

GROUP MEDICAL SUMMARY

GEO Group covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment.

SCHEDULE OF BENEFITS	BENEFIT DESCRIPTION
Coverage Area	Worldwide
Rate Guarantee	Initial 12 Months
Maximum Lifetime Benefit Per Person	\$1,000,000 (Standard) or \$5,000,000
Deductible (Calendar Year)	\$100 - \$10,000 Deductible is reduced by 50% when using U.S. independent PPO (Maximum 2 or 3 per family)
Coinsurance Percentages: <ul style="list-style-type: none"> ▶ Medical expenses incurred outside the U.S. & Canada ▶ Medical expenses incurred in the U.S. using the PPO ▶ Medical expenses incurred in the U.S. and Canada outside the PPO 	Plan pays 100% of eligible charges after deductible Plan pays 100% of eligible charges after deductible Plan pays 80% up to \$5,000 of eligible charges after deductible; thereafter Plan pays 100% of eligible charges
Independent US Preferred Provider Network	Provided through The First Health Network
Physician Office Services: <ul style="list-style-type: none"> ▶ Adult Wellness Benefit ▶ Child Wellness Benefit ▶ Illness or Accident Benefit 	Plan pays up to \$250 per Calendar Year Plan pays up to \$150 per Calendar Year (\$50 per visit max) Subject to Deductible & Coinsurance
Hospital Services: <ul style="list-style-type: none"> ▶ Inpatient & Outpatient ▶ Emergency Room <ul style="list-style-type: none"> • Injury • Illness (if directly admitted) 	Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance
Maternity Coverage (not available until there have been 10 months of continuous coverage) <ul style="list-style-type: none"> ▶ Pre-natal care - Delivery of Newborn - Post-Natal Care ▶ Newborn Baby Care (Well-Baby) 	Covered as any other illness Subject to Deductible & Coinsurance Routine care for first 31 days of life
Other Services: <ul style="list-style-type: none"> ▶ Chiropractic Care ▶ Durable Medical Equipment ▶ Eligible Medical Expenses ▶ Emergency Medical Evacuation ▶ Emergency Reunion ▶ Home Health Care & Extended Care Facility ▶ Human Organ Covered Transplants ▶ Local Ambulance ▶ Physical Therapy ▶ Prescription Drugs ▶ Return of Mortal Remains ▶ Supplemental Accident Benefit 	\$25 per visit, maximum of 20 visits per policy period Subject to Deductible & Coinsurance Subject to Deductible & Coinsurance Up to Maximum Lifetime Benefit Per Person \$10,000 (Lifetime Maximum Benefit) Subject to Deductible & Coinsurance \$1,000,000 Lifetime Maximum inside transplant network facilities Subject to Deductible & Coinsurance \$50 Maximum Benefit per visit Subject to Deductible & Coinsurance \$25,000 per insured person (return to home country) \$300 benefit per accident, Deductible & Coinsurance thereafter
Vision Benefit: <ul style="list-style-type: none"> ▶ Exams ▶ Materials (frames, lenses, contacts) 	Plan pays up to \$150 per 24 months Plan pays up to \$100 per 24 months
Mental/Nervous Disorders, Alcohol & Substance Abuse (Not available until there have been 12 months of continuous coverage)	Covered to \$10,000 per policy period, \$20,000 Lifetime
Certificates of Credible Coverage for Pre-Ex Conditions	Optional for US employers
Medical Insurance Continuation	Available as required by US law, when applicable
Pre-Admission Certification	Failure to pre-certify maternity, admissions & surgeries could reduce benefits

This is a summary of benefits only and is subject to the specific terms and conditions of the plan concerning eligible benefits. Limitations, eligibility and exclusions thereunder. Please refer to the policy wording for a complete description, which is available upon request.

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SUPPLEMENTAL INSURANCE PROGRAMS



As a complement to the medical benefits, GEOSM Group offers the following supplemental insurance programs. These plans are designed to provide additional coverage in the event of a catastrophic loss or hospitalization.

