Protector 21

Policy wording

HealthCare International Europe GmbH

Contents

About HCI Group

Incorporation Details

Company:	HealthCare International Europe GmbH
Registered address:	Kamener Str. 110, 59425 Unna
Telephone:	+49 2303 9409904
Email:	Ian.Wood@healthcareinternational.com
Managing Director:	Ian Wood
Commercial register:	Registry court of Hamm, HRB 10577
Tax number:	316/5736/0646

Intermediary Status

Information pursuant to § 11 of the Ordinance on Insurance Brokerage and Consulting (VersVermV):

HealthCare International Europe GmbH is an independent insurance intermediary and is registered with the Dortmund Chamber of Industry and Commerce under registration no. D-IVZX-JTLRH-97 in the insurance intermediary register in accordance with § 34 d para. 1 Gewerbeordnung.

Validation

The entry in the intermediary register can be validated as follows:

Deutscher Industrie- und Handelskammertag e. V., Breite Str. 29, 10178 Berlin, Tel.: +49 (0) 180-500-585-0, www.vermittlerregister.org

Licensing authority:

IHK zu Dortmund, Märkische Str. 120, 44141 Dortmund, Tel.: +49 (0) 231 54170, Fax: +49 (0) 2381 921410, www.dortmund.ihk24.de

About HCI Group

HCI Group is a Managing General Agent that manufactures and distributes private medical insurance around the world. **Our** products are primarily designed to meet the needs of internationally mobile individuals and groups, who may be living outside their **Home Country**, who need insurance to cover the cost of a range of medical expenses and other unexpected costs. **Our** products may also be suitable for some individuals and groups who are living in their **Home Country**, subject to certain conditions. If **Your Country of Residence** is the same as **Your Home Country**, please let **Us** or **Your** broker know so that **We** can make sure **We** are able to offer **You** cover.

HealthCare International Europe GmbH is based in Germany and is regulated by The German Federal Financial Supervisory Authority (BaFin) and the local Chambers of Industry and Commerce (IHK). The basis **Our** regulation can be found in the German Industrial code (GewO). HCI Group staff operate from the United Kingdom and Germany. **Our** entity in the United Kingdom is HealthCare International Global Network Limited, which is authorised and regulated by the Financial Conduct Authority.

Our products are underwritten by VYV International Benefits, representing MGEN, RMA, and MFPrévoyance.

Insurer for **Group Schemes** of 6 or more

MGEN, registered under the number SIREN 775 685 399, 3-7 Square Max Hymans, 75748 PARIS Cedex 15, governed by the Code de la mutualité (the French Mutual Insurance Companies Code).

Insurer for the assistance benefits relating to individual **Policies**

Ressources Mutuelles Assistance (RMA), assistance union subject to the provisions of Book II of the Mutuality Code, whose head office is located at 46 rue du Moulin, CS 32427, 44124 VERTOU Cedex and registered under the number Siren 444 269 682.

Insurer for health benefits relating to individual **Policies**

MFPrévoyance, with a capital share of € 81,773,850, governed by the Insurance Code, RCS 507 648 053 PARIS, Head Office: 4, promenade Cœur de Ville 92130 Issy-les-Moulineaux, France.

Assistance provider for all **Policies**

LLT Consulting, 18 quai Georges Simenon, 17 000, La Rochelle, SAS registered with the RCS of La Rochelle under the number 828 002 188, and which operates under the name of VYV International Assistance.

Welcome to HCI Group

A message from our CEO

Dear valued customer,

Thank you for choosing HCI Group to provide cover for your future medical needs. We are delighted to have the opportunity to share our many years of experience with you.

Our business is founded on the principles of integrity, ambition, collaboration, ownership, and agility. At HCI Group we believe in making things as simple as possible and we are determined to deliver outstanding customer service, especially when you need us most.

It is important that you read and understand the details in this document, and keep a copy in a safe place. If at any time you have questions for us about your policy, please contact us and our friendly staff will be happy to help.

We sincerely hope that you remain in good health. However, should the need to make a claim arise, you can rest assured that you will receive an excellent and personal level of service from our team of specialists.

Thank you again for choosing HCI Group. I hope we can be of service to you for many years to come.

Ian Wood
Chief Executive Officer, HCI Group

Policy benefits

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Policy feature	Emergency Plus	Standard	Plus	Premium	Executive
Maximum benefit payable per **Period of Insurance**	$500,000 €430,000 £350,000	$1000,000 €860,000 £710,000	$1,500,000 €1,300,000 £1,000,000	$2,000,000 €1,700,000 £1,400,000	$2,500,000 €2,100,000 £1,700,000
Deductible(s)	Nil / $250 / $1000 / $ 2,000 Nil / €210 / €860 / €1,700 Nil / £170 / £710 / £1,400	$250 / $1000 €210 / €860 £170 / £710	$250 / $1000 €210 / €860 £170 / £710	Nil / $250 / $1000 Nil / €210 / €860 Nil / £170 / £710	Nil / $250 / $1000 Nil / €210 / €860 Nil / £170 / £710
Optional **Co-Pay**	Nil 10% 20% 30%	Nil 10% 20% 30%	Nil 10% 20% 30%	Nil 10% 20% 30%	Nil 10% 20% 30%

- The maximum benefit payable is determined by the plan **You** have bought, and this will only change if **You** move to another level of cover
- The **Deductible You** have chosen will be shown on **Your Certificate of Insurance**
- If **You** have chosen to add a **Co-Pay**, this will be shown on **Your Certificate of Insurance**
- The maximum benefit, **Deductible**, and any **Co-Pay** selected, are payable per **Insured Person**, per **Period of Insurance**

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

In-Patient and Day-Patient Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Accommodation, operating theatre, and recovery room costs	**We** will pay for: • The use of an operating theatre • Charges for **Your Hospital** accommodation, including all **Your** meals and refreshments • Accommodation in a room that is no more expensive than the **Hospital**'s standard single room with a private bathroom • The length of stay that is medically appropriate for the procedure that **You** are admitted for **We** will pay for intensive care in an intensive care unit or intensive therapy unit, high dependency, or coronary care unit (or their equivalents) when: • It is an essential part of **Your Treatment** and is required routinely by patients undergoing the same type of **Treatment** as **Yours;** or • It is medically necessary in the event of an unexpected circumstances. This benefit covers **Treatment** as an **In-Patient** for all conditions, subject to the general exclusions applicable to this **Policy** and any explicit limitations stated among the benefits for specific types of conditions and **Treatment**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Nursing	**We** will pay for nursing services during **In-Patient** and **Day-Patient** care.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Prescription Drugs and Medicines	**We** will pay for **Prescription Drugs and Medicines** and surgical dressings you need as part of your **Treatment** in **Hospital**. We will also pay for **Prescription Drugs and Medicines** which are prescribed to **You** upon discharge as an **In-Patient**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Physician, specialist, surgeon, and anaesthetist fees	**We** will pay **Physicians**', surgeons', and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Medical second opinion	**We** will pay for the evaluation of **Your** medical history, **Your** diagnosis, and **Your** treatment plan by a medical specialist authorised by **Us**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Hospital Cash Benefit	**We** will pay a cash benefit for the maximum number of days shown in any one **Period of Insurance** to an **Insured Person** for each 24 hours that they elect to be treated in a public **Hospital**, or charitable **Hospital**, and for which there is no charge made to **Us** for **Treatment** or accommodation.	No	$100 / €80 / £70 per day, up to 30 days	$100 / €80 / £70 per day, up to 30 days	$200 / €170 / £140 per day, up to 30 days	$250 / €210 / £170 per day, up to 30 days	$250 / €210 / £170 per day, up to 40 days
Eye surgery	**We** will pay for necessary eye surgery to repair damage to the eye caused as the result of an **Accident, Bodily Injury** or **Illness**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Organ Transplant	**We** will pay for **Organ Transplant** services that **You** need because of an eligible condition. **We** will pay **Hospital** and **Physician** charges for **Medical Treatment** necessary to complete the transplant of bone, bone marrow, cornea, eyes, kidneys, heart, lungs, liver, muscles, pancreas, eyes, and the fitting and renewal of pace-makers and their power source only.	Yes	100% up to a **Lifetime Limit** of $100,000 / €86,000 / £71,000	100% up to a **Lifetime Limit** of $100,000 / €86,000 / £71,000	100% up to a **Lifetime Limit** of $100,000 / €86,000 / £71,000	100% up to a **Lifetime Limit** of $500,000 / €430,000 / £350,000	100% up to a **Lifetime Limit** of $500,000 / €430,000 / £350,000
Parent & child accommodation	**We** will pay for accommodation in a **Hospital** when it is necessary for a parent to accompany an **Insured Person**, being a child under the age of 16 who has been admitted into **Hospital** as an **In-Patient**, up to the maximum number of days shown. Where **Hospital** accommodation is not available, **We** will pay for alternative accommodation. We will also pay for the **Hospital** accommodation costs of a new born child when the parent requires **Treatment** as an **In-Patient** following birth.	Yes	$45 / €40 / £30 per day up to 30 days	$45 / €40 / £30 per day up to 30 days	$150 / €130 / £100 per day up to 30 days	$150 / €130 / £100 per day up to 30 days	$150 / €130 / £100 per day up to 45 days
Day-Patient Treatment	**We** will pay for all **Hospital** charges including accommodation, diagnostic, tests, **Prescription Drugs and Medicines**, and the surgeon and **Physician** fees while **You** are a **Day-Patient**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Hospice or Terminal Care	**We** will pay for **Treatment** following the diagnosis that **Your** condition is terminal or when **Treatment** can no longer be expected to cure **Your** condition. **We** will pay for **Your** physical, psychological, social and spiritual care as well as **Hospital** or hospice accommodation, nursing care and **Prescription Drugs and Medicines**. **We** will pay for **Treatment** in an **In-Patient**, **Day-Patient** and **Out-Patient** setting as well as care in **Your** home.	Yes	100% up to a **Lifetime Limit** of $20,000 / €17,000 / £14,000	100% up to a **Lifetime Limit** of $20,000 / €17,000 / £14,000	100% up to a **Lifetime Limit** of $20,000 / €17,000 / £14,000	100% up to a **Lifetime Limit** of $200,000 / €170,000 / £140,000	100% up to a **Lifetime Limit** of $200,000 / €170,000 / £140,000
Rehabilitation following **In-Patient Treatment**	**We** will pay for **Rehabilitation** as long as the **Rehabilitation** commences within 30 days of, and is related to, **In-Patient Treatment** covered by this **Policy**.	Yes	No cover	No cover	No cover	100% up to 45 days	100% up to 60 days
Elective Home Country Treatment	**We** will pay for an **Insured Person** to be treated in their **Home Country** when: • The **Insured Person** has obtained prior authorisation from **Us;** and • The **Treatment** costs do not exceed those of the **Country of Residence**; and • The **Insured Person** has selected the **Area of Cover** that includes the **Home Country** We do not provide cover for transport or personal accommodation costs.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Medical Treatment Outside Your Area of Cover	When an **Insured Person** is outside the **Area of Cover We** will pay for **Hospital Treatment** for them due to an **Accident**, **Bodily Injury**, **Illness**, or **Acute Condition** where the condition first manifested itself outside their **Country of Residence**.	Yes	Up to 60 days per policy year	Up to 60 days per policy year	Up to 60 days per policy year	Up to 60 days per policy year	Up to 60 days per policy year

