

GLOBAL NAVIGATOR HEALTH PLAN



U.S. Admitted Coverage
Underwritten by BCS
Insurance Company

**Expatriate health insurance for
Career Missionaries and Volunteers**

Kuffel, Collimore & Company

HTH Worldwide

HEALTH PLANS AND SERVICES FOR THE GLOBAL TRAVELER

HTH Worldwide **is an innovator and**
leader in helping world travelers
and global citizens stay safe and
gain easy access to quality health-
care all around the world.

global
innovator

What is Global Navigator?

Global Navigator?

What is Global Navigator?

Worldwide health insurance and services for career missionaries and volunteers.

The Global Navigator health plan meets the needs of missionaries and volunteers by offering comprehensive worldwide benefits—inside and outside the U.S.—without the typical limits, eligibility conditions and benefit exclusions common among traditional plans. Unlike plans that limit furlough coverage, Global Navigator covers stateside tours of any length, delivering the continuity and convenience of benefits that are truly seamless, portable and renewable. Global Navigator is the premier health plan for missionaries and volunteers because it combines these benefits with concierge-level medical assistance and easy access to an elite community of carefully selected hospitals outside the U.S. and a network of over 700,000 doctors and hospitals inside the U.S. Global Navigator gives missionaries and volunteers peace of mind, knowing they always have the freedom to access top medical care and benefits no matter where their ministries take them.

Affordable monthly premium with no loading!

Global Navigator Features **HTH Worldwide's Global Health and Safety Services** — Because insurance isn't enough.

What good is insurance if you can't find a doctor you can trust?

HTH Worldwide provides all the tools a Global Navigator needs to manage health and safety risks, including finding the right doctor and clearly communicating your medical condition.

Easy Access to an Elite International Provider Community

HTH's expanding International Provider Community of over 6,000 carefully selected medical providers covers almost every country of the world. Because of HTH's rigorous selection criteria, less than 2% of providers outside the U.S. qualify to participate. Representing more than 100 specialties and subspecialties, the Provider Community database is searchable online to review detailed profiles of each provider.

Participating doctors, dentists and behavioral health professionals are English-speaking and individually contracted to schedule outpatient visits via HTH's online request service and to accept payment directly from HTH.

Global Navigator members are always free to choose any medical provider outside the U.S. without incurring a financial penalty.

The Freedom to Access Care in the U.S.

Global Navigator members also gain access to a contracted nationwide network of over 700,000 preferred providers, including more than 4,000 hospitals. The plan also covers care delivered by non-contracted providers.

Emergency Evacuation and Centers of Excellence

HTH coordinates emergency services with a worldwide network of contracted Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world whenever possible.



Around-the-Clock Assistance Call Center

HTH maintains a 24/7, toll-free call center to assist Global Navigator members with everything from routine requests to medical emergencies. HTH staff has years of experience with international medical assistance and has close working relationships with its International Provider Community.

Unsurpassed Member Services

Appointment Scheduling and Direct Pay—Paperless, Cashless, Convenient

Using the web, the telephone or a web-enabled cell phone, members can request appointments with doctors and hospitals who participate in HTH's International Community. When making appointments, HTH arranges to pay the doctor or hospital directly. HTH even waives the deductible if a member sees a participating physician.

Personalized Recruitment—Meeting Your Needs and Expectations

If members need a physician in a location not currently covered by HTH's International Community, HTH makes every effort to recruit an appropriate, qualified doctor.

Well Prepared and Informed Choice—To Get the Care You Need

Members can create a Well Prepared personal web page to store search results for physicians, drug translations and more. If members experience unanticipated medical problems, they can request local, regional or global treatment alternatives through the Informed Choice service.

mPassport®—Vital Information in the Palm of Your Hand

Members can locate emergency services, search for a doctor, hospital or pharmacy, translate drug brand names and key medical terms and receive up-to-the-minute health and safety alerts from their web-enabled cell phones via HTH's mPassport service.