Term Life and Accidental Death and Dismemberment Insurance

(Required on groups with 20 or fewer employees)

This coverage is underwritten by International Medical Insurance CompanySM and administered by International Medical Group[®], Inc. Groups with 20 or fewer employees will be required to purchase the Term Life and AD&D along with the medical. You may select from the following Principal Sum Plans for Term Life Insurance:

\$10,000 per employee

\$25,000 per employee

\$50,000 per employee

1 x annual salary, minimum \$10,000, maximum \$100,000*

2 x annual salary, minimum \$10,000, maximum \$100,000*

3 x annual salary, minimum \$10,000, maximum \$100,000*

*Higher amounts are available and are subject to full medical underwriting and approval.

AD&D benefits will be paid according to the following schedule:

Loss of Life	Principal Sum
Loss of Two Members	Principal Sum
Loss of One Member	50% of Principal Sum



Daily Indemnity Insurance

Hospitalization often creates additional financial pressures for employees. GEO Group will pay \$100 per day directly to the employee in the event of a covered hospitalization. Hospitalization due to maternity is excluded.

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OPTIONAL GROUP DENTAL INSURANCE

	PLAN I	PLAN II	PLAN III
Calendar Year Maximum, per person	\$1,000	\$1,000	\$1,500
Individual Deductible	\$ 50	\$ 50	\$ 50
Family Deductible	\$ 150	\$ 150	\$ 150
Schedule of Benefits			
Class I, Diagnostic, Preventive Emergency Palliative Treatment Not subject to deductible	100%	100%	100%
Class II, Basic Service X-Rays, oral surgery, extractions, endodontics, periodontics, anesthesia	80%	80%	80%
Class III, Major Services Prosthodontics (bridges, partial dentures), Major restorative services (crowns, inlays)	50%	50%	50%
Orthodontia	0	50%	50%

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EMERGENCY TRAVEL ASSISTANCE

In addition to medical benefits, GEO Group also provides the following emergency travel services:

- Emergency Travel Arrangements:** If an interruption in travel is necessary due to an illness of your spouse, child, parent, in-law, or grandparent, IMG will help you make the appropriate travel arrangements. You are responsible for the cost of the travel tickets.
- Lost Passport/Travel Documents Assistance:** IMG will assist in reporting, retrieving or replacing lost or stolen travel documents, such as your passport, credit cards and airline tickets.
- Lost Luggage Assistance:** IMG will provide assistance in communicating with the commercial carrier for the return of your lost luggage.
- Embassy or Consulate Referral:** IMG will provide information about the location and contact telephone numbers for the nearest embassy or consulate, regardless of your location.
- Emergency Message Relay:** IMG will receive or transmit emergency messages between you, your family and your employer.
- Emergency Prescription Replacement:** IMG will assist with the replacement of lost or damaged prescription medication. You are responsible for the cost of the actual medication and shipping costs (if any).
- Medical Referral:** If urgent medical advice or care is needed, IMG will refer you to the nearest appropriate care facility or provide you with a listing of available medical care. IMG will also help with making an appointment with the medical care provider you have chosen.
- 24-Hour Medical Monitoring:** If you are hospitalized, IMG will provide medical professionals to communicate with your treating doctor(s) and help monitor your condition. IMG will also communicate with your family doctor upon your request.
- Emergency Cash Transfer:** In the event of a medical or travel emergency, IMG will provide assistance in transferring your funds up to US\$500.
- Legal Referrals:** IMG will assist in locating and referring you to the nearest attorney worldwide.
- Emergency Translations:** Should you require language assistance, IMG will provide you with personal, emergency telephone translation services and referral to a local interpreter service.

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EXCLUSIONS

The following is a summary of items that are not covered under the GEO Group medical program:

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

See policy 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. Policy wording is available upon request.