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Road ambulance transport	**We** will pay for medically necessary travel by local road ambulance when related to eligible **In-Patient** or **Day-Patient Treatment**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered
Cancer Treatment	**We** will pay for **Cancer Treatment** from the date an **Insured Person** is diagnosed as suffering from **Cancer**. **We** will pay for consultations, surgery, chemotherapy, radiotherapy, oncology, diagnostic tests, and **Prescription Drugs and Medicines**, whether **In-Patient**, **Day-Patient** or **Out-Patient**.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Out-Patient Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Alternative medicine	**We** will pay for **Treatment** received from a qualified chiropractor, homeopath, osteopath, acupuncturist or Chinese medicine practitioner.	Yes	No cover	No cover	No cover	No cover	100% up to $400 / €340 / £280
Physician and paramedic fees	**We** will pay for consultations with a medical practitioner, **Physician**, or specialist.	Yes	No cover	No cover	75% up to $1,000 / €860 / £710	75% of costs	100% of costs
Diagnostics	**We** will pay for: • MRI, CT, and PET scans • X-rays • Laboratory tests • Other medically necessary diagnostic tests	Yes	No cover	No cover	75% up to $1,000 / €860 / £710	75% of costs	100% of costs
Physiotherapy	**We** will pay for **Physiotherapy** performed by a qualified physiotherapist, when such **Treatmen**t has been recommended by a **Physician**. The benefit is limited to 12 sessions per condition.	Yes	No cover	No cover	100% up to 12 sessions up to $1,000 / €860 / £710	100% up to 12 sessions up to $1,000 / €860 / £710	100% up to 12 sessions
Hormone replacement therapy	**We** will pay for hormone replacement therapy where it is recommended by **Your Physician** for the management of relevant symptoms. This benefit does not offer cover any hormonal **Treatment** directly or indirectly related to gender dysphoria.	Yes	No cover	No cover	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710
Prescription Drugs and Medicines	**We** will pay for medication prescribed by a **Physician** and which would not be available without a prescription.	Yes	No cover	No cover	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Preventative Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Annual **Health Checks**	**We** will pay for tests/screening that are undertaken without any clinical symptoms being present. Tests include the following examinations, at an appropriate age, for the early detection of **Illness** or disease: • Vital Signs (blood pressure, cholesterol, pulse, respiration, temperature etc) • Cardiovascular exam • Neurological exam • Blood tests	Yes	No cover	No cover	No cover	100% up to $400 / €340 / £280	100% up to $1,500 / €1,300 / £1,000
Vaccinations	**We** will pay for medically necessary vaccinations which are recommended by public health authorities in the **Country of Residence**. **We** will not pay for elective inoculations required for travel.	Yes	No cover	75% up to $150 / €130 / £100	75% up to $150 / €130 / £100	100% up to $150 / €130 / £100	100% covered
Wellbeing tests	**We** will pay for routine gynaecological tests, mammograms, and prostate exams, and other routine **Cancer** screening tests.	Yes	No cover	No cover	100% up to $450 / €390 / £320	100% up to $450 / €390 / £320	100% up to $450 / €390 / £320
Well-child care	**We** will pay for general health checks where symptoms are not present for children up to the age of 7 years.	Yes	No cover	No cover	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710	100% up to $1,000 / €860 / £710

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Maternity Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Maternity	**We** will pay the following **Maternity Cover** benefits: • Ante-natal care • **Hospital** charges, obstetricians' and midwives' fees for pregnancy and childbirth including elective caesarean section • Post-natal care required by the mother immediately following normal childbirth **Notes** Other conditions arising from pregnancy or childbirth can develop in **Insured Persons** who are not pregnant and may not be covered by this section; however, they may be covered elsewhere in **Your Policy**.	Yes	No cover	100% up to $3,000 / €2,600 / £2,100	100% up to $3,000 / €2,600 / £2,100	100% up to $15,000 / €13,000 / £10,700 $20,000 / €17,300 / £14,200 if both parents join together	100% up to $17,500 / €15,200 / £12,500 $25,000 / €21,700 / £17,800 if both parents join together
Complications of Pregnancy and **Complications of Childbirth**	**We** will pay for medically necessary **Treatment** as a direct result of **Complications of Pregnancy** and **Complications of Childbirth**.	Yes	No cover	100% up to $10,000 / €8,600 / £7,100	100% up to $50,000 / €43,400 / £35,700	100% up to $500,000 / €430,000 / £350,000	100% up to $1,000,000 / €860,000 / £710,000
Congenital Defects	**We** will pay for **Congenital Defects** which are identified and can be cured by surgical intervention within the first 90 days of life. This is only available to infants as a result of an insured pregnancy and having continuous cover effective from their date of birth.	Yes	No cover	100% covered	100% covered	100% covered	100% covered
New-born care, including Premature new-borns	Where the new-born is suffering from a medical condition, this will be covered under this benefit up to a maximum of 30 days after birth; thereafter the new-born will be an independent **Insured Person** and the cover will be subject to **Policy** terms.	Yes	No cover	100% up to $50,000 / €43,400 / £35,700	100% up to $100,000 / €86,800 / £71,400	100% up to $150,000 / €130,400 / £107,100	100% up to $250,000 / €217,300 / £178,500

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Dental Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Emergency Dental Treatment**	**We** will pay for necessary **Treatment** as a result of an extra-oral impact, if **Treatment** is received within 48 hours from the date of the **Bodily Injury** or **Accident**, and is for the immediate relief of pain.	Yes	No cover	No cover	Optional benefit cover where selected and paid 100% up to $2,000 / €1,700 / £1,400	Optional benefit cover where selected and paid 100% up to $2,000 / €1,700 / £1,400	100% up to $2,000 / €1,700 / £1,400
Routine dental **Treatment****	**We** will pay for **Routine Dental Treatment** such as check-ups, X-rays, scale and polishing, fillings, and extractions (including wisdom teeth). **We** will also pay for the services of a registered and currently licenced dentist for the repair, replacement or reinstatement of: • Fixed bridge work • Partial and full removal dentures • Crowns, inlays, onlays • Gold fillings but only when the tooth / teeth in question cannot be restored with amalgam, silicate acrylic or plastic implants	No	No cover	No cover	Optional benefit cover where selected and paid 75% up to $700 / €600 / £500	Optional benefit cover where selected and paid 75% up to $700 / €600 / £500	100% up to $700 / €600 / £500

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Dental Care							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Restorative dental **Treatment****	**We** will pay for the following restorative dental **Treatment**: • **Treatment** for the relief of an infection, including prescribed antibiotics and temporary fillings. • Endodontic **Treatment** including root canal treatment. • Removal of buried, impacted or unerupted teeth. • Gum disease. • Repair of crowns, inlays, onlays, bridgework and dentures. **We** will pay for the repair, replacement or reinstatement of dental crowns, bridges, dentures and implants	No	No cover	No cover	Optional benefit cover where selected and paid 75% up to $2,000 / €1,700 / £1,400	Optional benefit cover where selected and paid 75% up to $2,000 / €1,700 / £1,400	100% up to $2,000 / €1,700 / £1,400
Orthodontic **Treatment** for children under 18	**We** will pay for 100% of orthodontic treatment for a child up to the age of 18.	No	No cover	No cover	Optional benefit cover where selected and paid 50% up to a **Lifetime Limit** of $2,000 / €1,700 / £1,400	Optional benefit cover where selected and paid 50% up to a **Lifetime Limit** of $2,000 / €1,700 / £1,400	50% up to a **Lifetime Limit** of $2,000 / €1,700 / £1,400

****Combined benefit limit applies for emergency, routine and restorative dental **Treatment** of $2,000 / €1,700 / £1,400 per **Period of Insurance**, per **Insured Person**

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Special and Travel Benefits							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Emergency Medical Transfer or Evacuation and repatriation	In the event of a **Critical Condition**, **We** will pay for travel to and from a medical facility outside **Your Country of Residence**, or a facility which is not easily accessible within **Your Country of Residence**, if the following conditions are met; • The **Treatment** is medically necessary; and • The **Treatment** is not available at a local or more local facility; and • The **Treatment** requires admission as an **In-Patient** or **Day-Patient**, as covered under the **Core Benefits** of this **Policy**; and • The **Treatment** takes place within the **Area of Cover** Following completion of **Treatment**, **We** will also cover the costs of the return trip, at economy fare rates, for the evacuated **Insured Person** to return to the **Country of Residence**. If medical necessity prevents the **Insured Person** from undertaking the evacuation or transport following discharge from an **In-Patient** episode of care, **We** will cover reasonable costs. Where an **Insured Person** has been evacuated to the nearest facility for ongoing **Treatment**, **We** will cover the reasonable costs. All decisions relating to the transport will be made and agreed by a **Physician** designated by **Us** in conjunction with treating professionals. **We** do not cover costs related to room upgrades, communication costs, food and drink.	Yes	100% covered	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Accompanying person's **Travel Expenses**	**We** will pay for the necessary return economy travel costs and accommodation expenses incurred for one **Close Relative, Relative in the First Degree,** or friend of an **Insured Person** to: • Accompany the **Insured Person** to the nearest appropriate **Hospital** or **Treatment** facility in the case of an **Emergency Medical Transfer or Evacuation** • Accompany the remains of the **Insured Person** to his or her **Home Country** in the event of their death	Yes	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500
Compassionate travel and accommodation expenses	**We** will pay for reasonable accommodation and travel costs for a maximum of 15 days, if **You** want to return to **Your Home Country** due to the death or hospitalisation, as a result of an **Accident** or **Critical Condition**, of a **Close Relative** or **Relative in the First Degree**. Economy travel class and accommodation only will be covered.	Yes	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500	100% up to $5,000 / €4,300 / £3,500
Repatriation of mortal remains	In the event of the death of an **Insured Person** when outside their **Home Country**, **We** will pay for the costs of ensuring that, as soon as reasonably practical, the mortal remains are returned to the **Insured Person**'s **Home Country** and to the place of burial or cremation, or for the local internment of the body - whichever is requested by the **Insured Person**'s immediate family.	Yes	100% up to $3,000 / €2,600 / £2,100	100% covered	100% covered	100% covered	100% covered

