

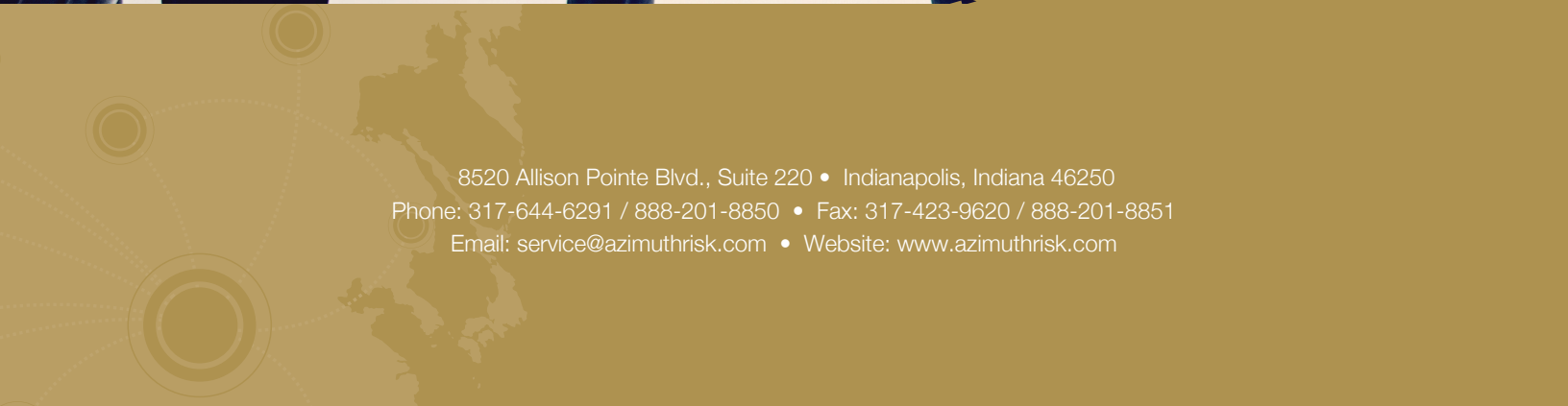


CONTOUR GROUP MEDICAL PLAN



Going Your Way

Azimuth
Risk Solutions™



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Is There Really a Need for an International Benefit Plan?

If it is important to an organization to attract and retain high quality personnel, then the answer is unequivocally yes. The Contour Group Medical Plan is a leader in flexible plan design, skilled administration, insurer quality and competitive premium cost, making it the correct choice for those international organizations who are seeking the best available value in the market. When competing for highly skilled, high quality talent in a global market, it is important to note the failings and respond to the limitations inherent in local social medical plans and US based group benefit plans. Specifically, social medical plans are routinely limited by the host country's borders and US based group plans are typically not designed to accommodate the needs of expatriate employees, offering limited or nonexistent coverage outside the US. Having a great menu of benefits is attractive, but is useless and even harmful to company morale unless those benefits are properly and professionally administered. Choosing a skilled partner like Azimuth Risk Solutions, LLC affords you the confidence of knowing that customer service, administrative procedures, emergency services and any other staff interactions are handled with experience, care and compassion.

How Does the Contour Plan help?

The Contour Group Medical Plan offers a truly global solution to international benefit needs. Organizations that elect coverage through Azimuth Risk Solutions, LLC with this plan enjoy:

- Robust coverage for any combination of key local nationals, US expatriates and third country nationals in any combination
- Plan construction can accommodate the need to cover employees who are sited in multiple cities or countries into one seamless benefit package which provides the maximum value for the money available in the market today
- Because of lower international premiums, effective cost containment is enjoyed with the Contour Plan
- Excellent flexibility in plan design for those who require top tier benefits or lesser levels of coverage or to respond to the need to mirror the benefits of an existing benefit plan
- Very competitive premium cost
- Extraordinary focus on member service
- Takeover of existing plans available if supporting documentation is provided to Azimuth
- Simple addition or deletion of employees.

Who Is Azimuth Risk Solutions?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry to provide simply the finest in product offering, administration and support after the sale of international health, travel and life insurance products. If it's important to you to do business with an organization that is committed both to service excellence and to ethical conduct as well as philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, Lloyd's, London and the Scheme Administrator for the Contour Series.

