



**NIMBL HEALTH**  
**Policy Wording**  
**HealthCare International Europe GmbH**



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# 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 the importance of listening to our customers. That's why we have designed our NIMBL Health product, which offers flexible solutions to meet your needs. This allows you to be in control, and choose a level of cover that is right for you.

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**

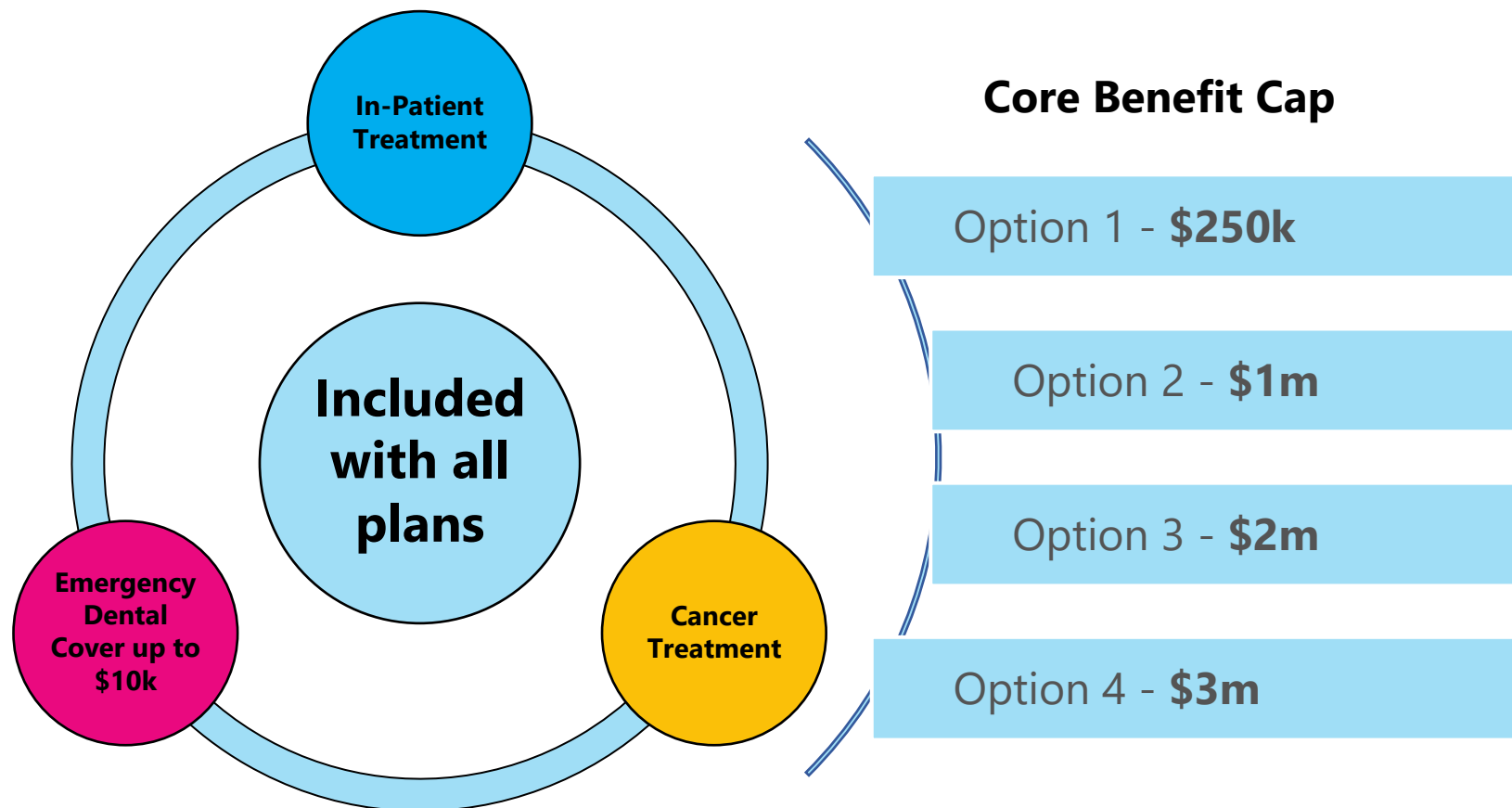
Chief Executive Officer, HCI Group



# Policy Overview

# Core Benefits

These benefits are included in all plans as standard



- The **Core Benefit Cap** is the combined maximum **We** will pay in any **Period of Insurance** per **Insured Person**, including **Policies** which have **Optional Additional Benefits** included.
- Please refer to **Your Certificate of Insurance** to confirm which **Core Benefit Cap You** have chosen; the cap is a combined total that applies to the benefits shown here, which are included as standard in **Your Policy**. **You** choose the overall cap that best suits **Your** needs. Amounts are shown in USD.