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Other Benefits							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Glasses and contact lenses **You** wont be able to claim for the first 6 months	**We** will pay for the costs of routine eye examination, glasses or contact lenses prescribed to correct defective eyesight.	Yes	No cover	No cover	No cover	No cover	100% up to $400 / €340 / £280
Home nursing	**We** will pay for home nursing after eligible **In-Patient Treatment**, if it meets the following conditions: • It is needed to provide medical care, not personal assistance; and • It is necessary, meaning that without it **You** would have to stay in **Hospital**; and • It starts immediately after **You** leave **Hospital**; and • It is provided by a qualified nurse in **Your** home; and • It is prescribed by **Your Physician**	Yes	No cover	No cover	No cover	100% up to 60 days	100% up to 60 days
Prescribed medical aids	**We** will pay for medically necessary prosthetic appliances prescribed by a **Physician** or surgeon, such as: • Orthopaedic braces, hearing aids and artificial devices replacing body parts • Other durable equipment (including crutches and wheelchairs) customarily and generally useful to a person only during an **Illness** or **Bodily Injury**	Yes	No cover	No cover	No cover	No cover	50% up to a **Lifetime Limit** of $6,000 / €5,200 / £4,200
Psychiatric, drug and alcohol abuse	**We** will pay for **In-Patient** or **Out-Patient Treatment** in relation to psychiatric, mental and nervous disorders, alcoholism, or drug abuse detoxification. This benefit applies to all **Treatment** related to mental health conditions, drug and alcohol abuse.	Yes	No cover	No cover	No cover	No cover	50% up to a **Lifetime Limit** of $5,000 / €4,300 / £3,500

Policy Benefits

What We will pay and the limits that apply to each level of cover. The limits apply per Insured Person, per Period of Insurance.

HCI GROUP
GLOBAL HEALTHCARE

Personal Accident							
Benefit	Description	Deductible applies	Emergency Plus	Standard	Plus	Premium	Executive
Death	Payment upon the death of the **Policyholder** or an **Insured Person** caused by an **Insured Event** when the **Policyholder** or **Insured Person** is aged 18 years or more. In the event of the death of the **Insured Person** the benefit value will be paid to the deceased person's estate or previously appointed beneficiary. 10,000 increases in the cover limit are available up to a maximum of $125,000 / €101,700 / £87,800 per **Insured Person** – Your **Policy schedule** will detail the sum insured.	No	$25,000 €21,700 £17,800	$25,000 €21,700 £17,800	$25,000 €21,700 £17,800	$25,000 €21,700 £17,800	$25,000 €21,700 £17,800

Definitions

Definitions

Defined terms will appear in bold in this document, and will have the meanings given here

Term	Meaning
Accident / Accidental	Means a sudden and unforeseen incident caused by violent or external means. An **Acute Condition** or a **Chronic Condition** will not be considered an **Accident** under this **Policy**.
Acute Condition(s)	Means an **Illness** or **Bodily Injury** that are severe and sudden in onset, such as a broken bone or an asthma attack. (see **Chronic Conditions** for comparison purposes)
Affinity Group(s)	Is a term used to describe a group of people that **We** recognise as having a common interest or goal.
Anniversary Date	Means the annual **Policy Renewal Date**, each subsequent year the **Policy** is in force.
Annual Limit	Means the maximum benefit payable per **Insured Person** during each **Period of Insurance**.
Area(s) of Cover	Means the group of countries and territories chosen by **You** and shown in **Your Policy** literature, where **We** will fund the costs of **Your** medical **Treatment** subject to the **Policy** and benefit limits. **Your Area of Cover** will be one of the following: Area 1 All countries worldwide. Area 2 All countries worldwide, excluding the United States of America. Area 3 All countries worldwide, excluding China, Greece, Guatemala, Honduras, Hong Kong, Israel, Jersey, Mexico, Russian Federation, Singapore, Switzerland, United Kingdom, US Virgin Islands, & United States of America.

Term	Meaning
Bodily Injury	Means an identifiable physical injury which is caused by an **Accident**, solely and independently of any other cause.
Cancer	Means a disease caused by uncontrolled division of abnormal cells in one or more parts of the body.
Certificate of Insurance	Means the document attached to and forming part of this **Policy**. It displays details of the **Insured Persons**, the **Area of Cover**, the **Period of Insurance**, the **Core Benefits**, **Optional Additional Benefits** (if selected), the benefit caps applicable, and any special terms and conditions or exclusions which may apply.
Chronic Condition(s)	Is an **Illness** or **Bodily Injury** that has more than one of the following characteristics: • It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests. • It needs ongoing or long-term control or relief of symptoms. **You** need to be rehabilitated or specially trained to cope with it. • It continues indefinitely. • It has no known cure. • A qualified **Physician** has indicated that it is likely to return. (See **Acute Conditions** for comparison purposes)
Close Relative	Means **You**, **Your** spouse or life partner with whom **You** live on a permanent basis, parents and parents-in-law, siblings, and children.
Co-Insurance	Means that another **Policy** is in force covering the same **Insured Event**, in which case **We** may act on **Your** behalf to recover a contribution to **Our** costs.

Definitions

Defined terms will appear in bold in this document, and will have the meanings given here

Term	Meaning
Commencement Date	Means the date that the insurance is effective; this is after **We** have accepted **Your** application and the annual premium, or the first instalment has been paid.
Complications of Childbirth	Means the following medical conditions and procedures that arise during childbirth: • Post-partum haemorrhage. • Retained placental membrane. • Medically necessary caesarean sections.
Complications of Pregnancy	Means medical conditions and complications that relate to the health of the mother during pregnancy. The following complications that arise during the pre-natal stages of pregnancy are covered: • Ectopic pregnancy. • Gestational diabetes. • Pre-eclampsia. • Miscarriage. • Threatened miscarriage. • Stillbirth. • Hydatidiform mole.
Congenital Defect(s)	Means medical conditions or physical abnormalities that are present prior to or from birth.

Term	Meaning
Co-Pay(s)	Means the amount **You** have chosen to contribute towards costs following an **Insured Event**, over and above **Your** chosen **Deductible**, and which is shown on **Your Certificate of Insurance**. Some benefits under this **Policy** require a mandatory contribution towards costs from **You**, and these limitations are set out in the benefits section where applicable. This is not to be confused with **Co-Pay** as defined here, which is optional and chosen by **You**.
Country of Residence	Means the country or territory in which **You** live, which is not **Your Home Country.**
Critical Condition(s)	Means a potentially fatal **Illness** or **Bodily Injury** as confirmed, or reasonably suspected, by an appropriately qualified **Physician**. The condition must require immediate medical intervention and pose an imminent threat to life.
Date of Entry	Means the date on which an **Insured Person** joins a **Policy**.
Day-Patient	Means **Treatment** provided in a **Hospital** where an **Insured Person** is admitted and occupies a **Hospital** bed but is not required, out of medical necessity, to stay overnight.
Deductible(s) (also commonly known as an Excess)	Is the amount payable per **Period of Insurance**, per **Insured Person** as shown on **Your Certificate of Insurance** before the **Policy** will pay for eligible benefits. The **Deductible** is applied to each eligible claim and will continue to be payable until the **Deductible** amount has been fully met by You. The **Deductible** is reapplied at each **Renewal Date**.

Definitions

Defined terms will appear in bold in this document, and will have the meanings given here

Term	Meaning
Dental Emergency	Means consequences resulting from an extra-oral impact, requiring urgent **Treatment** taking place within 48 hours of the **Insured Event**.
Dependant(s)	Means an **Insured Person's** spouse or partner who normally resides at the same address, and/or their children, step-children, foster children or legally adopted children, who are named on the **Certificate of Insurance**. Children must be under the age of 21 at the **Commencement Date** or **Renewal Date** of this **Policy,** or under the age of 23 if it can be demonstrated that they are going to be in full time education during the **Period of Insurance**.
Early Termination	Means the cancellation of **Your Policy**, and is subject to the following: • All policies are sold on a 12 month basis and are effective from the **Commencement Date** (as shown on the **Certificate of Insurance**) and end at midnight of the 365th day after the **Commencement Date** (the end date); unless stated otherwise by **Us**. • In the first year of cover, **You** must notify **Us** 2 months before the **Renewal Date** if **You** wish to end **Your** cover. • After the first year of cover, **Insured Persons** are required to give 1 month notice of **Early Termination**, which can be issued at any time. • **We** reserve the right to charge an administration fee of £25.00/€37.50/$37.50 in the event of an **Early Termination**. • An **Early Termination** will be permitted if no claims have been made in the current 12 month **Period of Insurance**. • In the event of **Early Termination**, a pro-rata refund may be available in respect of complete months beyond the cancellation date. Where premiums are paid by instalments, **We** will not charge for any complete months beyond the cancellation date and **We** will refund any premium **You** may have paid in advance. If a claim has been made, no refund will be due and all outstanding premium instalments will remain payable. An administration fee will apply. • In the event of the death of the primary **Insured Person**, the same criteria will apply, but an administration fee will not be applied.

Term	Meaning
Elective Home Country Treatment	Means **Treatment You** choose to have in **Your Home Country** rather than in **Your Country of Residence**, where there is no medical necessity for **You** to travel outside of **Your Country of Residence**. An **Insured Person** may elect to be treated in their **Home Country** provided that: • The **Insured Person** has selected the **Area of Cover** that includes the **Home Country**; and • The **Insured Person** has obtained prior authorisation from **Us;** and • The cost of **Treatment** does not exceed the cost for the same **Treatment** in the **Country of Residence**, except for the Executive **Policy**, where expenses will be paid in full. Applicable to all levels of cover.
Emergency Medical Transfer or Evacuation	Means the medically necessary expense of emergency transport related to eligible **Treatment** when approved by **Us**.
Fertility Treatment	Means the reproductive technology used to achieve pregnancy.