Why Choose HTH Worldwide's Global Navigator Plan

A Recognized Leader

HTH Worldwide is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

Highest Standards of Service

Global Navigator is administered by HTH to meet the highest expectations. HTH has set new standards for international assistance services and for applying stringent criteria when contracting with doctors and hospitals outside the U.S.

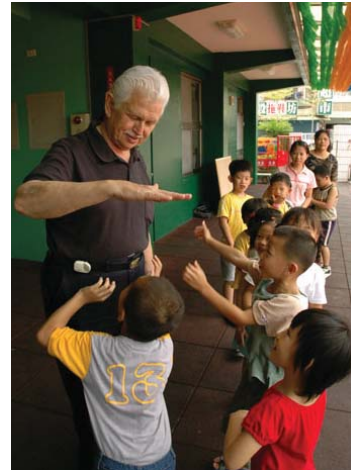
Strength of a U.S. Regulated Insurer

- Global Navigator is underwritten by a U.S. Admitted Insurer: BCS Insurance Company, rated A- (Excellent) by A.M. Best.
- Global Navigator protects your rights by meeting U.S. standards and features benefits more generous than offshore, non-admitted "surplus coverage".

Group Quotes Available

Missionary or volunteer organizations can cover groups of any size with Global Navigator.

- Group plan designs can be customized.
- Group plans are HIPAA compliant and offer COBRA coverage.



Top 10 Advantages over Competing Plans

1. No restriction on time spent in or out of the U.S. and policy can be kept upon return home for furlough or education.
2. Deductible is waived for office visits with contracted physicians.
3. The pre-existing conditions exclusion can be waived with proof of prior creditable coverage.
4. No waiting period associated with any preventive services.
5. Covers illnesses or injuries that are a result of a terrorist act.
6. No pre-certification requirements.
7. No exclusion for terrorism.
8. No exclusion for specified conditions in the first 6 months.
9. No rate load when selecting monthly, quarterly or semi-annual billing.
10. Regulated under U.S. health insurance laws-- fairer policy language and unsurpassed consumer protection.

How the Plan Works

Global Navigator offers comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. For detailed benefit schedule and rates, please see inserts. To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 364 days of continuous coverage, Global Navigator members may re-enroll in a plan that matches their existing benefits.

Global Navigator Options				
Plan	Deductible			Coinsurance Maximum
	Outside U.S.	U.S. in Network	U.S. out of Network	
250	\$125	\$250	\$500	\$2,000
1000	\$500	\$1,000	\$2,000	\$4,000
2500	\$1,250	\$2,500	\$5,000	\$8,000
5000	\$2,500	\$5,000	\$10,000	\$10,000

Amounts paid to satisfy a deductible are credited to all other deductibles.

For detailed benefit schedule and rates, please see inserts.

How to Apply

Applications are available online or may be initiated by telephone or email. **See back cover for details.**

A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. HTH will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

HTH Worldwide will review your medical history as provided on the application and may request an Attending Physician's Statement. HTH publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a policy at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

Member Welcome Kit

When your application is accepted, HTH Worldwide will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online to use HTH's Global Health and Safety Resources. Procedures for filing a claim or requesting direct payment of participating providers will also be included.

Eligibility

Global Navigator is designed for extended living abroad. You can choose to enroll in a new plan when your existing plan expires. When you do, there are no medical questions and premium rates do not change based on your individual claims history. Your new rate will be the same as all persons covered in your rating class.

How Coverage Ends

Your coverage ends on the earlier of:

1. The last day of the month after the date the Insured Person is no longer eligible;
2. The end of the last period for which premium has been paid;
3. The date the Policy terminates;
4. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

1. The date payment of the maximum benefit occurs;
2. The date the Insured person ceases to be Totally Disabled; or
3. The end of 90 days following the date of termination.

Pre-existing conditions

The Global Navigator plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 365 days immediately preceding the member's eligibility date.

Creditable coverage

The 365-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

Licensed & Admitted

This policy is a U.S. Admitted plan and affords members unique protections not available on most offshore plans.

For benefits, rates, exclusions, eligibility and other important information, please see inserts.