# Optional Additional Benefits

These are modular benefits that can be added to Your Policy



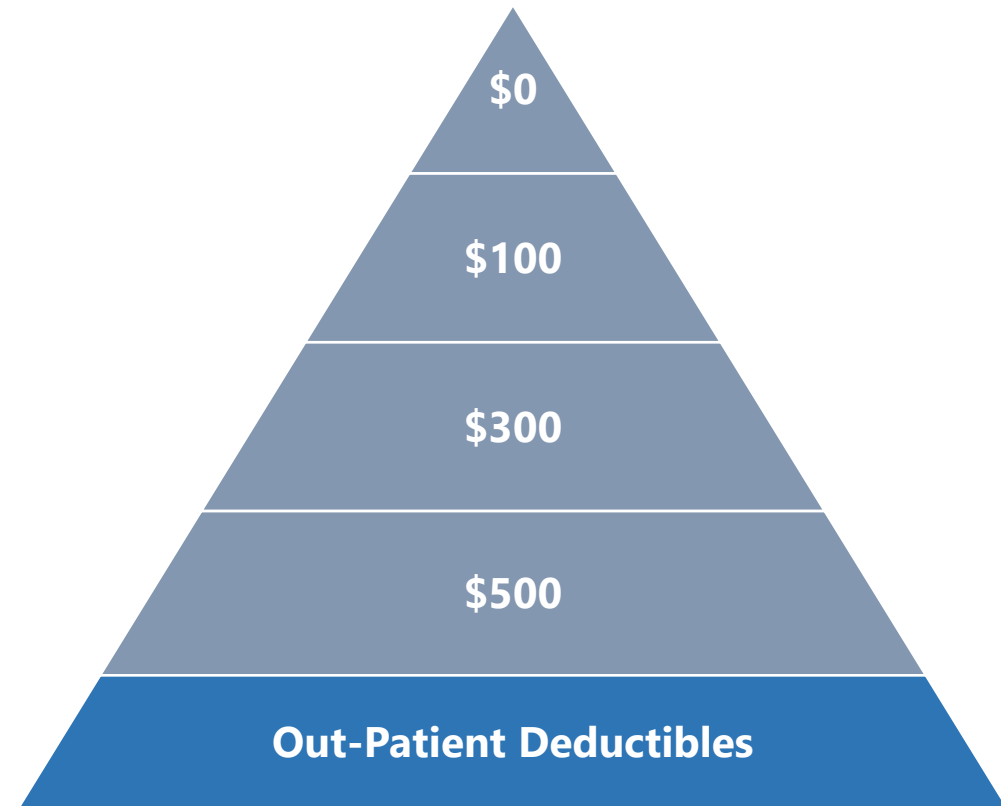
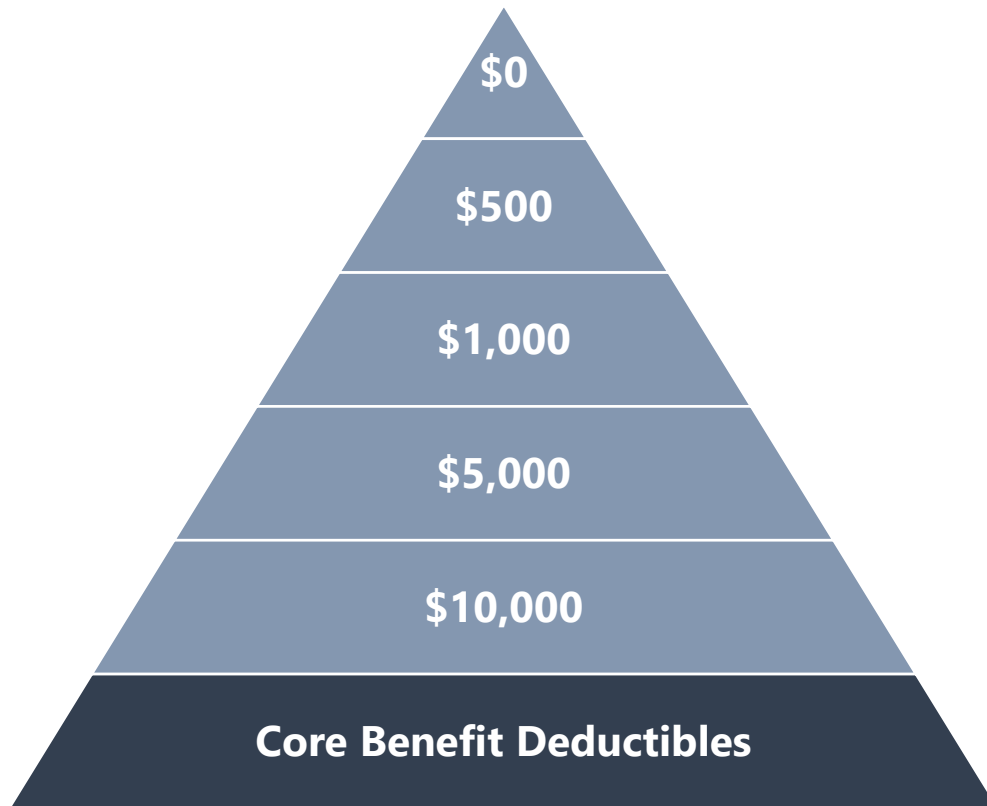
Benefit type	Default option	Option 1	Option 2	Option 3	Deductible applies
<b>Out-Patient Cover</b>	None	\$2.5k	\$7.5k	Full refund	Yes
<b>Routine Dental Cover</b>	None	\$1k	\$2k	\$3k	No
<b>Maternity Cover</b> (Group Schemes only)	\$5k	None	\$10k	\$15k	No