Definitions

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Term	Meaning
Group Scheme	Means a **Policy** in the name of an employer, covering employees. The premium is funded by the employer, with individual employees listed as **Insured Persons**.
Health Check(s)	Means the tests and medical screening examinations that are completed in the absence of symptoms.
Home Country	Means the country or territory of which the **Insured Persons** hold a passport, and which is stated as the **Insured Person's** country of nationality on the application form, and specified in the **Certificate of Insurance**. In the event that the **Insured Person** has dual or multiple nationalities, they must elect one which will be treated as the **Home Country**.
Hospice or Terminal Care	Means **Treatment** where the primary purpose is to offer temporary relief of symptoms rather than to cure the **Bodily Injury** or **Illness** causing the symptom.
Hospital	Means any institution or establishment under the constant supervision of a resident **Physician** which is legally licensed as a medical or surgical **Hospital** in the country where it is located.
Hospital Cash Benefit	This benefit is paid instead of any other benefit for each night **You** receive eligible **In-Patient Treatment** without claiming on **Your Policy**. To claim this benefit, please ask the **Hospital** to confirm the duration of **Your** stay, sign and authenticate **Your** claim form. Then send the claim form to **Us** with a covering letter stating that **You** were treated with no charge. Please note that **You** need to ensure that the medical section of **Your** claim form is completed by **Your Physician**.

Term	Meaning
Illness(es)	Means any sickness, disease, disorder or alteration in the **Insured Person**'s medical condition as diagnosed by a **Physician**.
In-Patient	Means **Treatment** provided in a **Hospital** where an **Insured Person** is admitted and, out of medical necessity, occupies a bed for one or more nights.
Insured Event	Means an **Accident**, **Bodily Injury**, or **Illness** which occurred during the **Period of Insurance** and within the **Area of Cover**, which entitles an **Insured Person** to payment for their **Treatment** under this **Policy**. The limits and cover offered by each benefit is described in the relevant sections and are subject to your selected benefit caps.
Insured Person(s)	Means any individual who is named on the **Certificate of Insurance** together with any named **Dependants** for whom an application has been accepted by us and the appropriate premium paid.
Insurer(s)	Means Mutuelle Générale de l'Education Nationale (MGEN), Ressources Mutuelles Assistance (RMA), or MFPrévoyance
Lifetime Limit	Means the maximum benefit limit payable throughout the duration of the **Policy**; these benefits are not payable once per year. **We** will make it clear when this applies.
Local Ambulance Services	Means the necessary medical transport to or from a local **Hospital**.
Material Fact(s)	Means any fact that, if disclosed, would have influenced **Our** judgement when underwriting **Your Policy**.

Definitions

Defined terms will appear in bold in this document, and will have the meanings given here

Term	Meaning
Maternity	Means any medically necessary costs incurred during pregnancy and / or childbirth, including **Hospital** charges, specialist fees, the mother's pre and post-natal care, and midwife fees (during labour only) as well as new-born care.
Medical Expenses	Means the usual **Reasonable and Customary Charges** incurred for **Treatment** of an **Accident, Bodily Injury** or **Illness** a result of an **Insured Event**.
Medical Treatment Outside Your Area of Cover	Means medical **Treatment** that **We** will pay for in respect of **Bodily Injury** or **Acute Condition** when the **Insured Person** is outside their **Area of Cover** for a maximum of 60 days in total. Emergency coverage excludes: • Routine medical **Treatment**. • **Treatment** which could have been postponed until **Your** return to **Your Country of Residence**. • **Treatment** which has been planned in advance. • **Treatment** arising from circumstances that could have been reasonably anticipated by the **Insured Person.**
Organ Transplant	Means medical **Treatment** necessary to complete the transplant of bone, bone marrow, cornea, eyes, kidneys, heart, lungs, liver, muscles, pancreas, eyes, and the fitting and renewal of pace-makers and their power source only.
Out-Patient	Means **Treatment** or care provided when an **Insured Person** does not require admission to a medical facility.

Term	Meaning
Period of Insurance	Means the period of 12 consecutive months from the **Commencement Date** specified in the **Certificate of Insurance** for which the appropriate premium has been paid in part or in full.
Physician	Means a legally licenced medical practitioner who is a registered doctor recognised by the law of the country where **Treatment** is provided under this **Policy** and who, in rendering such **Treatment**, is practicing within the scope of their licence and training.
Physiotherapy	Means **Treatment** recommended by a **Physician** following an **Accident**, **Bodily Injury,** or **Illness** or post- operative **Treatment** covered by the **Policy** provided by a licensed physiotherapist.
Policy / Policies	Means collectively **Your** schedule, this wording, the **Certificate of Insurance** and any endorsements.
Policyholder	Means the association named ***L'Association pour la Solidarité entre Personnes en Mobilité Internationale (ASPMI)***, who has subscribed a health and medical assistance / evacuation **Policy** on behalf of its **Insured Persons** (**Group Schemes** or individuals) living primarily outside their **Home Country**.

Definitions

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Term	Meaning
Pre-Existing Medical Conditions	This definition applies to all underwriting terms. **Pre-existing Medical Conditions** are defined as conditions which meet one or more of the following criteria: • The condition is known by **You** and has been diagnosed. • **You** have sought medical advice for symptoms related to the condition before. This could mean that **You** did not receive a diagnosis prior to **Your Commencement Date**; however, it may later become apparent that the condition was in existence at that time **You** applied for cover. • There is evidence of a causal link between a **Pre-existing Medical Conditions** and **Your** new diagnosis or symptom. • **You** failed to follow medical advice, leading to or resulting in a diagnosis after **Your Commencement Date**.
Premature	Means born after a gestation of fewer than 37 weeks.
Prescription Drugs and Medicine(s)	Means medication approved by a government agency in the country of **Treatment** for which sale and use are legally restricted. Such medication is only available by prescription obtained from a legally licenced medical professional recognised by the law of the **Treatment** country. Items which may be purchased without a prescription are not covered by the **Policy**.
Relative in the First Degree	Means the **Insured Person's** spouse or partner who normally resides at the same address, mother, father, children, step-children, foster children, legally adopted children, siblings, step-parents, parents-in-law, siblings-in-law, and any person named on the **Certificate of Insurance**.

Term	Meaning
Reasonable and Customary Charge(s)	Means charges that have been assessed as both reasonable and customary by **Us** in relation to **Your** claim. Where a valid claim arises, **We** will consider whether the associated costs are both reasonable and customary for the region in which **Treatment** is taking place. Reasonable: This is determined by **Us** using knowledge of the average costs of **Treatment** in the country where it takes place. Customary: This is determined by **Us** in consideration of local or regional approaches to the provision of medical **Treatment**. Such approaches can differ around the world. **We** will always prioritise the safe and effective **Treatment** of **Insured Persons**.
Rehabilitation	Means **Treatment** recommended by a **Physician** for medical reasons following **Accident**, **Bodily Injury**, **Illness**, or post-operative **Treatment** covered by the **Policy** intended to aid recovery. The service must be performed by a qualified rehabilitation specialist in a rehabilitation facility.
Renewal Date	Means the annual anniversary of the **Commencement Date**.
Sport(s)	Means an **Insured Person** participating in **Sport** considered to be hazardous, specifically: • **Sport** at a professional level or under a contract for remuneration, including preparatory training. • Not complying with all formal prohibitions and official safety rules related to sporting activities. • Engaging in any of the following activities: hang-gliding, paragliding, gliding, skeleton, bobsleigh, ski jumping, mountaineering in a rope team, rock climbing, SCUBA diving, speleology, bungee jumping, and parachute jumping. • Any sporting activity that involves horse riding.

Definitions

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Term	Meaning
Terminal Illness	Means a **Bodily Injury** or **Illness** that cannot be cured or adequately treated and is reasonably expected to result in the death of the patient within 12 months.
Travel Expenses	Means the **Reasonable and Customary Charges** associated with necessary transport, utilising the 'economy' class of transport available.
Treatment(s)	Means any medically necessary surgical procedures or medical interventions which may be required to treat an **Accident**, **Bodily Injury**, or **Illness** or to provide for the relief of **Acute Conditions** and **Chronic Conditions** when covered by the **Policy**.
Vaccination(s)	Means immunisations and booster injections and medically necessary travel vaccinations.
We / Us / Our	Means HCI acting on behalf of the **Insurer(s)**
You / Your / Group / Insured Person(s)	Means the **Insured Persons** or individuals or **Group Scheme** and its employees, named on the **Certificate of Insurance** and covered by the **Policy**.

Definitions

Defined terms will appear in bold in this document, and will have the meanings given here

HCI GROUP
GLOBAL HEALTHCARE

Underwriting types

Full Medical Underwriting (FMU)

Means that **You** have completed a medical questionnaire providing **Us** with comprehensive details of **Your** medical history, and any other family or **Dependants** to be included on the **Policy**. The answers **You** provide form the basis of **Our** decision on whether to accept **Your** application, the amount of premium, or whether to decline the application.

Medical History Disregarded (MHD)

Means that **You** have joined this **Policy** as a member of a **Group Scheme**, and **Your Group Scheme** has selected **MHD** underwriting terms. Cover for **Pre-Existing Medical Conditions** and **Chronic Conditions** is included, subject to the **Policy** terms and chosen benefit plan as shown on **Your Certificate of Insurance**. Please see the table of benefits for **Your** specific **Policy** benefits and applicable limits.

Moratorium Underwriting

Means **You** do not need to provide **Your** full medical history when **You** join; **We** will gather evidence at the point of claim to determine whether the condition is covered under **Your Policy** according to this definition.

If at any point in the two years prior to joining** **You** had symptoms, investigations, or treatment for a condition, that condition will be excluded for the first two years** following the joining date – this is known as the moratorium period. If at any time during that moratorium period **You** have any further symptoms, investigations, or treatment, the moratorium period will start afresh, and the condition will continue to be excluded until **You** have gone two full consecutive years** clear of those events. After the moratorium period has been completed, the condition becomes eligible for cover and will remain so while **You** maintain continuous cover.

In the case of heart conditions and **Cancer, these periods increase to five years.

Continued Personal Medical Exclusions Underwriting (CPME)

Means that **You** have joined this **Policy** as a member of a **Group Scheme**, company or individual **Policy** which is transferring from a previous **Policy** underwritten by another **Insurer**, and **Your Group Scheme**, company or individual **Policy** has selected **CPME** underwriting terms. The same exclusions and medical underwriting terms which applied to **Your** previous **Policy** will be carried forward and continued under this **Policy**, provided there has been no break in cover. However, **Our** definition of a **Pre-Existing Medical Condition** applies.