Insurance underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois
NAIC #38245 under policy form series 54.403.
The coverage requested may not be available in all states.

GLOBAL NAVIGATOR BENEFIT SCHEDULE

Global Navigator has three tiers of coinsurance: 100% outside the U.S., 80% in network in the U.S., 60% out of network inside the U.S. All Global Navigator plans have an **unlimited** lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation.

The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to chart on page 3 of brochure.

Benefits	Outside the U.S.	In Network, U.S.	Out-of-Network, U.S.
Primary and Preventative Care – Deductible is Waived			
Primary Care Office Visits - as many as 4 visits per Calendar Year	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Coinsurance Maximum then 100%
Preventative Care for Babies/Children: (Birth to Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventative Care For Adults: (Age 19 and Older) for Routine Pap Smears, Annual Mammogram and PSA For Men	100%	80% to Coinsurance Maximum then 100%	80% to Coinsurance Maximum then 100%
Annual Physical Examination Health Screening	100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.	80% to Coinsurance Maximum then 100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.	60% to Coinsurance Maximum then 100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.
Outpatient Services – Insurer pays after the Deductible is Met			
Outpatient Medical Care	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Hospital Services – Insurer pays after the Deductible is Met			
Surgery, X-rays, In-hospital doctor visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
In-Patient Medical Emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Professional Services-Surgery, Anesthesia, Radiation Therapy, In-Hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Other Services – Insurer pays after the Deductible is Met, unless noted			
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Physical/Occupational Therapy/Medicine	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year		
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Mental, Emotional or Functional Nervous Disorders, Alcoholism or Drug Abuse			
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Outpatient Prescription Drugs	100% of actual charge up to an annual maximum of \$1,000. Maximum 90 - day supply		
Dental Care Required Due to an Injury	100% of Covered Expenses up to \$500 per Calendar Year maximum		
Accidental Death and Dismemberment	Deductible is waived. Maximum Benefit: Principal Sum up to \$10,000		
Repatriation of Remains	Deductible is waived. Maximum Benefit up to \$25,000		
Medical Evacuation	Deductible is waived. Maximum Lifetime Benefit for all Evacuations up to \$250,000		

Global Navigator Health Plan Prices

Monthly Premium Rate Table

Effective October 1, 2011

	250	1000	2500	5000
Male/Female				
Under 30	\$152	\$135	\$116	\$102
30-34	\$166	\$147	\$126	\$110
35-39	\$193	\$172	\$147	\$129
40-44	\$244	\$218	\$187	\$164
45-49	\$302	\$269	\$230	\$202
50-54	\$356	\$317	\$271	\$238
55-59	\$424	\$378	\$324	\$285
60-64	\$523	\$467	\$399	\$350
65-69	\$928	\$827	\$707	\$621
70-74	\$1,332	\$1,187	\$1,015	\$893
Child (when insured with parent)				
One Child under Age 1	\$210	\$187	\$160	\$140
One Child 1-25	\$150	\$135	\$115	\$101
2 Children	\$252	\$225	\$192	\$169
3 Children	\$335	\$299	\$256	\$226

Prices are subject to change

BCS-GNR11/XMP-3665



1. Who is eligible to buy a Global Navigator plan?

All U.S. citizens and U.S. permanent residents living abroad who are 75 or younger at the time of application are eligible to apply for coverage. All legal residents of the U.S. (citizens and permanent residents) are eligible if they apply from an approved state. The Eligible Member must be scheduled to reside outside of his/her country for at least 3 months in the first year of coverage and must be involved in Missionary activity.

For the most current state list, please visit hthtravelinsurance.com/gl_citizen/eligibility_missionary.cfm
If you live in a state not listed, please contact your agent directly or to HTH Worldwide

2. Will my policy automatically renew? At what rate?

You can enroll in a Global Navigator policy up to age 75. The policy does not automatically renew upon your request. You will be notified of your new plan rate at least 30 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on age at time of enrollment and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. Global Navigator rates are standard rates for all members re-enrolling.