Benefit type	Default option	Option 1	Deductible applies
<b>Assistance &amp; Evacuation</b>	None	Full refund	No

- Please refer to **Your Certificate of Insurance** to confirm which **Optional Additional Benefits**, if any, **You** have chosen.
- Amounts are shown in USD and represent the relevant **Optional Additional Benefit Caps**.
- Where benefits are shown, **We** have made clear whether they are **Core Benefits** (included as standard) or **Optional Additional Benefits**; the latter, if you choose to add them, will be subject to the selected limit.
- **Optional Additional Benefit Caps**, including 'full refund' where selected for **Out-Patient Cover**, are still subject to **Your** selected **Core Benefit Cap**.
- **Maternity Cover** is available to **Group Schemes** only.
- All **Group Schemes** include \$5k **Maternity Cover** as standard, but this may be removed and a discount applied upon request at the application stage. **You** may also request to add higher levels of cover. Please refer to **Your Certificate of Insurance** to confirm whether **You** have **Maternity Cover** included on **Your Policy**, and if so, what **Optional Additional Benefit Cap** has been selected.

# Deductibles

Deductibles available for Core Benefits and Additional Benefits



- Please refer to **Your Certificate of Insurance** to confirm which **Deductible** option(s) **You** have chosen. If **You** have chosen to add **Out-Patient Cover**, **You** will have two **Deductibles**.
- Amounts are shown in USD.
- **Deductibles** are payable once per **Insured Person**, per **Period of Insurance**.

# Summary of benefit structure

An explanation of how Your Policy will work, based on Your choices



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Type of Benefit	Status	Limits
<b>In-Patient Cover</b>	Included in all plans	Subject to selected <b>Core Benefit Cap</b>
<b>Cancer Cover</b>	Included in all plans	Subject to selected <b>Core Benefit Cap</b>
<b>Emergency Dental Cover</b>	Included in all plans	Subject to selected <b>Core Benefit Cap</b>
<b>Routine Dental Cover</b>	Optional benefit that can be added	Subject to the selected <b>Optional Additional Benefit Cap</b>
<b>Out-Patient Cover</b>	Optional benefit that can be added	Subject to the selected <b>Optional Additional Benefit Cap</b> (or <b>Core Benefit Cap</b> if 'full refund' is <b>Your</b> chosen option)
<b>Maternity Cover</b>	Optional benefit on <b>Group Schemes</b> only	Subject to selected <b>Optional Additional Benefit Cap</b>
<b>Assistance &amp; Evacuation</b>	Optional benefit that can be added	Subject to selected <b>Core Benefit Cap</b>

**We** will pay for **Insured Events** under one of the **Types of Benefit** listed here. As this table illustrates, not all benefits are included as standard with **Your Policy**. Some benefits, regardless of their type, will be subject to specific sub-limits. In this document, **We** have labelled each benefit to make these details clear.

