



| IMPORTANT CONTACT INFORMATION FOR YOUR MARINESURE CHANNELS PREMIER | |
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| For help in understanding your benefits, questions and general plan guidance, please contact our Member Care Team by calling us or messaging us via your member portal. | +44 (0)20 7590 8800 or +1-888-689-9661 (US Freephone) https://members.hcigroupglobal.com/ |
| CLAIMS – submit reimbursement requests to us via your member portal FOR 24/7 PRE-AUTHORISATION AND GUARANTEE OF PAYMENT REQUESTS: All hospital stays, outpatient surgery, medical transportation (except for local emergency transportation) or medical procedures must be pre-authorised. Pre-authorisations are easy and only take a few minutes of your time. Please allow at least 2-5 business days for the pre-authorisation to be processed. You must notify us at least five business days prior to a scheduled or elective admission or treatment plan. For an emergency hospitalisation please notify | https://members.hcigroupglobal.com/ Member Portal: https://members.hcigroupglobal.com/ +44 (0)20 7590 8800 If you have trouble accessing your member portal, please email us at policy.admin@healthcareinternational.com |
| us within 48 hours of admission. FOR EMERGENCY MEDICAL ASSISTANCE | +44 (0)20 7590 8800 |

US CLAIMS AND PROVIDER INFORMATION

To find a provider in US, visit: www.whyuhc.com/us1 and select (United Healthcare Options PPO)

Utilising the UHC Network ensures that preauthorisation procedures are followed. If using hospital or provider outside of UHC Network in the US you or your provider must follow pre-authorisation procedures and contact: +1 800 268 5041







CREW ASSISTANCE PROGRAMME (CAP)

Connecting you to better health and well-being.

Professional counselling support and consultation available worldwide, day or night, 365 days a year. The Telus Health (formerly LifeWorks) benefit reflects our continuing commitment to your well-being and privacy. We encourage you to use the programme anytime you need it. Please note that any onward referral will be at your own cost.

 $Telus\ Health's\ Privacy\ Policy\ can\ be\ viewed\ on\ their\ website\ https://www.telus.com/en/health/about-telus-health/privacy?linktype=ge-footer$









| ABLE OF BENEFITS | CHANNELS |
|--|---|
| | Premier |
| Annual maximum plan benefit | \$2,000,000 €1,500,000 £1,250,000 |
| HOSPITALISATION BENEFITS | |
| Accommodation | Private room |
| Inpatient treatment, daypatient, operating theatre and recovery room, prescribed medicines, drugs and dressing for inpatient or daypatient treatment | 100% |
| Intensive care unit | 100% |
| Inpatient ancillary services including physical and occupational therapy as daypatient or inpatient | 100% |
| Surgeons' and anaesthetists' fees | 100% |
| Inpatient consultation by specialist | 100% |
| Emergency room | 100% |
| Pathology, radiology, and diagnostic tests | 100% |
| MRI, CT and PET scans | 100% |
| Private duty nursing | \$15,000 |
| (Lifetime maximum) | €12,000 |
| | £10,000 |
| skilled nursing facility | \$15,000 |
| Lifetime maximum) | €12,000 |
| | £10,000 |
| Home health care | \$15,000 |
| Lifetime maximum) | €12,000 |
| | £10,000 |
| Hospice care services | \$20,000 |
| (Lifetime maximum) | €15,000 |
| | £13,000 |
| Emergency dental treatment (as a result of accident) | 100% |
| Cancer treatment | 100% |

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| TABLE OF RENEFITS | CHANNELS |
|-------------------|----------|

| | Premier |
|---------------------|---------|
| Child accompaniment | 100% |

If the insured person is a child under 16 who requires hospitalisation, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel. Pre-approval is necessary.

| MANAGED TRANSPLANT PROGRAMME | |
|-------------------------------------|-----------|
| Organ transplants maximum lifetime | \$500,000 |
| | €400,000 |
| | £300,000 |
| Tissue transplants | \$250,000 |
| (as part of the overall organ max.) | €200,000 |
| | £150,000 |

Transplant must be pre-certified and approved by us. Failure to comply will result in treatment not being covered by your policy. A 24-month waiting period applies for all transplants.

| OUTPATIENT BENEFITS | |
|--|--|
| Surgery as outpatient | 100% |
| Physician office visits and specialist fees | 100% |
| Diagnostic and therapeutic services (as outpatient, per visit) | 100% |
| Physical therapy (as outpatient, per visit) | 100% \$75 / €60 / £50 policy year max 50 visits |
| Occupational therapy (as outpatient, per visit) | 100% \$75 / €60 / £50 policy year max 50 visits |
| Chiropractic services | 100% |
| Policy year maximum for chiropractic services Referral letter required from medical physician | \$1,500 / €1,250 / £1,000 |
| Complementary medicine Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy and osteopathy | 100% \$1,500 / €1,250 / £1,000 |
| PRESCRIPTION PROGRAMME | |
| In US (no deductible applies) | 100% generic 90% brand |
| All other countries (deductible applies) | 100% |