US PPO Network

Taking advantage of Azimuth's Preferred Provider Network (PPO), provides the benefit of an extensive network of licensed physicians, hospitals and facilities to meet your healthcare needs throughout the US, as well as reducing your out-of-pocket expenses. When traveling outside of the US, you may access care anywhere of you choosing.



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CONTOUR GROUP MEDICAL PLAN

Employee	Regular full-time employees participating in this plan working a minimum of 25 hours per week		
Dependent	Legal Spouse, dependent children up to age 26, regardless of student status		
Coverage Details	Medical Plan is a schedule benefit plan with limits and Sub-Limits as follows: All limits and Sub-limits are per Coverage Period unless otherwise noted		
Certificate of Creditable Coverage for Pre-Ex Conditions	Prior plan credit accrued within the last calendar year from previous carrier applies to the current year		
Coverage Area	US- In-Network	US- Out-Of-Network	Worldwide- Outside the US
Maximum Limits	\$ 500,000, \$1,000,000, \$2,000,000, \$5,000,000	\$ 500,000, \$1,000,000, \$2,000,000, \$5,000,000	\$ 500,000, \$1,000,000, \$2,000,000, \$5,000,000
Deductible – Participating Member, per Coverage Period	\$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000	\$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000	\$250, \$500, \$1,000, \$2,500, \$5,000, \$10,000
Deductible – Family	(2X) or (3X) per Coverage Period	(2X) or (3X) per Coverage Period	(2X) or (3X) per Coverage Period
Coinsurance – Participating Member	\$500 per Coverage Period	\$5,000 per Coverage Period	\$500 per Coverage Period
Coinsurance – Family	\$1,500 per Coverage Period	\$15,000 per Coverage Period	\$1,500 per Coverage Period
Pre-certification Penalty	50% penalty on Eligible Medical Expenses		
Hospital Services (Services are subject to the Deductible and Coinsurance)			
Hospital Room	Average Semi-private room rate		
Inpatient Hospital Services	Plan pays 80% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Maternity and Newborn Care Dependent Children's pregnancy not covered. Newborn routine, diagnostic tests, routine immunizations for the first 31 days of life	\$7,500 Sub-Limit per Coverage Period, Additional \$1,000 Maternity Deductible (waived), \$30,000 Maximum Sub-Limit (After 364 days of Continuous Coverage)	\$5,000 Sub-Limit per Coverage Period, Additional \$1,000 Maternity Deductible, \$30,000 Maximum Sub-Limit (After 364 days of Continuous Coverage)	\$5,000 Sub-Limit per Coverage Period, Additional \$500 Maternity Deductible, \$20,000 Maximum Sub-Limit (After 364 days of Continuous Coverage)
Outpatient Hospital Services	Plan pays 80% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Emergency Room – Non-Emergency Illness/Accident	Plan pays 50% of Eligible Expenses	Plan pays 50% of Eligible Expenses	Plan pays 50% of Eligible Expenses
Emergency Room – Illness/Accident	\$350 Copay, plan pays 80% of Eligible Expenses	\$350 Copay, plan pays 80% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Outpatient Services (Services are subject to the Deductible and Coinsurance)			
Urgent Care	Plan pays 80% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Office Visit – Primary Care Physician	\$25 Copay, plan pays 100% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Office Visit – Specialist Physician	\$45 Copay, plan pays 100% of Eligible Expenses	Plan pays 50% of Eligible Expenses	Plan pays 60% of Eligible Expenses
Diagnostic – Radiology	Plan pays 80% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Diagnostic – Laboratory	Plan pays 80% of Eligible Expenses	Plan pays 60% of Eligible Expenses	Plan pays 80% of Eligible Expenses
Chiropractic Care	\$60 per visit, Maximum 10 visits per Coverage Period	\$45 per visit, Maximum 10 visits per Coverage Period	\$45 per visit, Maximum 10 visits per Coverage Period
Physical Therapy	\$100 per visit, 10 visits per Coverage Period	\$60 per visit, 10 visits per Coverage Period	\$60 per visit, 10 visits per Coverage Period
Mental Health/Substance Abuse Services (Services are subject to the Deductible and Coinsurance)			
Mental/Nervous Disorders (After 364 days of Continuous Coverage)	\$25 Copay, plan pays 100% of Eligible Expenses, Outpatient Only	Plan Pays 60% of Eligible Expenses, Outpatient Only	Plan pays 80% of Eligible Expenses, Outpatient Only
Alcohol/Substance Abuse (After 364 days of Continuous Coverage)	\$25 Copay, plan pays 100% of Eligible Expenses, Outpatient Only	Plan Pays 60% of Eligible Expenses, Outpatient Only	Plan pays 80% of Eligible Expenses, Outpatient Only
Services Continued on Page 2			