General conditions & important information

General Conditions

Your obligations

Things You must or must not do

- Individual **Insured Persons** must declare to **Us** all **Material Facts** that are likely to affect this insurance, as failure to do so may affect **Your** entitlement to claim. If **You** are uncertain as to what constitutes a **Material Fact**, then it should be disclosed to **Us**. For small **Group Schemes** of 3-5 **Insured Persons**, failure to disclose **Material Facts** during the underwriting process may result in **Your Policy** being cancelled. This does not apply to plans which are underwritten on a **Medical History Disregarded** basis.
- The **Insured Persons** must take all reasonable steps to avoid and minimise any claim.
- If an **Insured Event** occurs, the **Insured Person** or their **Close Relative** or **Relative in the First Degree** must notify **Us** as soon as practicably possible (and no more than 7 days after the event) providing all particulars of the claim.
- If **You** are admitted into **Hospital** in an emergency, **We** must be notified within 48 hours of **Your** admission. In exceptional circumstances where it is not possible to contact **Us** within 48 hours, **We** must be contacted as soon as practicably possible. **You** must Cooperate with **Us** where **We** wish to appoint **Our** own medical **Physician** at **Our** expense. **You** must make every effort to limit the consequences of the **Insured Event** and follow medical advice.
- **You** will declare to **Us** any intended travel to any war zone as defined by the UK's Foreign, Commonwealth, & Development Office (FCDO), or other areas of the world where the FCDO advises against all but non-essential travel.
- At any point during the **Period of Insurance We** may seek **Your** permission to obtain medical information from **Your Physician** and **You** agree to grant it.
- The **Insured Persons** must inform **Us** as soon as practically possible, and within 7 days, of any change in the information provided on the application form, in particular, relating to the **Insured Persons'** addresses, **Country of Residence**, the birth or adoption of a child, or any other change involving **Dependants**.
- New-borns can be added to the **Policy** from birth without medical underwriting, provided that a completed application form for the new-born is received within 30 days after the date of birth and the birth parent has been insured with **Us** for a minimum of 12 continuous months previously. If the application form is received after 30 days from birth, any medical conditions declared will be subject to full underwriting and special terms, conditions, exclusions and/or limitations specified on the **Certificate of Insurance** and cover will take effect from the date of acceptance.
- **You** must notify **Us** of the birth of a new-born within 30 days of birth so that cover can start from the date of birth. If **We** do not receive the completed application form within 30 days, cover will start from the date **We** confirm acceptance of **Policy** cover. Where the new-born is suffering from a medical condition, this will be covered under this benefit up to a maximum of 30 days after birth; thereafter the new-born will be an independent insured **Dependant** and the cover will be subject to **Policy** terms, conditions and exclusions.
- If **You** have been accepted for insurance under this **Policy** under **Full Medical Underwriting** conditions **You** must have declared to **Us** on the application form any and all known **Pre-existing Medical Conditions**.
- The **Insured Persons** must not admit liability for any event at any time.
- If another insurance company, or a government healthcare scheme, pays for part of the **Insured Person**'s claim the **Insured Person** must send **Us** evidence of the amount paid by the them.
- Individual **Insured Persons** must advise **Us** as soon as practically possible (or within 7 days) of any **Insured Person** wanting to be removed from the **Policy**. In the event of a leaver, **We** may apply the **Early Termination** fee (see **Early Termination** definition for clarification). Acceptance of new joiners is not always guaranteed and is subject to underwriting terms.
- **Group Scheme Insured Persons** must advise **Us** as soon as practically possible (or within 30 days) of any **Insured Person** wishing to leave or join the **Policy**. **We** may require a completed application form and charge an appropriate additional premium. In the event of a leaver, **We** may apply the **Early Termination** fee (see **Early Termination** definition for clarification). Acceptance of new joiners is not always guaranteed and is subject to underwriting terms.
- Please contact **Us** before **Your Renewal Date** if **You** or **Your Dependants** have personal exclusions and would like **Us** to review one or more of them.

General Conditions

Your obligations

Things We need to tell You

- All **Treatment** costs must be medically necessary as determined by a qualified **Physician** and agreed by **Us**.
- All charges must be deemed **Reasonable and Customary** by **Us**.
- **We** reserve the right to alter the **Policy** terms or cancel cover for an **Insured Person** following a significant and material change of the risk presented to **Us** e.g. **You** travel to a war zone as defined by the UK Foreign, Commonwealth & Development Office (FCDO).
- When **You** have medical **Treatment** for a **Bodily Injury** or **Illness**, **You** may claim under this **Policy** from the commencement of **Treatment** until such time as it is medically confirmed that **Treatment** is no longer necessary, the expiry date of the **Period of Insurance**, or until **You** have exhausted the benefit limit for which the premium has been paid, whichever is earlier. Benefit will not be payable for ongoing **Treatment** after the **Policy Anniversary Date** unless the **Policy** has been renewed for a further period.
- When a claim is submitted for **Medical Expenses** and an **Insured Person** subsequently claims for an unrelated **Accident**, **Bodily Injury**, or **Illness**, that is not in any way connected with the former condition, the subsequent claim will be regarded as a new claim.
- In any legal proceeding where **We** have declined to pay a claim, **You** will be responsible for demonstrating that the event was an **Insured Event**.
- **You** forfeit the right to payment if, in respect of any component of the claim, and / or in respect of the circumstances under which the event occurred, **You** knowingly:
    - Provide false or incorrect information; and / or
    - Withhold information from **Us** which **You** could reasonably have known might be important to **Us** in assessing **Your** claim; and / or
    - Act in a fraudulent or unlawful manner.
- Where **We** prove that **You** acted fraudulently all benefit under this **Policy** will be forfeited. If any fraudulent means or devices are used, and are proven to be used, to obtain any benefit under this **Policy**, the **Policy** will be cancelled, and the premium paid will not be refunded. **We** may demand immediate repayment of any claim benefits previously paid.
- If it becomes apparent that prior to the **Policy Commencement Date You** were on a clinical pathway for a condition, **We** may deem it to be a **Pre-Existing Medical Condition**, and it therefore be subject to further underwriting.

General Conditions

Your obligations

Things We need to tell You

- It is a condition of this **Policy** that any **Illness** or condition that would cause **You** to make a claim that occurred between the time of signing and submitting the application **Us**, will be considered as a **Pre-Existing Condition** and should be declared.
- New-borns can be added to the **Policy** from birth without medical underwriting, 12 continuous months previously. If the application form is received after 30 days from birth, any medical conditions declared will be subject to full underwriting and special terms, conditions, exclusions and/or limitations specified on the **Certificate of Insurance** and cover will take effect from the date of acceptance.
- Disclosures made to **Us** by an **Insured Person**'s **Physician** are deemed to be made by and on behalf of the **Insured Person**. Full disclosure or **Material Facts** applies.
- The provision of benefits and services under this **Policy** is subject to local availability, national and international law, regulation and authorisations.
- **We** are entitled to take over an **Insured Person**'s rights in the defence or settlement of a claim, or to take proceedings in the **Insured Person**'s name for **Our** own benefit against another party. **We** will have full discretion in such matters.
- **We** may, at any time, pay to the **Insured Persons** the full liability under this **Policy** after which, **We** will have no further liability in any respect.
- In the event that **We** decide not to underwrite this type of insurance in the **Insured Person**'s **Country of Residence**, **We** will give **Insured Persons** not less than 120 days' notice in writing prior to the next **Policy Anniversary Date**.
- If **You** want to add another **Insured Person** to the **Policy, We** may require a completed application form and charge an appropriate additional premium.
- Any dispute as to the interpretation of this **Policy**, or as to any rights or obligations under it will be referred to arbitration. Where a dispute is referred to arbitration, the **Insured Person** will not exercise any right of action against **Us** before an award or decision is made. In the event of the need for arbitration, **We** and **You** will engage ACAS (the Advisory Conciliation and Arbitration Service) in the UK. **We** will fund any and all arbitration costs.
- In the event of **Co-insurance**, **We** reserve the right to act on **Your** behalf and pursue another insurance company to recover a proportion of **Our** costs.