3. When does my coverage end?

We may terminate your policy if:

You no longer meet the eligibility requirements; or you fail to pay your premium; or you exhaust the Lifetime Maximum Benefit of the plan; or we discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision; or we terminate the plan in your geographic service area.

4. Who is the insurer?

Strength in ratings, top industry support

Our international health insurance plans are backed by a U.S. Insurer, no matter how much time you spend in or out of the U.S. U.S. admitted health insurance is among the most regulated in the world and offers optimum customer protection.

Your insurance coverage is underwritten by an outstanding U.S. Admitted Company-- BCS Insurance Company, which is rated A- (Excellent) by A.M. Best for financial strength. BCS Insurance Company, known for innovative product development and special risk underwriting, is based in Oakbrook Terrace, Illinois. To find out more about BCS, visit <http://www.bcsigroup.com/plan/about/introduction.html>

Questions? FAQs FAQs? Answers ?

5. Will my pre-existing condition be covered under a Global Navigator plan?

If you were previously covered by an annually renewable health plan that issues you a Certificate of Creditable Coverage, **HTH Worldwide** will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the 12-month pre-existing condition waiting period. If you have 12 or more months of creditable coverage, your waiting period will be eliminated. If you have less than 12 months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have 2 months of creditable coverage, your waiting period will be reduced from 12 months to 10 months.

Please Note: Surplus lines insurance does not constitute creditable coverage.

6. Am I guaranteed to be issued a Global Navigator policy if I apply?

No, Global Navigator is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

7. Is the quote I receive binding?

No. The quote you receive may not apply if 1) you misstated a material fact on your application, or 2) we increase the rate due to your health status.

9. What is the Global Citizens Association?

GCA is a not-for-profit association serving those who travel the world for business, study and leisure. GCA promotes health and safety around the world through online knowledge tools and email news alerts. GCA members also benefit from the Association's group purchasing programs for travel, insurance, entertainment and telecommunication services. GCA benefits are available through its Rewards Worldwide program at www.rewardsworldwide.com.

10. What about accessing participating providers?

HTH's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to HTH Worldwide. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to a U.S. PPO Network through Aetna. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

Global Navigator Excluded Services

The plan does not provide benefits for:

1. Hospitalization, services and supplies that are not Medically Necessary.
2. Services or supplies that are not specifically mentioned in this Certificate
3. Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits.
4. Services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received.
5. Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
6. Services or supplies that do not meet accepted standards of medical and/or dental practice.
7. Investigational Services and Supplies and all related services and supplies.
8. Custodial Care Service.
9. Routine physical examinations, unless otherwise specified in this Certificate.
10. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of Mental Illness.
11. Cosmetic Surgery and related services and supplies, whether or not for psychological purposes, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases that occur after your Coverage Date.
12. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
13. Charges for failure to keep a scheduled visit or charges for completion of a Claim form.
14. Personal hygiene, comfort or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions and telephones.
15. Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery implants, except as specifically mentioned in this Certificate.
16. Care and treatment by a Chiropractor.
17. Care and treatment by an Acupuncturist.
18. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
19. Blood derivatives that are not classified as drugs in the official formularies.
20. Eyeglasses, contact lenses or cataract lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Certificate.
21. Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
22. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot.
23. Routine foot care, except for persons diagnosed with diabetes, including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
24. Immunizations, unless otherwise specified in this Certificate.
25. Maintenance Occupational Therapy, Maintenance Physical Therapy and Maintenance Speech Therapy.
26. Hearing aids or examinations for the prescription or fitting of hearing aids unless otherwise specified in this Certificate.

