



International Marine Medical InsuranceSM

S E R I E S



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



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 International Marine Medical InsuranceSM (IMMI) 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 IMMI 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 will 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 International Marine Medical InsuranceSM, 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 or €EUR. 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.



MyIMGSM 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
- » **Preauthorization** process initiation
- » **Explanation of Benefit (EOB)** access
- » **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

Pursuing an education away from your home country is already stressful. We know your safety while studying abroad is important to you, so IMG's International Marine Medical InsuranceSM 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

Coverage Limit/Maximum Amount for Eligible Medical Expenses				
Plan Details	United States	United States	United States	International
Maximum Limit	\$1,000,000/\$5,000,000 per period of coverage			
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"> Non-emergency services only 				
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	\$0	\$0	\$100 - \$10,000	\$100 - \$10,000
Family Deductible	\$0	\$0	3 deductibles	3 deductibles
<ul style="list-style-type: none"> Maximum 3 deductibles per family 				
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"> In addition to deductible 				
Out-of-Pocket Maximum	\$0	\$0	\$1,000	\$0
Precertification				
<ul style="list-style-type: none"> Transplants: No coverage if precertification requirements are not met. Interfacility Ambulance Transfer: No coverage if precertification requirements are not met. Emergency Medical Evacuation: No coverage if precertification requirements are not met. Refer to the EMERGENCY MEDICAL EVACUATION provision for further details and requirements. Maternity and Newborn Care: 50% reduction of eligible medical expenses if precertification requirements are not met. Orphan Drugs or Biologic Drugs: No coverage if not approved in writing by the Company or Plan Administrator. All other Treatments & Supplies: 50% reduction of eligible medical expenses if precertification requirements are not met. Deductible is taken after reduction. Coinsurance is applied to remainder of the reduced amount. Refer to PRECERTIFICATION REQUIREMENTS provision for a complete list of services that require precertification. 				
Pre-Existing Conditions				
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				
Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Sudden and Unexpected Reoccurrence of Pre-Existing Conditions	Not applicable	100%	80%	100%
<ul style="list-style-type: none"> Up to the calendar year maximum limit Available for the first 12 months if no prior creditable coverage 				

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 Calendar Year or, if indicated, per Lifetime

PHYSICAL HEALTH

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Eligible Medical Expenses	100%	100%	80%	100%
Physician Visits/Services	Not applicable	100%	80%	100%
Hospital Emergency Room: United States				
<ul style="list-style-type: none"> ▪ Injury: Not subject to emergency room deductible ▪ Illness: Subject to a \$250 deductible for each emergency room visit for treatment that does not result in a direct hospital admission 	Not applicable	100%	80%	Not applicable
Hospital Emergency Room: International	Not applicable	Not applicable	Not applicable	100%
Hospitalization/Room & Board				
<ul style="list-style-type: none"> ▪ Average semi-private room rate ▪ Includes nursing, miscellaneous and ancillary services 	100%	100%	80%	100%
Intensive Care	100%	100%	80%	100%
COVID-19/SARS-CoV-2 Coverage	Charges for treatment resulting from COVID-19/SARS-CoV-2 are covered as any other illness covered under the policy.			
Outpatient Surgical/Hospital Facility	100%	100%	80%	100%
Laboratory	Not applicable	100%	80%	100%
Radiology/X-Ray	100%	100%	80%	100%
Chemotherapy/Radiation Therapy	100%	100%	80%	100%
Pre-Admission Testing	Not applicable	100%	80%	100%
Surgery	100%	100%	80%	100%
Reconstructive Surgery				
<ul style="list-style-type: none"> ▪ Surgery is incidental to and follows surgery that was covered under the plan 	100%	100%	80%	100%
Assistant Surgeon				
<ul style="list-style-type: none"> ▪ 20% of the primary surgeon's eligible fee 	100%	100%	80%	100%
Second Surgical Opinion				
<ul style="list-style-type: none"> ▪ Payable at 100% if requested by the Company ▪ 50% reduction of eligible medical expenses for failure to obtain a second surgical opinion when required by the Company 	Not applicable	100%	80%	100%
Anesthetists	100%	100%	80%	100%
Pregnancy and Newborn Care				
<ul style="list-style-type: none"> ▪ After 10 months of continuous coverage ▪ Result of natural insemination ▪ Newborn routine care, diagnostic tests, and routine immunizations for the first 31 days of life 	Not applicable	100%	80%	100%
Pregnancy Complications				
<ul style="list-style-type: none"> ▪ After 10 months of continuous coverage 	Not applicable	100%	80%	100%
Durable Medical Equipment	Not applicable	100%	80%	100%
Podiatry Care				
<ul style="list-style-type: none"> ▪ Maximum Limit: \$750 	Not applicable	100%	80%	100%
Chiropractic Care (Outpatient)				
<ul style="list-style-type: none"> ▪ Not subject to deductible and coinsurance ▪ Maximum limit per visit: \$100 ▪ Maximum visits: 20 ▪ Physician order not required 	Not applicable	100%	100%	100%
Chiropractic Care (Inpatient)				
<ul style="list-style-type: none"> ▪ Must be part of recovery treatment plan for a covered illness or injury ▪ Medical order or treatment plan required 	Not applicable	100%	80%	100%