General Conditions

Your obligations

Things We need to tell You

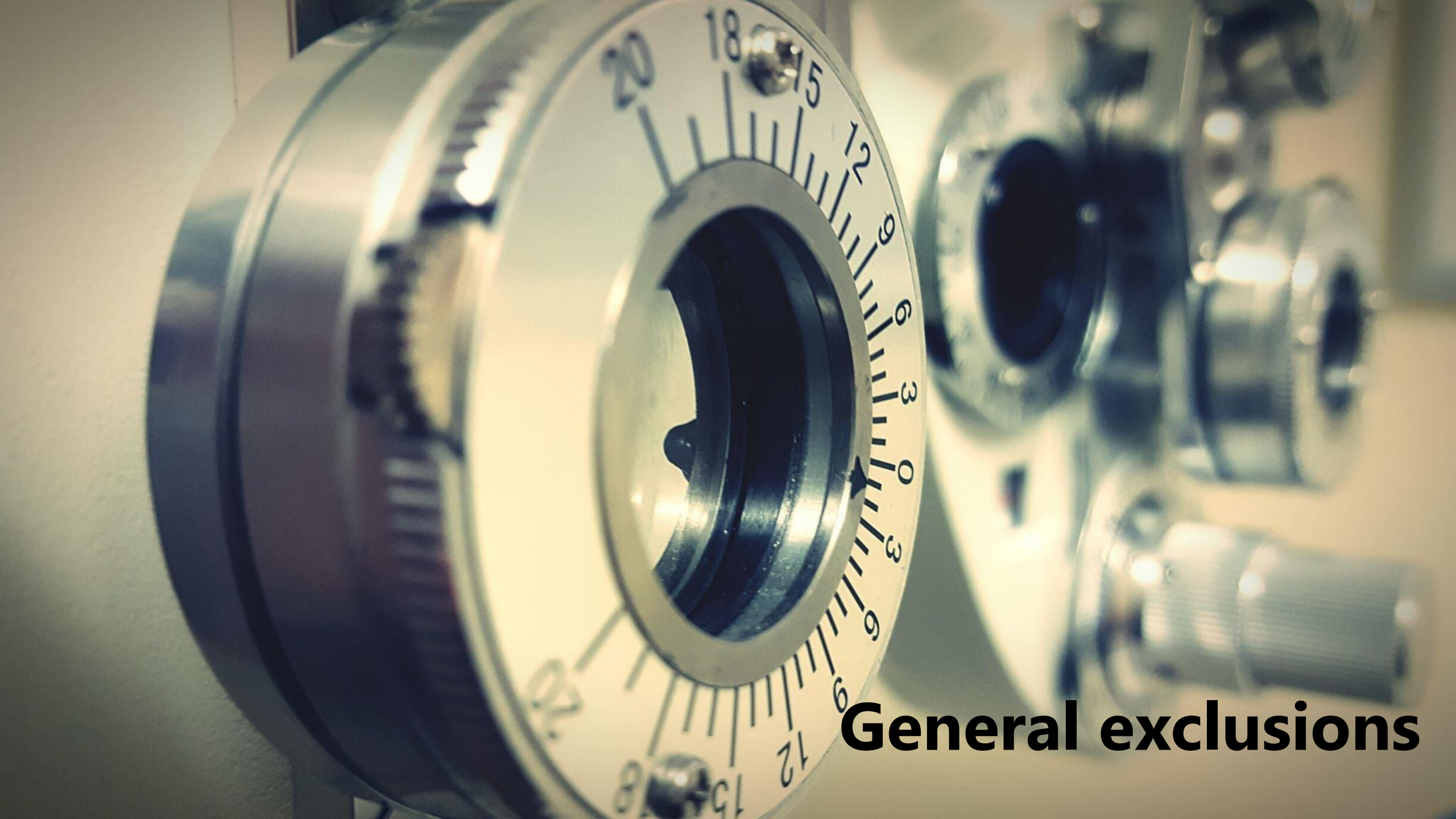
- **Policy** termination will be effective from 1 month after the date the notice is received by **Us** or on any later date as specified in the notification.
- If the premium has been paid for any period beyond the date of termination, then subject to there being no claims in progress, a pro-rata refund will be made equivalent to the unexpired portion of the **Period of Insurance** less the **Early Termination** fee (see the **Early Termination** definition for clarification).
- **We** may cancel **Your** Policy if **You** fail to pay **Your** premium on or before the date it is due, or if **We** are unable to collect **Your** premium via **Your** debit or credit card, or if **We** are unable to collect **Your** premium. **We** may allow **Your** cover to continue without **You** having to complete a new application form and 'Declaration of Health' but only if **You** pay any and all outstanding premiums within 30 days of their due date. If **You** incur **Medical Expenses** during this 30 day period, **We** will not settle **Your** claim until **We** have received all of the outstanding premiums.
- This **Policy** will automatically renew for a further 12 months on the **Policy Anniversary** Date unless **You** instruct **Us** otherwise, or **You** instruct **Us** to cancel the **Policy**.
- **We** may remove an exclusion if, in **Our** opinion, no further **Treatment** will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, **We** will not review. **We** may ask for an up to date medical report from **Your** family doctor or **Physician**. Any costs incurred in obtaining these details are not covered under **Your Policy** and are **Your** responsibility.
- If the annual premium or instalment payment remains outstanding for more than 30 days **You** can apply to have **Your Policy** reinstated but **You** will have to complete and send to **Us** a new 'Declaration of Health' form, together with a payment representing all of the outstanding premiums. If **Your** health has materially changed, **We** reserve the right to decline to reinstate **Your** Policy, or to continue to insure **You** on special terms.
- Individual **Insured Persons**: In the event of non-payment of premiums or a portion thereof, a registered letter will be sent to the **Insured Member**, at least ten (10) days after the due date, informing them that upon the expiration of a period of forty (40) days following the sending of the registered letter, the non-payment of premiums will result in the termination of their **Policy** without further notice. Thereafter**,** the **Insured Member** will have to apply for a new **Policy**.
- **Group Scheme** members: If the annual premium or instalment payment is outstanding for more than 60 days, **We** will maintain cover while **We** engage **Your** employer to ascertain the reason for non-payment. If, after 60 days, the payment remains outstanding **We** will cancel the **Policy** and inform **Your** employer.
- **We** will not settle any claim until **We** have received all of the outstanding premium. In this situation **You** may want to complete an application form to maintain cover with **Us** directly, and **We** will guarantee **Your** acceptance on the same coverage terms as was provided by the **Group Scheme**, although the premium may be higher.

General Conditions

Your obligations

Things We need to tell You

- **Policy** benefits and premium payments have to be in the same currency. The three currencies available to **You** for premium payment are US Dollars, GB Pounds or Euros. **We** will determine the exchange rate and explain **Our** calculation to **You** upon request.
- **You** have a statutory right to cancel **Your Policy** during the first 14 days from the date of conclusion of the contract, or the date upon which **You** received the contractual terms and conditions, whichever is later. Provided **You** have not made a claim or made use of **Your Policy** in any other way, **You** will receive a full refund during this period. After this period, there is no statutory right to cancel. However, **You** are still able to cancel **Your Policy** at any stage, in which case **You** must provide notice of at least 1 month to **Us** (see **Early Termination**).
- The right to **Emergency Medical Transfer or Evacuation** assistance will only exist if the **Insured Person,** a **Close Relative** or **Relative in the First Degree** has had prior contact with **Us** and approval has been given by **Us**. Expenses will only be paid if **We** have pre-authorised them.
- **We** will issue a guarantee or, in those instances where such a guarantee is not accepted by the treating provider, arrange payment through the **Insurer** for the costs relating to a medically necessary **Hospital** admission, subject to the terms and conditions of that **Insured Person**'s chosen cover.
- All decisions relating to the medical need for transport, the means and/or timing of any transport, the medical equipment and medical personnel to be used, and final destination are medical decisions, and will be made and agreed by a **Physician** designated by **Us**, in consultation with a local attending **Physician** based on medical factors, evidence and healthcare considerations.
- **We** have no obligation to extend this **Policy** to include any **Sport** considered hazardous.



General exclusions

General Exclusions

These are the exclusions that apply to all Policies

HCI GROUP
GLOBAL HEALTHCARE

These things are always excluded under Your Policy

Artificial life maintenance - **We** will not pay for mechanical ventilation, where such **Treatment** will not, or is not expected to, result in **Your** recovery or restore **You** to **Your** previous state of health.

For example: **We** will not pay for artificial life maintenance when **You** are unable to feed and breathe independently and require Percutaneous Endoscopic Gastrostomy (PEG) or nasal feeding for a period of more than 30 continuous days.

Birth control - **We** will not pay for any type of contraception, male or female sterilisation, or family planning.

Conflict and disaster - **We** will not pay for any claim where **You** suffer an **Accident**, **Bodily Injury**, or **Illness**, directly or indirectly attributable to **You** placing yourself in danger. For example: by entering a known area of conflict (whether or not **You** were an active participant), or **You** disregard **Your** own personal safety. Areas of danger and conflict would include:

- Nuclear or chemical contamination.
- War & invasion.
- Civil war, rebellion, revolution, insurrection.
- Terrorist acts.
- Military or usurped power.
- Martial law.
- Civil commotion, riots, or the acts of any lawfully constituted authority.
- Hostilities, army, naval or air services operations whether war has been declared or not.

Congenital conditions - **We** will not pay for **Treatment** of **Congenital Defects** received after the first 90 days following birth for any abnormality, deformity, **Illness** or **Bodily Injury** present at birth, whether diagnosed or not, except **Cancer**.

Consequences of not following medical advice - **We** will not pay for any **Treatment** required as a consequence of not following the medical advice given and **Treatment** plan recommended by **Your** treating **Physician** including taking medications as prescribed, undergoing further **Treatment**, and attending follow up consultations and tests to ensure **Your** medical condition is managed correctly.

Convalescence and admission for general care - **We** will not pay for **Hospital** accommodation when it is used solely or primarily for any of the following purposes:

- Convalescence, supervision, pain management, or for any purpose other than receiving eligible **Treatment**, of a type which normally requires **You** to stay in **Hospital**.
- Receiving general nursing care or any other services which do not require **You** to be in **Hospital**, and could be provided in a nursing home or other establishment that is not a **Hospital**.
- Receiving services from a therapist or complementary medicine practitioner.
- Receiving services which would not normally require trained professionals.

General Exclusions

These are the exclusions that apply to all Policies

HCI GROUP
GLOBAL HEALTHCARE

These things are always excluded under Your Policy

Cosmetic **Treatments** and their consequences - **We** will not pay for **Treatment** undergone for cosmetic or psychological reasons to improve **Your** appearance, such as a remodelled nose, facelift, abdominoplasty, or cosmetic dentistry. We will not pay for consequences and side effects, or any additional intervention required following a cosmetic **Treatment** or intervention. This includes but is not limited to:

- Dental implants to replace a sound natural tooth.
- Hair transplants for any reason.
- **Treatment** related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons.
- The removal or replacement of damaged or ruptured breast implants
- Any **Treatment** for a procedure to change the shape or appearance of breasts whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out as part of the original **Treatment** for **Cancer**. In this instance, **You** must obtain **Our** written consent before receiving the **Treatment** (see 'Reconstructive or remedial surgery' in this section).
- Any medical **Treatment** that is required as a result of cosmetic procedures, or arising as a complication of such procedures.

COVID-19 - **We** will not pay for:

- Any **Treatment** costs incurred during the first 30 days from the **Commencement Date**.
- Fees relating to voluntary tests, including tests for travel purposes for business or leisure, or for where **You** have not been referred by a **Physician**.

Deafness - **We** will not pay for **Treatment** for or arising from deafness or partial hearing loss caused by a congenital abnormality, industrial processes, or ageing.

Dental **Treatment** and gum disease - **We** will not pay for surgical operations for the **Treatment** of bone disease when related to gum disease or damage, or **Treatment** for, or arising from disorders of the jaw bone.

Developmental problems - **We** will not pay for **Treatment** related to learning differences, such as dyslexia, ADHD, and autism, or linked to developmental problems that are usually addressed in an educational setting.

Donor organs - **We** will not pay for **Treatment** costs related to:

- Transplants involving mechanical or animal organs.
- The removal of a donor organ from a donor.
- The removal of an organ from **You** for the purposes of a transplant for another person.
- The harvesting and storage of stem cells, when this is carried out as a preventive measure against future possible **Illness**.
- The purchase of a donor organ.

Drugs and dressings (**Out-Patient**) - **We** will not pay for any drugs or surgical dressings that are provided or prescribed for **Out-Patient Treatment**, or for **You** to take home with **You** on leaving **Hospital**, for any condition.

General Exclusions

These are the exclusions that apply to all Policies

HCI GROUP
GLOBAL HEALTHCARE

These things are always excluded under Your Policy

Eating disorders – **We** will not pay for **Treatment** directly related to achieving a cure of, or improvement to, any eating disorder, including admission to specialist facilities. This exclusion does not affect **Your** entitlement to **Treatment** for **Acute Conditions** and other conditions which present an immediate or imminent threat to life.

Elective Home Country Treatment - **We** will not pay for transport or personal accommodations costs incurred as a result of you choosing to receive treatment in your home country rather than in your country of residence, where there is no medical necessity for you to travel outside of your country of residence.