Each **Optional Additional Benefit** may be added in isolation. If selected, each **Optional Additional Benefit** will be subject to its own limit, chosen by **You**.

Quotes for **Group Schemes** will include \$5k **Maternity Cover** as standard, which may be removed if not required; upgrades may also be requested.



# Areas of Cover

The **Areas of Cover** available to **You**

Find **Your Country of Residence** in the tables below, this allows you to identify **Your** zone. **You** are covered for **Treatment** in the countries within **Your** zone as well as 60 days for emergencies outside the **Area of Cover** (when in the USA, the **Medical Treatment Outside Your Area of Cover** is capped at \$60,000)



Afghanistan	zone 1
Åland Islands	zone 4
Albania	zone 4
Algeria	zone 0
Andorra	zone 4
Angola	zone 0
Anguilla	zone 4
Antarctica	zone 6
Antigua and Barbuda	zone 2
Argentina	zone 2
Armenia	zone 1
Aruba	zone 2
Ascension and Tristan da Cunha	zone 0
Australia	zone 6
Austria	zone 4
Azerbaijan	zone 1
Bahamas	zone 2
Bahrain	zone 6
Bangladesh	zone 1
Barbados	zone 2
Belarus	zone 5
Belgium	zone 4
Belize	zone 2
Benin	zone 0
Bermuda	zone 7
Bhutan	zone 1
Bolivia	zone 2
Bonaire	zone 2
Bosnia and Herzegovina	zone 4
Botswana	zone 0
Bouvet Island	zone 2
Brazil	zone 7

British Indian Ocean Territory	zone 0
British Virgin Islands	zone 4
Brunei Darussalam	zone 1
Bulgaria	zone 5
Burkina Faso	zone 0
Burundi	zone 0
Cabo Verde	zone 0
Cambodia	zone 1
Cameroon	zone 0
Canada	zone 6
Cayman Islands	zone 4
Central African Republic	zone 0
Chad	zone 0
Chile	zone 7
China	zone 7
Christmas Island	zone 6
Cocos(Keeling)Islands	zone 6
Colombia	zone 2
Comoros	zone 0
Congo	zone 0
Cook Islands	zone 7
Costa Rica	zone 2
Côte d'Ivoire	zone 0
Croatia	zone 4
Cuba	zone 2
Curaçao	zone 2
Cyprus	zone 4
Czechia	zone 5
Democratic Republic of the Congo	zone 0
Denmark	zone 4
Djibouti	zone 0

Dominica	zone 2
Dominican Republic	zone 2
Ecuador	zone 2
Egypt	zone 0
El Salvador	zone 2
Equatorial Guinea	zone 0
Eritrea	zone 0
Estonia	zone 4
Eswatini	zone 0
Ethiopia	zone 0
Falkland Islands (Malvinas)	zone 2
Faroe Islands	zone 4
Fiji	zone 3
Finland	zone 4
France	zone 4
French Guiana	zone 4
French Polynesia	zone 4
French Southern Territories	zone 0
Gabon	zone 0
Gambia	zone 0
Georgia	zone 1
Germany	zone 4
Ghana	zone 0
Gibraltar	zone 4
Greece	zone 4
Greenland	zone 6
Grenada	zone 2
Guadeloupe	zone 4
Guam	zone 3
Guatemala	zone 2
Guernsey	zone 4
Guinea	zone 0

Guinea-Bissau	zone 0
Guyana	zone 2
Haiti	zone 2
Heard Island and McDonald Islands	zone 6
Holy See [Vatican City]	zone 4
Honduras	zone 2
Hong Kong	zone 7
Hungary	zone 5
Iceland	zone 4
India	zone 1
Indonesia	zone 1
Iraq	zone 1
Ireland	zone 4
Isle of Man	zone 4
Israel	zone 6
Italy	zone 4
Jamaica	zone 2
Japan	zone 4
Jersey	zone 4
Jordan	zone 6
Kazakhstan	zone 1
Kenya	zone 0
Kiribati	zone 3
Kuwait	zone 6
Kyrgyzstan	zone 1
Lao People's Democratic Republic	zone 1
Latvia	zone 4
Lebanon	zone 6

