felony, or injury sustained while under the influence of alcohol or drugs
- Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy
- Certain care, treatment or supplies for the feet
- Care and treatment for hair loss
- Injury or illness that is covered under workers' compensation or similar laws
- Pre-existing conditions*

*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 three (3) 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 US-based employer groups. Refer to your certificate wording for complete details).

See the certificate wording for a complete 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.

PPO/PRE CERTIFICATION

ACCESSING THE PPO

Group members may seek treatment under IMMI 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), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG.* 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. The PPO directory is available by requesting that a copy be sent to you or you may visit the IMGGLOBAL® web site, 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 precertify 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 ■ Notification within the first 90 days of pregnancy

If these pre-certification procedures are not followed, eligible medical expenses will be reduced by 50%; the deductible will be subtracted from the remaining amount; and coinsurance will be applied.

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 by you and your healthcare providers to IMG.

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.

INTERNATIONAL PROVIDER ACCESS

IMG provides an on-line International Provider Access database that can be used to locate health care providers outside the U.S. as needed. The database can be found at www.imglobal.com. (Note: Use of this service is subject to the terms and conditions specified on-line. These terms must be agreed to prior to using the service.)

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. Please refer to the certificate wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions. Certificate wording is available upon request prior to purchase.

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