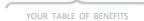


TABLE OF BENEFITS CHANNELS

| | Premier |
|--|--|
| MATERNITY AND NEWBORN COVER | |
| Pregnancy, normal delivery | 100% \$20,000 €15,000 £13,000 |
| Complicated pregnancy and caesarean section (non-elective) | 100% as any other condition |
| Routine nursery, included under maternity benefits as any other treatment including room and board, physician charges and ci In the case of an elective caesarean section, which is not medically necessary, benefit will be paid at the cost of a normal deliver limit. | |
| New born cover | \$30,000 €25,000 £20,000 |

Included in New Born Cover are premature births, congenital conditions and birth anomalies. New Born Cover is only available for a covered pregnancy. A 12-month waiting period applies for all maternity and new born care benefits unless maternity waiting period waiver option is chosen.

| WELLNESS AND ROUTINE SERVICES | |
|---|---------------------|
| ADULTS Per policy year | \$750 / €600 / £500 |
| Routine physical exams in connection with overall health and well-being | 100% |
| Pap smear Pap smear | 100% |
| Mammograms: ages 35-39 one baseline exam; ages 40-49 one exam every one or two years for asymptomatic women, but no sooner than two years after baseline; age 50 and over one exam annually; any age whenever prescribed by a physician | 100% |
| Prostate cancer screening: one test per policy year for males age 50 or over | 100% |
| Immunisations and vaccinations | 100% |
| CHILD(REN) | |
| Maximum per policy year: birth to age 12 months | \$500 / €400 / £325 |
| Maximum per policy year: 13 months and over | \$300 / €225 / £200 |
| Routine medical exams and immunisations and vaccinations | 100% |
| Child preventive care services | 100% |
| Hearing tests | 100% |

Six-month waiting period applies to all Wellness Benefits, but waits are waived for policies that are paid annually or as per the terms and conditions in your plan. Overall Wellness Benefit maximums apply to all routine and Wellness Benefits for adults and children.

| VISION CARE COVER | 100% |
|-----------------------------|---------------------|
| Maximum per 24-month period | \$300 / €275 / £225 |
| Not subject to deductible. | |
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| TABLE OF BENEFITS | CHANNELS |
|--|---|
| | Premier |
| | |
| DENTAL PLAN | |
| Individual deductible | \$50/€40/£30 |
| CLASS I EXPENSES | 100% |
| No deductible applies Diagnostic – general preventive | |
| CLASS II EXPENSES | 90% |
| Restorative (basic); endodontics; periodontics; prosthodontics – removable (maintenance); fixed bridge | 90% |
| (maintenance); oral surgery | |
| CLASS III EXPENSES | 60% |
| $Restorative \ (major); endodontics; prosthodontics-removable \ (installation); fixed \ bridge \ (installation) \ Orthodontic \ and \ Class$ | |
| Ill services are available after three months of continuous enrollment in the Dental Plan or as per the terms and conditions | |
| in your plan. Orthodontic services are only available for children under 18 years of age. | |
| Policy year maximum | ¢2 000 / €2 250 / ¢2 000 |
| (per insured person) | \$3,000 / €2,250 / £2,000 |
| Orthodontic lifetime maximum | \$2,500 / €2,000 / £1,500 |
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| FAMEDICENSIAN FLACULATION DEDATRIATION AND ANADIMANCE CEDIVICES | |
| EMERGENCY EVACUATION, REPATRIATION AND AMBULANCE SERVICES | 1000/ |
| Medical evacuation and assistance | 100% |
| 24/7 Emergency medical assistance hotline | YES |
| Repatriation of mortal remains | 100% |
| Family emergency travel | 100% \$5,000 / €3,500 / £3,000 |
| Repatriation accompaniment | 100% \$5,000 / €3,500 / £3,000 |
| Repatriation family accompaniment | 100% \$3,000 / €2,250 / £2,000 |
| | |
| Crew Replacement | 100% |
| Reasonable and necessary additional travel costs of sending a replacement person to occupy the same position as a | \$5,000 |
| primary insured who has been disabled or died while travelling with the vessel | €5,000 |
| | £5,000 |
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| MARINESURE SPECIALCARE BENEFITS - RETURN TO FITNESS | 1000/ |
| Rejoin vessel or return to country of residence due to medical treatment received onshore. Max. benefit \$1,500 for transportation costs | 100% |
| Long-term convalescence in home country. Repatriation and home country cover due to medical necessity | 100% |
| Companion travel and accommodation expenses for one person to accompany you to hospital outside of home country | 100% |
| for duration of five days or more | \$2,500 / €1,750 / £1,500 |
| One return trip, by first class rail or by economy/tourist class air travel | |
| Overnight accommodation up to \$100 / €75 / £65 each night up to a maximum of 15 nights | |



TABLE OF BENEFITS CHANNELS

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| NAFRICAL | CONCIERCE | CEDVACEC |
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Best possible outcome programme

YES

A dedicated diagnosis verification and treatment planning care management programme. In the event that you are diagnosed with a specified critical illness, the programme provides access to an appropriate specialist who will remotely review your medical reports to confirm your diagnosis and advise, in conjunction with your treating physician on your treatment options, to provide the best outcome.