Wellness Services			
Routine Physical Exam – Children	\$100 per visit, 5 visit Maximum per Coverage Period for Child's first year of life; \$100 per visit, 3 visit Maximum per Coverage Period for Child's second year of life; \$100 per visit, 2 visit Maximum per Coverage Period for Child's Third year of life; \$100 per visit, 1 visit per Coverage Period for children age 4-17 years of age, Immunizations are included in wellness benefit (After 90 days of Continuous Coverage*). Not Subject to Deductible or Coinsurance		
Routine Physical Exam – Adult	\$250 per Coverage Period for adults age 18 or 65., Immunizations are included in wellness benefit (After 180 days of Continuous Coverage*). Not Subject to Deductible or Coinsurance		
Routine Gynecological Exam	\$150 per Coverage Period for Participating Members 25 years of age and older (After 180 days of Continuous Coverage*)		
Routine Mammogram	\$200 per Coverage Period for Participating Members 40 years of age and older (After 364 days of Continuous Coverage*)		
Routine Prostate Specific Antigen	\$100 per Coverage Period for Participating Members 40 years old age and older (After 364 days of Continuous Coverage*)		
Routine Colonoscopy	\$200 per Coverage Period for Participating Members 40 years of age and older (After 364 days of Continuous Coverage*)		
Other Services			
Prescription Drugs (Reimbursement only)	Generic Drugs- \$20 Copay, Brand Name Dugs- \$40 Copay, Not subject to Coinsurance. \$5,000 Sub-Limit per Coverage Period		
Durable Medical Equipment	Usual, Reasonable and Customary charges, limited to a standard hospital bed and wheelchair. \$2,500 Sub-Limit per Coverage Period		
Vision	Up to \$150, 1 visit every 728 days for Routine eye exams and materials. Not Subject to Deductible or Coinsurance (After 180 days of Continuous Coverage)		
Local Ambulance	Up to \$750 when covered Illness Injury results in Hospitalization	Up to \$500 when covered Illness or Injury results in Hospitalization	Up to \$300 when covered Illness or Injury results in Hospitalization
Emergency Medical Evacuation	\$50,000 Maximum Sub-Limit, \$35,000 Maximum Sub-Limit for Participating Members ages 60 and older per occurrence. 2 occurrence Maximum. Must be Approved in advance and Coordinated by the Scheme Administrator		
Emergency Reunion	\$15,000 Maximum Sub-Limit, Maximum 15 Days, \$25 per day for meals and reasonable and necessary travel transportation and accommodation Expenses Incurred in relation to the Emergency Reunion (excluding entertainment). Not Subject to Deductible or Coinsurance. Must be Approved in advance and Coordinated by the Scheme Administrator		
Return of Mortal Remains	\$5,000 Maximum Sub-Limit. Return of Insured Person's Mortal Remains to Country of Residence. Must be Approved in advance and Coordinated by the Scheme Administrator		
Political Evacuation	\$10,000 Maximum Sub-Limit (Not Subject to Deductible or Coinsurance). Must be Approved in advance and Coordinated by the Scheme Administrator		
Complimentary Medicine	\$175 Sub-Limit per Coverage Period, One service per Coverage Period for Acupuncture, Aroma Therapy, Herbal Therapy, Massage Therapy or Vitamin Therapy (After 364 days of Continuous Coverage*)		
Dental Coverage	Optional Rider - \$750 Maximum Limit per Participating Member per Coverage Period. \$50 Deductible per Participating Member. Schedule of Benefit payout: Class A=90%; Class B= 70%; Class C=50%; Ortho=No Coverage (After 180 days of Continuous Coverage*)		