Experimental or unproven **Treatment** - **We** will not pay for:

- Clinical tests, **Treatments**, equipment, medicines, devices or procedures that are considered to be unproven with regards to safety and efficacy and / or might be awaiting clinical approval from the authorising health care authority in the country of **Treatment**.
- Any test, **Treatment**, equipment, medicine, device or procedure that is not considered to be in standard clinical use or is under investigation in clinical trials with respect to its safety and efficacy.
- Any tests, **Treatment**, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorised by **Us**.

Eyesight & eye surgery - **We** will not pay for **Treatment**, equipment or surgery to correct eyesight, such as laser **Treatment**, Refractive Keratotomy (RK), and Photorefractive Keratotomy (PRK).

Fertility Treatment - **We** will not pay for **Treatment** to assist reproduction, including but not limited to IVF **Treatment**. **We** will not be liable for medical **Treatment** costs for any form of assisted reproduction or its direct consequences.

Footcare - **We** will not pay for **Treatment** for corns, bunions, calluses, or thickened or misshapen nails.

Genetic testing - **We** will not pay for any genetic testing, whether diagnostic or to determine the likelihood of future **Illness.**

Harmful or hazardous use of alcohol, drugs and/or medicines - **We** will not pay for **Treatment** arising, directly or indirectly, from the deliberate misuse of any harmful and / or hazardous substance including alcohol, adhesive substances, gases, drugs or **Prescription Drugs and Medicines**, including the consequences of misuse.

Health hydros, nature cure clinics - **We** will not pay for **Treatment** or services received in health hydros or nature cure clinics.

Human Immunodeficiency Virus (HIV) - **We** will not pay for care or medical **Treatment** which arises, directly or indirectly, from HIV, or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC) and any **Illness** or medical condition arising from these conditions. However, diseases relating to AIDS and HIV antibodies may be covered, if proven to be caused by a blood transfusion received after the **Commencement Date** of the **Policy**. If such incident occurs, **We** must be notified as soon as practicably possible (and no more than 7 days after the diagnosis).

Home birth - **We** will not pay for deliveries or consequences leading to treatment of the mother or the new-born, or midwifery costs associated with the delivery or any complications which may arise as a result of a planned home birth.

General Exclusions

These are the exclusions that apply to all Policies

These things are always excluded under Your Policy

Illegal activity - **We** will not pay for **Treatment** which arises, directly or indirectly, as result of **Your** deliberate participation (whether actual or attempted) in any illegal act in **Your Country of Residence** or where the incident occurred.

Maternity - **We** will not pay for:

- Home births and any consequences resulting in treatment of the new-born or mother resulting from a home birth.
- Costs relating to other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant.
- Non-medically necessary termination of pregnancy where there is no danger of life to the mother.

Obesity - **We** will not pay for any **Treatment** required to control obesity or achieve weight loss.

Personal accident - **We** will not pay for **Bodily Injury** caused or contributed to, directly or indirectly, by:

- The **Insured Person** participating in **Sports** that **We** have defined as "hazardous".
- The **Insured Person**'s suicide or self harming.
- Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) regardless of how these were contracted or may be named.
- **The Insured Person**'s deliberate exposure to exceptional danger (except in an attempt to save human life).
- The **Insured Person**'s own criminal act.
- **The Insured Person** being under the influence of any type of poison.
- Bacterial infections (except pyogenic infection which will occur through or with accidental cut or wound).

Personality disorders - **We** will not pay for **Treatment** of personality disorders, including but not limited to:

- Affective personality disorder.
- Schizoid personality (which is distinct from schizophrenia).
- Histrionic personality disorder.

Physical aids and devices - **We** will not pay for any physical aid or device which is not a prosthetic implant, prosthetic device, or considered an appliance.

Physiotherapy - **We** will not pay for ante-natal and **Maternity** exercises, manual therapy, sports massage or occupational therapy.

Preventative and wellness **Treatment** - **We** will not pay for health screening, including routine **Health Checks**, or any preventative tests or treatments, other than those explicitly mentioned as covered.

General Exclusions

These are the exclusions that apply to all Policies

HCI GROUP
GLOBAL HEALTHCARE

These things are always excluded under Your Policy

Reconstructive or remedial surgery - **We** will not pay for **Treatment** required to restore **Your** appearance after an **Illness**, **Bodily Injury** or previous surgery, unless:

- The **Treatment** is a surgical operation to restore **Your** appearance after an **Accident**, or as the result of surgery for **Cancer**, if either of these takes place during **Your** current continuous membership of the **Policy**.
- The **Treatment** is carried out as part of the original **Treatment** for an **Accident** or **Cancer**.
- **You** have obtained **Our** written consent before the **Treatment** takes place.

Sexually transmitted **Illnesses** and sexual problems - **We** will not pay for the **Treatment** of any sexual problem including sexually transmitted illnesses and impotence (whatever the cause).

Self-inflicted injury - **We** will not pay for any self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, or attempted suicide.

Sleep disorders - **We** will not pay for **Treatment**, including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

Speech disorders - **We** will not pay for **Treatment** for speech disorders, including stammering or speech developmental delays, unless all of the following apply:

- The **Treatment** is short term therapy which is medically necessary as part of active **Treatment** for an **Acute Condition** such as a stroke; and
- The speech therapy takes place during and/or immediately following the **Treatment** for an **Acute Condition**, and
- The speech therapy is recommended by the **Physician** in charge of **Your Treatment**, and is provided by a therapist.

Sports - **We** will not pay for any **Accident**, **Bodily Injury**, **Illness**, if the **Insured Person** was participating in a hazardous **Sport**. We will also not pay for **Treatment** related to an **Accident**, **Bodily Injury**, or **Illness** sustained as a result of participation in any sporting activity where the **Insured Person** was not acting in accordance with safety requirements.

Stem cells - **We** will not pay for the harvesting or storage of stem cells. For example ovum, cord blood, or sperm storage.

Surrogacy **- We** will not pay for **Treatment** directly related to surrogacy. This applies to **You** if **You** act as a surrogate, and to anyone else acting as a surrogate for **You**.

Termination of pregnancy **- We** will not pay for the termination of a pregnancy other than medically necessary **Treatment** if there is a danger to the mother's life.

General Exclusions

These are the exclusions that apply to all Policies

These things are always excluded under Your Policy

Travel costs for **Treatment** - **We** will not pay for any travel costs related to receiving **Treatment**, unless they relate to medically necessary travel by:

- Local air ambulance.
- Local road ambulance.
- And their sole destination is a local health care facility or **Hospital**.

Treatment for or related to gender dysphoria - **We** will not pay for **Treatment** of any kind, including surgical, cosmetic, and hormonal **Treatment**, for or related to gender dysphoria.

Treatment for or related to undeclared **Pre-Existing Medical Conditions** – Relating to individual **Policies**, **We** will not pay for **Treatment** arising from conditions that were not declared to **Us** at the point **You** applied for the **Policy**.

Unrecognised medical practitioner, provider or facility - **We** will not pay for:

- **Treatment** provided by a **Physician**, **Hospital** or healthcare facility that is not recognised or licensed by the relevant health authority in the country where the **Treatment** takes place as having specialist knowledge, or expertise in, the treatment of the **Bodily Injury**, or **Illness**.
- Self-**Treatment** or **Treatment** administered to **You** by anyone with the same residential address as **You**.
- **Treatment** performed by a **Physician** related to the **Insured Person**, unless approved by **Us**.
- Alternative medicines, customary or religion-based medicines, homeopathy, or reflexology T**reatments**, other than any explicitly covered by this **Policy**.
- **Treatment** provided by a **Physician**, **Hospital** or healthcare facility to whom **We** have sent a written notice notifying them that **We** no longer recognise them for the purposes of **Our Policies**.

How to make a claim

How to make a claim

The steps You need to take in order to make a claim

If **You** need to make a claim for reimbursement, request a guarantee of payment for a hospital admission or require emergency assistance, please contact **Us** using the following details:

E-mail: claims@healthcareinternational.com (email us for reimbursement claims and non-urgent hospitalisations)
Telephone: +44 (0) 20 3906 4000 or +44 (0) 20 7590 8816 (call us for urgent hospitalisations / emergency assistance)

In the event of a claim, benefit payment is likely to be paid in the currency **You** have elected. Medical service providers may be paid in their local currency.

Benefits are payable to the healthcare provider unless agreed otherwise. Where **You** incur costs that are covered as part of a valid claim, they will be reimbursed to **You** directly by **Us**, subject to the submission of receipts and evidence of expenditure. Benefit payments will be processed by claims administrators, specialising in the handling of medical claims, who are appointed by **Us**.

In the event of the **Insured Person**'s incapacity, their **Close Relative** will have the right to act for them or their estate.

Notice of claim and time limitation

A claim must be submitted to **Us** in writing. It must give proof of the nature and extent of the loss. Please contact **Our** claims administrators for a claim form.

All claims should be reported promptly. **We** request that a claim for any benefits is filed up to 180 days after the date of the loss causing the claim; however, **We** will consider claims filed up to 2 years after the date of the loss causing the claim. After expiration of this term, the **Insured Person**, has no rights or obligations.

After termination of this **Policy**, claims for expenses incurred while the policy was in force shall be considered if they reach **Us** within 2 years of the event that caused the claim. No action for the recovery of any claim for benefits shall be sustainable thereafter.