| Advanced health screening programme | 100% |
|--|-----------------------|
| Ages 40-50 one high level physical examination every three years | \$1,000 / €750 / £650 |
| Ages 50+ one high level physical examination every three years | \$1,000 / €750 / £650 |

| MENTAL HEALTH BENEFITS | 100% |
|--|--|
| Lifetime maximum for mental health benefits (inpatient and outpatient) | \$25,000 €20,000 £15,000 |
| Policy year mental illness, maximum 15 visits (outpatient treatment) | \$2,500 / €2,000 / £1,500 per policy year |
| Lifetime mental illness, maximum per insured (in-hospital) | 60 days |
| Lifetime maximum for mental health benefits (outpatient treatment) | 80 visits |

Mental health benefits do not count towards out of pocket maximum.

CREW ASSISTANCE PROGRAMME YES

Operated by Telus Health, formerly LifeWorks, it provides assistance for the types of issues often faced by marine professionals. It's a comprehensive well-being program that gives free, confidential support, 24 hours a day. You can talk to someone about any issues you're experiencing from work related issues to dealing with close quarter living; from culture shock to work stresses, conflicts and challenges and it's all totally confidential.

| ACCIDENTAL DEATH AND DISMEMBERMENT | \$100,000 |
|---|--------------------------------|
| Also available as an optional benefit on all plans. | |
| HIV/AIDS TREATMENT | YES |
| Lifetime maximum | \$25,000 €20,000 £15,000 |
| DURABLE MEDICAL EQUIPMENT | YES |
| Lifetime maximum | \$20,000 €15,000 £13,000 |
| CHRONIC CONDITIONS | YES |

Chronic conditions are treated like any other condition under the policy.



TABLE OF BENEFITS CHANNELS

Premier

IFE COVER (ADULTS ONLY)

Lump sum in case of death (all causes)

\$10,000 / €10,000 / £10,000

DEDUCTIBLE OPTIONS

Individual deductible

\$0, \$50, \$100, \$200, \$500, \$1,000, \$5,000 €0, €40, €75, €150, €400, €750, €4,000 £0, £30, £65, £125, £300, £650, £3,000

Deductible per claim options also available upon request

OUT OF POCKET MAXIMUM INDIVIDUAL

\$1,000 / €750 / £650

An out of pocket maximum is protection for you against high medical costs from your benefits which are listed at 90%. The 10% that you pay yourself is your out of pocket expenses. Once your out of pocket costs equal the maximum indicated, your benefits that were at 90% are switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

| OPTIONAL ADD-ONS | |
|---|---|
| Complementary medicine Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy and osteopathy | YES Included in cover |
| No wait on maternity benefits 12-month wait on maternity benefits waived and maternity benefit immediately available to staff and eligible dependents. | (option available) |
| Private room upgrade | YES Included in cover |
| Accidental death and dismemberment | YES included in cover \$100,000, €80,000 £70,000 |

GEOGRAPHICAL COVER REGION OPTIONS

Cover Region 1 – Worldwide including US and Canada and their territories.

For Cover Region 1 – please note that benefits listed above are only applicable when using our Preferred Provider Network. Benefits outside of network are reduced to 70% and co-insurance does not count toward out of pocket max.

Please note that Cover Region 1 is limited to 180 days in the US in any 12-month period.

 $\label{lem:cover_cover_loss} \mbox{Cover Region 2} - \mbox{Worldwide but excluding US and Canada and their territories}.$

Cover Region 2 – does not include any cover for US and Canada and their territories.

Cover Region 3 — Mixed cover of both Cover Region 1 and Cover Region 2 due to the vessel's itinerary during the policy year. The maximum cover duration in Cover Region 1 is 6 months during each policy year. Cover Region 1 benefit limits and Preferred Provider Network rules apply as shown above while in Cover Region 1.



TABLE OF BENEFITS CHANNELS

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ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) OPTION

In the event of an accidental death or dismemberment of the primary insured the insurer pays a lump sum benefit equal to the principal sum subject to a maximum benefit multiplied by a percentage as shown below.

| Loss of life | 100% |
|--------------------------------|------|
| Loss of sight of both eyes | 100% |
| Loss of both hands or arms | 100% |
| Loss of both feet or both legs | 100% |
| Loss of one arm and one leg | 100% |
| Loss of sight of one eye | 50% |
| Loss of one foot or one leg | 50% |
| Loss of one hand or arm | 50% |

N.B. Benefits cannot exceed two times annual salary.



A better future

Good healthcare is an investment in the future. That's why we're proud to offer the kind of comprehensive care that will help your crew thrive for the long term. Enrolling your crew with MarineSure is easy. Get in touch today to find out more.

Our insurance partner

Your Integra Global health plan is underwritten by MGEN, SIREN number 775 685 399, regulated by the provisions of Tome II of the French mutual insurance companies code -3-7 square Max Hymans, 75748 PARIS Cedex 15