# Areas of Cover

The **Areas of Cover** available to **You**

Find **Your Country of Residence** in the tables below, this allows you to identify **Your** zone. **You** are covered for **Treatment** in the countries within **Your** zone as well as 60 days for emergencies outside the **Area of Cover** (when in the USA, the **Medical Treatment Outside Your Area of Cover** is capped at \$60,000)



Lesotho	zone 0
Liberia	zone 0
Libya	zone 0
Liechtenstein	zone 4
Lithuania	zone 4
Luxembourg	zone 4
Macao	zone 7
Madagascar	zone 0
Malawi	zone 0
Malaysia	zone 1
Maldives	zone 1
Mali	zone 0
Malta	zone 4
Marshall Islands	zone 3
Martinique	zone 4
Mauritania	zone 0
Mauritius	zone 0
Mayotte	zone 0
Mexico	zone 7
Micronesia	zone 3
Moldova	zone 5
Monaco	zone 4
Mongolia	zone 1
Montenegro	zone 4
Montserrat	zone 2
Morocco	zone 0
Mozambique	zone 0
Myanmar	zone 1
Namibia	zone 0
Nauru	zone 3
Nepal	zone 1
Netherlands	zone 4

New Caledonia	zone 4
New Zealand	zone 6
Nicaragua	zone 2
Niger	zone 0
Nigeria	zone 0
Niue	zone 3
Norfolk Island	zone 6
North Macedonia	zone 4
Northern Mariana Islands	zone 3
Norway	zone 4
Oman	zone 6
Pakistan	zone 1
Palau	zone 3
Palestine	zone 6
Panama	zone 2
Papua New Guinea	zone 3
Paraguay	zone 2
Peru	zone 2
Philippines	zone 1
Pitcairn	zone 3
Poland	zone 5
Portugal	zone 4
Puerto Rico	zone 4
Qatar	zone 6
Réunion	zone 0
Romania	zone 5
Russian Federation	zone 6
Rwanda	zone 0
Saint Barthélemy	zone 2
Saint Helena	zone 0
Saint Kitts and Nevis	zone 2
Saint Lucia	zone 2

Saint Martin (French part)	zone 4
Saint Pierre and Miquelon	zone 4
Saint Vincent and the Grenadines	zone 2
Samoa	zone 3
San Marino	zone 4
Sao Tome and Principe	zone 0
Sark	zone 4
Saudi Arabia	zone 6
Serbia	zone 4
Seychelles	zone 0
Sierra Leone	zone 0
Singapore	zone 7
Sint Eustatius and Saba	zone 2
Sint Maarten (Dutch part)	zone 4
Slovakia	zone 5
Slovenia	zone 4
Solomon Islands	zone 3
Somalia	zone 0
South Georgia and the South Sandwich Islands	zone 4
South Korea	zone 4
South Sudan	zone 0
South Africa	zone 4
Spain	zone 4
Sri Lanka	zone 1
Sudan	zone 0
Suriname	zone 2
Svalbard and Jan Mayen	zone 4

Sweden	zone 4
Tajikistan	zone 1
Tanzania	zone 0
Thailand	zone 1
Timor-Leste	zone 1
Togo	zone 0
Tokelau	zone 3
Tonga	zone 3
Trinidad and Tobago	zone 2
Tunisia	zone 0
Turkey	zone 4
Turkmenistan	zone 1
Turks and Caicos Islands	zone 4
Tuvalu	zone 3
Uganda	zone 0
Ukraine	zone 5
United Arab Emirates	zone 6
United Kingdom	zone 7
Uruguay	zone 2
Uzbekistan	zone 1
Vanuatu	zone 3
Venezuela	zone 7
Vietnam	zone 1
Wallis and Futuna	zone 4
Western Sahara	zone 0
Yemen	zone 6
Zambia	zone 0
Zimbabwe	zone 0

# Areas of Cover

The **Areas of Cover** available to **You**



**OPTION 1:** Identify **Your** zone based on the table above - **Your** zone is driven by **Your Country of Residence**. **You** are covered for **Treatment** in the countries within **Your** zone as well as 60 days for emergencies outside the **Area of Cover**.