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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 Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Physical Therapy <ul style="list-style-type: none"> Not subject to coinsurance Maximum limit per visit: \$100 Medical order or treatment plan required 	Not applicable	100%	100%	100%
Occupational Therapy <ul style="list-style-type: none"> Not subject to coinsurance Maximum limit per visit: \$100 Medical order or treatment plan required 	Not applicable	100%	80%	100%
Extended Care Facility <ul style="list-style-type: none"> Upon direct transfer from acute care facility 	100%	100%	80%	100%
Home Nursing Care <ul style="list-style-type: none"> Provided by a home health care agency Upon direct transfer from an acute care facility 	100%	100%	80%	100%
Attention-Deficit / Hyperactivity Disorder (ADHD) Treatment <ul style="list-style-type: none"> Maximum Limit: \$2,500 Excludes prescription drugs Dependent Children under age 26 	Not applicable	80%	60%	100%
Transplant <ul style="list-style-type: none"> Lifetime maximum: \$1,000,000 Per period of coverage transplant maximum limit: 1 Organ procurement & harvesting costs lifetime maximum: \$10,000 Travel & lodging lifetime maximum expense: \$5,000 Covered transplants: cornea, heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogeneic or autologous bone marrow Subject to the TRANSPLANT PRECERTIFICATION provision and only when treatment is provided within the Company's approved independent Managed Transplant System Network 	100%	100%	80%	100%

PHYSICAL HEALTH

Preventative Care

NOT 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

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Adult Preventative Care <ul style="list-style-type: none"> Ages 19 and over Maximum limit: \$500 Refer to the PREVENTATIVE CARE provision for further details and requirements 	Not applicable	100%	100%	100%
Child Preventative Care <ul style="list-style-type: none"> Ages 18 and younger Maximum limit: \$500 Refer to the PREVENTATIVE CARE provision for further details and requirements 	Not applicable	100%	100%	100%

Vision Care

NOT 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

Routine Eye Examination <ul style="list-style-type: none"> Available after 12 months of continuous coverage 	Maximum limit every 24 months: \$100			
Corrective Lenses, Contacts, Frames <ul style="list-style-type: none"> Available after 12 months of continuous coverage 	Maximum limit every 24 months: \$150			

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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 Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
Prescriptions <ul style="list-style-type: none"> Dispensing maximum: 90 days per prescription 	Not applicable	80%	80%	100%
Orphan Drugs or Biologic Drugs, but only when ALL the following are met: <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 <i>(Non-emergency)</i>	In-Network	Out-of-Network	International
United States Retail Pharmacy <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Subject to deductible and coinsurance Dispensing maximum per prescription: 90 days 			100%	
Expatriate Prescription Services Program <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Enroll via the provider's website: www.expatps.com Prescription submission: <ul style="list-style-type: none"> Email (scan prescription): concierge@expatps.com Fax: +1.540.777.7184 Questions/Concerns: <ul style="list-style-type: none"> Phone number: +1.540.777.1450 Email: concierge@expatps.com 			
Orphan Drugs or Biologic Drugs, but only when ALL the following are met: <ul style="list-style-type: none"> 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 for Coverage Maximum Limit) For Orphan Drugs or Biologic Drugs obtained through: <ul style="list-style-type: none"> United States Retail Pharmacy and Expatriate Prescription Services Program: Subject to Copayments stated above International Retail Pharmacy: Subject to Deductible and Coinsurance stated above For Orphan Drugs or Biologic Drugs obtained through: <ul style="list-style-type: none"> Inpatient/Outpatient Medical Treatment: Subject to Deductible and Coinsurance 			
Special Drug Copayments <ul style="list-style-type: none"> Applies to United States Retail Pharmacy Copayments are per 30-day supply unless otherwise indicated Dispensing maximum: 90 days 	<ul style="list-style-type: none"> Insulin Copayment: \$25 Insulin Supplies Copayment: \$100 Epinephrine Autoinjector Copayment: \$25 for 2 pack Anti-diabetic Drugs Copayment: \$15 			

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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 Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Per Calendar Year Maximum			\$20,000	
Inpatient Mental or Nervous/Substance Abuse	100%	100%	80%	100%
Outpatient Mental or Nervous/Substance Abuse				
<ul style="list-style-type: none"> Maximum limit per visit: \$150 Maximum visits: 52 	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 Calendar Year or, if indicated, per Lifetime

