(continued from the front panel)

necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. Precertification may be done by the group member, the doctor, a hospital administrator or a relative. The following treatments and services must be pre-certified:

☐ Inpatient care ☐ Any surgery ☐ Care in an extended care facility ☐ Home nursing care generally ☐ Durable medical equipment, artificial limbs ☐ All transplant benefits

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

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

Preferred Provider Organization

Your group members may seek treatment under MP+International worldwide, including the United States, at the hospital or doctor of their choice. When seeking treatment in the U.S, group members may use the independent Preferred Provider Organization (PPO), 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 the provider network may significantly reduce out-of-pocket expenses. If a group member chooses not to use a PPO provider, eligible medical expense claims will be reduced by 20% to a maximum of US\$1,000 and a minimum of US\$50, the deductible will be subtracted from the remaining amount and the coinsurance will be applied. This penalty will be waived if there is not a network provider within 25 miles of the location of treatment.

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

Group members may request a copy of the PPO directory or they may visit the IMGLOBAL® web site, *www.imglobal.com*. Network providers are listed by location and specialty.

Claims Information

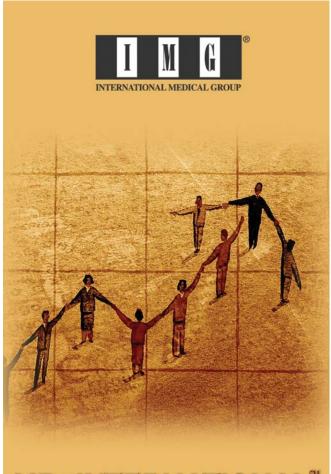
When a group member receives treatment, original itemized bills must be received by IMG within 90 days of services. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

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

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

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

For more information, please contact
International Medical Group
P.O. Box 88500
Indianapolis, IN 46208-0500 USA
800.628.4664 inside the U.S. or
317.655.4500 outside the U.S.
missions@imglobal.com
www.missionarymedicalinsurance.com



MP+INTERNATIONAL

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

Security rated
A (excellent) by A.M. Best
A- by Standard & Poor's

Worldwide coverage for missionaries

Overseas medical insurance for missionary groups requires provisions not met by many companies. MP+International was designed specifically to provide medical insurance to missionary groups by offering continuous coverage while overseas and back in the U.S. while on furlough or deputation.

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

Plan Administrator



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

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

Plan Underwriter

While IMG provides complete plan administration expertise, our globally-



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

*Sources: A.M. Best 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 accurate as of the date of printing and subject to change.

Benefits

MP+International covers the Usual, Reasonable and Customary charges for eligible expenses in the area where treatment is received. Deductibles are per insured person per calendar year with a maximum of 2 deductibles per family per calendar year. For eligible expenses incurred in the United States and Canada: once the deductible has been met, the plan will pay 80% of all eligible medical expenses up to US\$5,000 then 100% of eligible expenses up to the policy maximum. For eligible expenses ible ool-

incurred outside of the U.S. and Canada: once the deducti is met, the plan will pay 100% of eligible expenses up to the picy maximum.	
MEDICAL INSURANCE	Subject to deductible - & coinsuran
Coverage Area	Worldwide
Policy Maximum Per Individual	US\$1,000,000 lifetime (may be increased to US\$5,000,000)
Hospital Room & Board	Payable up to the average semi-private room rate, including nursing service
Hospital Pre-Admission Testing	Subject to deductible
Intensive Care Unit	Up to 3 times the average semi-private room rate
Second Surgical Opinion	Subject to deductible & coinsurance unless requested by the Company (payable at 100% if requested by the Company)
Eligible Medical Expenses	Usual, reasonable & customary
Transplant Benefits Limited to certain transplants & covered only within designated facilities that are members of IMG's independently-contracted PPO network ● Covered transplants are: heart, heart/lung, lung, kidney, kidney/pancreas, liver & allogeneic, & autologous bone marrow transplant	US\$500,000 lifetime
Maternity and Newborn Care	Subject to precertification requirements, same as any

Pre-existing Conditions

Please see certificate

wording for details

other illness

MEDICAL INSURANCE	BENEFIT - & coinsurance
Mental/Nervous Disorders Inpatient treatment Limited to 15 days per calendar year per insured person	Same as any other illness
Outpatient treatment Maximum of 40 visits per calendar year per insured person	50% reimbursement
Wellness Benefit For you and your spouse for a physical examination including immunizations and mammograms every 24 months ● To qualify, you must have been covered under the MP+International plan for at least 24 months and must be at least age 35	Up to US\$250 coverage (Not subject to deductible or coinsurance)
Physical Therapy	Up to US\$50 maximum per charge per visit
Chiropractic Care	US\$500 maximum per year, reimbursable at 50%
Home Health Care	Limited to 30 days per calendar year
Extended Care Facility	Limited to 60 days per calendar year
Hospice Benefit	US\$7,500 lifetime per insured person
Additional Benefits Life insurance Dental insurance Emergency medical evacuation insurance	Required Optional Optional

INCUDANCE

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

Precertification/Verification of Benefits

Prior to receiving treatment group members may need to contact IMG to precertify treatment and/or for verification of benefits. Precertification means calling IMG's Utilization Management and Review department to receive determination of medical necessity for the proposed treatment or services. It is important to note that precertification is only a determination of medical

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IMG Evacuation Coverage (optional)

Emergency Medical Evacuation

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

Emergency Reunion

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

Repatriation

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