How to make a claim

The steps You need to take in order to make a claim

- **You** must make contact with **Us** and obtain pre-authorisation for treatment before **You** incur costs where you may require **In-Patient** or **Day Patient** treatment (other than in the case of a medical emergency), as well as **Travel Expenses** and ancillary costs.
- In the case of an emergency, and if **You** cannot physically contact **Us** immediately, the medical provider, a **Close Relative** or **Relative in the First Degree** must contact **Us** within 48 hours.
- **You** must make no admission of liability, offer, promise or payment without **Our** prior consent.
- **Your** claim may not be paid if **You** do not have pre-authorisation for **Treatment** relating to the following:

    - All **In-Patient** and **Day-Patient** surgery and **Treatment** benefits.
    - MRI (Magnetic Resonance Imaging) scans.
    - Convalescence facility and nursing care (**In-Patient** only).
    - Pregnancy and childbirth (**In-Patient** only).
    - Psychiatric **Treatment** for metal and nervous disorders; alcohol and drug abuse, and speech therapy.
    - Eye surgery.
    - Palliative (**In-Patient** and **Day-Patient Treatment** only);
    - **Emergency Medical Transfer or Evacuation.**
    - **Travel Expenses** for one **Close Relative** or friend accompanying an evacuated / repatriated **Insured Person**.
    - Repatriation of mortal remains.
    - **Elective Home Country Treatment**

- **We** reserve the right not to pay 100% of your claim costs if pre-authorisation was not obtained for the medical **Treatment** required. If, after the event, it transpires that such **Treatment** was proven medically necessary, and no pre-authorisation was sought, **We** may cover only 75% of **Your** claim costs.
- For **Hospital** charges guaranteed by **Us** prior to **You** receiving **Treatment**, **You** agree to reimburse **Us** the amount of the **Deductible** and any **Co-Insurance** amount specified in the **Certificate of Insurance**, prior to the date upon which **We** are required to guarantee such **Hospital** charges.
- In respect of all other claims, these must be notified to **Us** as soon as practically possible. A claim form must be forwarded to **Us** which should be completed and returned together with the original claim cost invoices and other supporting documentation. Emailed and scanned documents are acceptable.
- Where **You** received **Treatment** as an **Out-Patient**, **You** must pay all costs in full at the time of receiving the **Treatment**. **You** must then submit a claim to **Us** for reimbursement.
- Evidence of costs incurred must be submitted to **Us** within 3 months after the date the **Treatment** started. Consideration will only be given to settling claims exceeding this date if the **Policy** is still in force and **We** accept **Your** mitigating circumstances for the delay.
- Reimbursement claims will be settled with **You** in the currency of which **You** paid the premium. **We** will apply an exchange rate taken from HSBC, Barclays, Royal Bank of Scotland, or Lloyds Bank, on the day of payment.
- **Hospitals**, **Physicians**, pharmacies and other providers have information **We** may need to determine eligibility for **Your** benefits under this **Policy**. **You** agree that, within the limitations of the law of the country in which **Treatment** occurs, to authorise any **Physician**, **Hospital**, pharmacy or other medical facility to share information with **Us** at **Our** request. **We** will be responsible for any associated costs. This may include the diagnosis and history of any **Illness** or symptom **You** may have had, or other medical information. **We** will keep this information confidential to the extent permitted and required by law. If such information relates to fraud or misrepresentation, **We** may disclose it to the police or other relevant authorities and / or use it in legal proceedings.

Complaints and contacts

How to make a complaint

The steps You need to take in order to make a complaint

We trust **You** will be satisfied with **Your Policy**, but in the event that **You** do have any cause for a complaint, the most important thing for **Us** is to help resolve your concerns as quickly as possible.

If **You** wish to make a complaint, please contact HealthCare International Global Network Limited (HCIGN) using the following details. HCIGN is a company within the HCI Group, and is authorised and regulated by the Financial Conduct Authority (FCA). Complaints will be handled primarily in accordance with the FCA's rules.

The HCI Group acts as a Managing General Agent on behalf of MGEN. For certain types of complaints, MGEN is ultimately responsible and can be reached using the following details. When **You** submit a complaint to **Us**, **We** will tell **You** whether the complaint is within **Our** remit or that of MGEN. However, **You** are of course at liberty to contact MGEN directly at any time. **We** will investigate and respond to **Your** concerns as quickly as possible; however, **We** have up to 8 weeks to render a final decision.

Our contact for complaints is:
Director of Governance & Risk
Email: compliance@healthcareinternational.com
Tel: +44 (0) 20 7590 8816
Post: HealthCare International Global Network Ltd, WRAP, 83 Queens Road, Brighton, East Sussex, BN1 3XE, United Kingdom

Complaints will be handled fairly and promptly and in an independent manner, obtaining additional information as necessary. **We** will always communicate with complainants clearly and in plain language that is easy to understand, and will reply to the complaint without undue delay.

If **You** are not satisfied with **Our** final response to **Your** complaint, **You** may be entitled to refer it to the UK Financial Ombudsman Service and request that they investigate the matter further on **Your** behalf.

Email: complaint.info@financial-ombudsman.org.uk
Tel: 0800 023 4567 (free from mobile phones and landlines)
Post: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, United Kingdom
Website: www.financial-ombudsman.org.uk

If **You** would like to address **Your** complaint directly to the **Insurer**, their contact details are:

Email: clients@vyv-ib.com
Post: VYV International Benefits, 7 Square Max Hymans, 75748 Paris Cedex 15, France

For **Groups schemes**: In the event of disagreement with a decision by the **Insurer** and having exhausted all means of appeal offered by the **Insurer**, the **Insured Person** may contact the MGEN ombudsman at CNPM - Médiation – Consommation, 27 Avenue de la Libération 42400 Saint-Chamond or on the dedicated website: https://www.cnpm-mediation-consommation.eu

For individuals :

- For the health benefits covered by MFPrévoyance: In the event of disagreement with a decision by the **Insurer** and having exhausted all means of appeal offered by the **Insurer**, the **Insured Person** may contact the MFPrévoyance ombudsman - La Médiation de l'Assurance - TSA 50110 75441 - Paris Cedex 09, France or by email to the following address: le.mediateur@mediation-assurance.org or on the dedicated website on www.mediation-assurance.org.
- For the assistance benefits covered by RMA: In the event of disagreement with a decision by the **Insurer** and having exhausted all means of appeal offered by the **Insurer**, the **Insured Person** may contact the Assistance Ombudsman – Le Médiateur de la Mutualité Française FNMF - 255, rue de Vaugirard - 75719 PARIS Cedex 15 or on the ombudsman's website (https://www.mediateur-mutualite.fr/).

Legal and regulatory

Important information

HCI GROUP
GLOBAL HEALTHCARE

The contract

Unless **We** agree otherwise with **You** , the law which applies to this insurance is that of the United Kingdom. Any legal proceedings between **Us** and **You** in connection with this insurance will only take place in the courts of the United Kingdom. The contractual terms and conditions and other information relating to this contract will be expressed in the English language.

This contract does not give, or intend to give, rights to anyone other than **You, Us** and anyone covered under the **Policy**. No one else can enforce any part of this contract. **Your Policy** provides **You** with a range of benefits. Not all benefits contained in this **Policy** may apply to **You**. The benefits **You** have selected will be shown in **Your Policy** schedule and are subject to the terms, conditions and exclusions set out in this **Policy** document as well as any subsequent written notices sent to **You** by **Us** or **Your** broker.

The **Policy** is not complete without a **Policy** schedule. **Your Policy** schedule will be issued to **You** if **Your** application for insurance is accepted. **Your Policy** will be in force for the **Period of Insurance** shown on **Your Policy** schedule and cover **You** and others named on the schedule for the **Insured Events** that occur during that period.

This document, the application form, **Certificate of Insurance**, and schedule are proof of **Our** contract and should be read as if they are one document. Please read them carefully to ensure that **Your** cover is exactly what **You** need and keep all documents in a safe place.

When creating this contract, **We** have relied on the information and statements **You** have provided. If **You** give **Us** incorrect or incomplete information, the wrong terms may be quoted and **We** may be entitled to reject payment of a claim, or payment could be reduced. In certain circumstances **Your Policy** might be invalid, and **You** may not be entitled to a refund. It is important, therefore, to ensure that information **You** have provided to **Us** is accurate and complete.

Cancellation

Your right to cancel

You have a statutory right to cancel **Your Policy** during the first 14 days from the date of conclusion of the contract, or the date upon which **You** received the contractual terms and conditions, whichever is later. Provided **You** have not made a claim or made use of **Your Policy** in any other way, **You** will receive a full refund during this period.

If **Your Policy** is cancelled during the 14 day cooling off period, **We** will return the premium paid for the plan as long as no claims have been made, nor a guarantee of payment issued under the **Policy**. If **You** make a claim within a 14 day period from the start of cover, the **Insurers** reserve the right to require reimbursement from **You** for the services provided in connection with **Your Policy** to the extent permitted by law; the return of premiums will be dependent on this. If **You** do not cancel the plan during the cooling off period, **Your Policy** will continue on the terms described in the **Policy** for the remainder of the **Period of Insurance**. Exercising the right to cancel within the cooling off period results in the termination of membership of the **Policy** from the date of receipt of the notice in writing by the administrator.

Your membership may be terminated:

At the **Insurer's** initiative:

- if **You** don't pay the premiums.
- on the date on which **You** are no longer a member of the **Policyholder.**
- in the event of misrepresentation.

At **Your** initiative:

- on the **Renewal Date** of the contract, by notifying **Us** at least 2 months before this date.
- without fees or penalties at any time during the year, after the expiration of a minimum period of 12 months from the date of the first subscription to the contract. **Your** membership will end one 1 month after **We** have been notified.

In addition, **Your** membership will be automatically terminated in the event of termination of a **Group Scheme** contract.

Cancellation form

This page may be printed or filled in electronically

If You wish to cancel, please complete these details and submit the form to Us	
Your name	
Your Policy number	
Do **You** wish to cancel Your **Policy**?	
When did **Your Policy** begin?	
What is **Your Country of Residence**?	
What is **Your** address?	
Sum requested by reimbursement	
Signature	
Date	
Please note, the use of this form is not mandatory; **You** may also notify us of **Your** wish to cancel by other means. This form is included for **Your** convenience.	

Important information

HCI GROUP
GLOBAL HEALTHCARE

Data protection

Please read the following carefully, as it contains important information relating to the details that **You** have given to **Us**. By entering into this agreement with **Us**, **You** are agreeing to the terms of **Our** privacy policy. If **You** are providing personal data of another individual to **Us**, **You** must tell them **You** are providing their information to **Us** and show them a copy of this notice.

HCI Group is the data controller of any personal information **You** provide to **Us** or personal information that has been provided to **Us** by a third party. **We** collect and process information about **You** in order to arrange **Your** insurance **Policy** and to process claims. **Your** information is also used for business purposes such as fraud prevention and detection. This may involve sharing **Your** information with third parties including **Insurers**, brokers, insurance intermediaries such as managing general agents, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisers, **Our** regulators, police and government agencies or fraud prevention agencies.

You have the right of access, rectification or deletion, limitation of the processing of their data, portability, opposition to processing, along with the right to provide instructions on the outcome of **Your** data after **Your** death. **You** can exercise **Your** rights towards:

- MFPrévoyance: CNP Assurances for MFPrévoyance – Data Protection Officer, 4, promenade Cœur de Ville 92130 Issy-les-Moulineaux, France or by e-mail dpo@cnp.fr
- RMA: Data Protection Officer, VYV International Benefits – 3-7 square Max Hymans, 75748 Paris Cedex 15, France or by e-mail: dpo@vyv-ib.com
- MGEN : Data Protection Officer of the VYV Group : 62-68, rue Jeanne-d'Arc - 75013 Paris, France or by e-mail: dpo@vyv-ib.com

We may record telephone calls to help **Us** monitor and improve the service **We** provide. For full details on how **Your** information is gathered and protected, please see **Our** privacy policy at www.healthcareinternational.com/privacy-policy.