*With regards to the foregoing Schedule of Benefits/Limits, the references to "Continuous Coverage" mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the Continuous Coverage Period so specified

Exclusions

- Pre-existing conditions (unless a takeover of an existing plan is offered) for the first 12 months of coverage
- Investigational, experimental or research procedures
- Charges for cosmetic surgery or weight modification
- Treatment for sleep disorders/hair growth/exercise programs
- Contraceptive medication or treatment
- Infertility treatments
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Treatment necessary as a result of illegal activities
- Speech therapy Exclusions
- Pre-existing conditions (unless a takeover of an existing plan is offered) for the first 12 months of coverage
- Investigational, experimental or research procedures
- Charges for cosmetic surgery or weight modification
- Treatment for sleep disorders/hair growth/exercise programs
- Contraceptive medication or treatment
- Infertility treatments
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Treatment necessary as a result of illegal activities
- Speech therapy
- Treatment as a result of terrorism, war or riot
- Charges which are not medically necessary, or are not performed by order of a physician

*This is only a consolidated and summary description of some of the current Azimuth Risk Solutions benefits, conditions, limitations and exclusions. A Specimen Master Policy containing the complete terms, conditions and exclusions will be included in the fulfillment kit. ARS reserves the right to issue the most current Specimen Master Policy for this plan in the event this application and/or brochure has expired, is modified, or is replaced with a newer version. Current Specimen Master Policy is available upon request. Keeping a healthy smile is an important part of life. The Contour Series.

Optional Additional Insurance

Group Dental Insurance

Keeping a healthy smile is an important part of life. The Contour Series provides a powerful option to help make this a reality for covered members. Dental benefits are as indicated in the table that follows and insured members enjoy benefits for preventative, basic and major dental procedures. This attractive and affordable option is a welcome addition to any employee's benefit package.

DENTAL RIDER

	CLASS A	CLASS B	CLASS C
	PREVENTATIVE CARE	BASIC CARE	MAJOR CARE
CO-INSURANCE	90%	70%	50%
WAITING PERIOD	6 Months	6 Months	6 Months
MAXIMUM LIMIT (CALENDAR YEAR)	\$750.00	\$750.00	\$750.00
DEDUCTIBLE (PER MEMBER)	\$50.00	\$50.00	\$50.00

SCHEDULE OF BENEFITS

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Routine oral exams • X-rays • Full-mouth or Bitewing • Prophylaxis • Topical Fluoride treatments | <ul style="list-style-type: none"> • Routine fillings, plastic and stain-less steel crowns • Simple tooth extractions, including diagnosis and evaluation • Antibiotic Injections • Diagnosis, evaluation, and treatment of gum disease, including scaling and root planning • Root Canal and related therapy, including diagnosis and evaluation | <ul style="list-style-type: none"> • Complicated extractions • Surgical extractions • Gold or Porcelain Crowns, inlays, onlays and bridge abutments |
|--|--|--|

International Client Assistance

If it matters to you to know that someone is always by your side while traveling in a distant land, you can ease your mind while you are away from the familiar surroundings of home. For no extra charge, the Contour Group Medical Plan includes the following key services to help you when you are in the greatest need:

- **Real Time-** Call centers are in the greatest need. Never worry about accessing the assistance you need while you are many time zones away. Azimuth is available at all times for **Emergency Assistance**. A caring, helpful voice on the other end of the phone is always available, no matter where you are and what time it is
- **Lost Baggage Tracking-** If you have ever had to chase down your airline baggage department to find out where your luggage may have gone, you will appreciate our ability to do so on your behalf. Enjoy your travel without having to make multiple phone calls to get updates on your baggage delivery
- **Medical Referrals-** Need a doctor or the nearest hospital? One free call gets you the information you need
- **Travel Advisories-** Get in the know, before you go; call us to learn areas to avoid, travel delays, weather alerts and more
- **Much,** much more

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