27. Services and supplies to the extent benefits are duplicated because the spouse, parent and/or child are employees of the Group and each is covered separately under this Certificate.
28. Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational unless otherwise specified in this Certificate.
29. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient, or unrelated to the treatment of a disease or injury.
30. Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Certificate.
31. Investigational or experimental organ transplantation including animal to human organ transplants.
32. Consultations performed by you, your spouse, parents or children.
33. Charges for the services of a standby Physician.
34. Treatment for overweight conditions other than for morbid obesity.
35. Treatment for hair loss.
36. Growth Hormone treatment.
37. Dental treatment, dental surgery, dental prostheses and orthodontic treatment unless otherwise specified in this Certificate.
38. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
39. Medical aids unless otherwise specified in this Certificate.
40. Services and treatment related to elective abortions.
41. Sterilization or the reversal of sterilization, unless otherwise specified in this Certificate.
42. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures unless stated otherwise.
43. Cryopreservation of sperm or eggs.
44. Sex change operations.
45. Treatment of sexual dysfunction or inadequacy.
46. Non-prescription drugs.
47. Educational services except as specifically provided or arranged by the Insurer.
48. Nutritional counseling or food supplements, except for treatment of Phenylketonuria (PKU) and other inherited metabolic diseases and diabetes.
49. Charges by a provider for telephone consultations.
50. Loss arising from:
 - a. participating in any professional sport, contest or competition;
 - b. skin/scuba diving.

Pre-existing Conditions

Benefits are not available for any services received on or within 12 months after the Eligibility Date of an Insured Person if those services are related to a **Pre-existing Condition** as defined in the Definitions section. This exclusion does not apply to a Newborn that is enrolled within 31 days of birth, a newly adopted child that is enrolled within 31 days from either the date of placement of the child in the home, or the date of the final decree of adoption.

Exception: The Insurer will credit time an Insured Person was covered by Creditable Coverage that was in effect up to a date not more than 63 days before the Effective Date of Coverage under this Plan, excluding the Waiting Period.

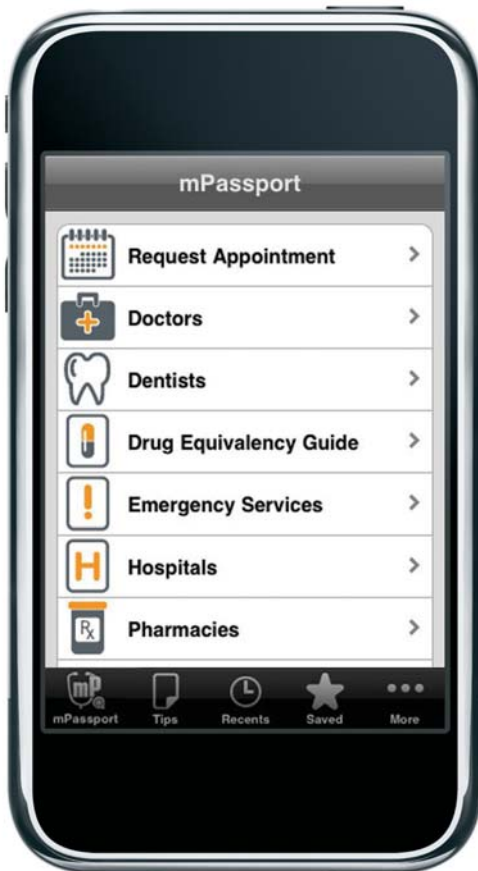
This limitation does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.

On the go, on the web, on your phone!

The mobile way to trusted medical care, anywhere in the world

HTH Worldwide Presents...

mPassport[®]



Use your mobile phone to:

- ✓ Choose from over 6,000 selected, English speaking doctors in 182 countries.
- ✓ Find selected hospitals and clinics in over 1,500 destinations.
- ✓ Search notable pharmacies in over 500 international destinations.
- ✓ Translate medication brand names and key medical terms and phrases.
- ✓ Receive personalized health and safety alerts via text message or e-mail.

**Consider Other HTH Products to
Meet Your Specific Needs**

Global Citizen
Global Citizen EXP
HTH Business Traveler
HTH Global HealthGuard

HTH Worldwide

How to Apply

Mail Kuffel, Collimore & Co
1434 Blume Drive
Elgin, IL 60124

Visit www.missionaryinsurance.com
E-Mail rtc@kuffelcollimore.com

Call 630-806-8032
Fax 630-723-0882