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Local Ambulance				
<ul style="list-style-type: none"> Subject to deductible and coinsurance Injury Illness resulting in an inpatient hospital admission 	Not applicable	100%	80%	100%
Emergency Medical Evacuation				
<ul style="list-style-type: none"> Lifetime maximum: \$1,000,000 Insured persons under 65 years of age Approved in advance and coordinated by the Company 	Not applicable	100%	100%	100%
Emergency Reunion				
<ul style="list-style-type: none"> Lifetime maximum: \$10,000 Maximum days: 15 Maximum meal limit per day: \$25 Reasonable and necessary travel costs and accommodations Approved in advance by the Company 	Not applicable	100%	100%	100%
Interfacility Ambulance Transfer				
<ul style="list-style-type: none"> Transfer must be a result of an inpatient hospital admission 	Not applicable	100%	100%	100%
Return of Mortal Remains				
<ul style="list-style-type: none"> Maximum limit: \$25,000 Local burial/Cremation maximum limit: \$10,000 Return of insured person's mortal remains to home country Approved in advance by the Company 	Not applicable	100%	100%	100%



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Other Services

NOT 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

FINANCIAL PROTECTION

PHYSICAL HEALTH

MENTAL WELLNESS

Benefit	Medical Concierge (Non-emergency)	In-Network	Out-of-Network	International
Accommodation Benefit <ul style="list-style-type: none"> Maximum limit: \$2,500 Refer to the ACCOMMODATION BENEFIT provisions for further details and requirements 	Not applicable	100%	100%	100%
Crew Member Return <ul style="list-style-type: none"> Maximum limit: \$2,500 	Not applicable	100%	100%	100%
Supplemental Accident Benefit <ul style="list-style-type: none"> Maximum limit per covered accident: \$300 	Not applicable	100%	100%	100%
Amateur Sailboat Racing <ul style="list-style-type: none"> Subject to deductible and coinsurance 	Not applicable	100%	80%	100%
Emergency Dental <ul style="list-style-type: none"> Subject to deductible and coinsurance Accident related 	Not applicable	80%	80%	100%
Traumatic Dental Injury <ul style="list-style-type: none"> Treatment at a hospital facility due to an accident Additional treatment for the same injury rendered by a dental provider will be paid at 100% 	Not applicable	100%	80%	100%
Hospital Indemnity <ul style="list-style-type: none"> International only Benefit is not available when the inpatient hospital treatment is part of the Medical Travel Management benefit Inpatient hospitalization only 	<ul style="list-style-type: none"> Overnight maximum limit: \$100 Maximum overnight limit: 20 Maximum limit: \$2,000 			
Telehealth**	Company pays 100%			
Medical Travel Management <ul style="list-style-type: none"> Must be approved in advance by the Company 	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.			
Non-Emergency Medical Evacuation <ul style="list-style-type: none"> Lifetime maximum: \$1,000,000 Insured persons under age 65 Approved in advance and coordinated by the Company 	Not applicable	100%	100%	100%
Recreational Underwater Activities <ul style="list-style-type: none"> Subject to deductible and coinsurance 	Not applicable	100%	80%	100%
Remote Mental Health Service* <ul style="list-style-type: none"> Employee Assistance Program 	Company pays 100%			

*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.

**Telehealth will not support a diagnosis for Mental or Nervous disorders. Coverage for Telehealth 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.

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Dental Benefits Summary

PHYSICAL HEALTH

Coverage Limit/Maximum Amount for Eligible Dental Expenses		
Calendar Year Maximum Limit	\$1,000 - \$1,500 - \$3,000	
Calendar Year Orthodontia Maximum Limit	\$1,000 - \$1,500 - \$3,000	
Deductible	\$50	
▪ Applies to minor restorative, major restorative, and orthodontia services		
Family Deductible	\$150	
▪ Maximum 3 deductibles per family		
Routine Services		
NOT Subject to Deductible and Coinsurance unless otherwise noted Eligible Expenses are limited to Usual, Reasonable, and Customary Maximum Limits per Calendar Year or, if indicated, per Lifetime		
Benefit	Coinsurance	
Diagnostic and Preventative Services		
▪ Preventative visits and cleanings: 2 (1 every 6 months)	Plan pays 100%	Insured pays 0%
▪ Radiographic examinations (including posterior bitewings): 2 (1 every 6 months)		
▪ Fluoride treatment: 1 for children under age 19		
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		
▪ Radiograph: 1 every 3 years	Plan pays 80%	Insured pays 20%
▪ Full mouth x-rays including panoramic x-rays		
Oral Surgery	Plan pays 80%	Insured pays 20%
Endodontics	Plan pays 80%	Insured pays 20%
Periodontics		
▪ Root planning: 1 every 2 years	Plan pays 80%	Insured pays 20%
▪ Periodontal surgery: 1 every 3 years		
Minor Restorative Services		
▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements	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		
▪ Crowns, jackets, inlays (on same tooth): 1 every 5 years	Plan pays 50%	Insured pays 50%
▪ Limitations apply for children under age 12		
▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements		
Prosthodontics		
▪ Dentures/bridges: 1 every 5 years	Plan pays 50%	Insured pays 50%
▪ Replacement of denture base material or reline: 1 every 3 years		
▪ Refer to the ELIGIBLE DENTAL EXPENSES provision for further details and requirements		
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		
▪ Children under age 19	Plan pays 50%	Insured pays 50%

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