(when in the USA, the **Medical Treatment Outside Your Area of Cover** is capped at \$60,000)

ZONE 0	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5	ZONE 6	ZONE 7
Algeria, Angola, Benin, Botswana, British Indian Ocean Territory, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, French Southern Territories, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mayotte, Morocco, Mozambique, Namibia, Niger, Nigeria, Réunion, Rwanda, Saint Helena, Ascension and Tristan da Cunha, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda, Western Sahara, Zambia, Zimbabwe	Afghanistan, Armenia, Azerbaijan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, Georgia, India, Indonesia, Iraq, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, Vietnam	Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia, Bonaire, Sint Eustatius and Saba, Bouvet Island, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Falkland Islands (Malvinas), Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay	Fiji, Guam, Kiribati, Marshall Islands, Micronesia, Nauru, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu	Åland Islands, Albania, Andorra, Anguilla, Austria, Belgium, British Virgin Islands, Bosnia and Herzegovina, Cayman Islands, Croatia, Cyprus, Denmark, Estonia, Faroe Islands, Finland, France, French Guiana, French Polynesia, Germany, Gibraltar, Greece, Guadeloupe, Guernsey, Holy See [Vatican City], Iceland, Ireland, Isle of Man, Italy, Japan, Jersey, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Martinique, Monaco, Montenegro, Netherlands, New Caledonia, North Macedonia, Norway, Portugal, Puerto Rico, Saint Martin (French part), Saint Pierre and Miquelon, San Marino, Sark, Serbia, Sint Maarten (Dutch part), Slovenia, South Africa, South Georgia and the South Sandwich Islands, South Korea, Spain, Svalbard and Jan Mayen, Sweden, Turkey, Turks and Caicos Islands, Wallis and Futuna	Belarus, Bulgaria, Czechia, Hungary, Moldova, Poland, Romania, Slovakia, Ukraine	Antarctica, Australia, Bahrain, Canada, Christmas Island, Cocos (Keeling) Islands, Greenland, Heard Island and McDonald Islands, Israel, Jordan, Kuwait, Lebanon, New Zealand, Norfolk Island, Oman, Palestine, Qatar, Russian Federation, Saudi Arabia, United Arab Emirates, Yemen	Bermuda, Brazil, Chile, China, Cook Islands, Hong Kong, Macao, Mexico, Singapore, United Kingdom, Venezuela  <b>For Zone 7 members, cover for all countries outside of the USA is included at no extra cost.</b>

**OPTION 2:** Upgrade and be covered **WORLDWIDE EXCLUDING THE USA** - including **Medical Treatment Outside Your Area of Cover** for up to 60 days up to a maximum of \$60,000 when in the USA.

**OPTION 3:** Upgrade and be covered **WORLDWIDE INCLUDING THE USA**.

Please refer to **Your Certificate of Insurance** to confirm which **Area of Cover** option **You** have chosen.

# Important information about Your Policy

An explanation of how Your Policy will work, based on Your choices



**Your Policy** will automatically renew each year on **Your Renewal Date**, unless **You** notify **Us** that **You** do not wish to continue cover. **You** will be notified in good time ahead of **Your Renewal Date** with **Your** renewal quote.

Downgrades – **You** may reduce the levels of cover within **Your NIMBL Policy** at the point of renewal. When deciding **Your** new limits, **You** will be free to choose from any available lower level of cover, or remove any **Optional Additional Benefits You** may have. Increasing **Your Deductible(s)** would be considered downgrading.

Upgrades – **You** may apply to increase **Your** levels of cover at the point of renewal; these options include adding **Optional Additional Benefits**, reducing the **Deductible**, or changing the limits on benefits **You** already have. Please note that applications to upgrade are subject to further underwriting, and are not guaranteed to be accepted.

Please note that **You** may not make changes to **Your** level of cover during the **Period of Insurance**.

**You** are eligible to apply for cover up until **Your** 65<sup>th</sup> birthday. If **Your** application is accepted, there is no upper age limit at which cover will automatically end as long as the product remains available to the market. For **Group Schemes** there is no maximum joining age for employees who are actively at work.



# Policy Benefits

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Accommodation, operating theatre, and recovery room costs	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<p><b>We</b> will pay for:</p> <ul style="list-style-type: none"> <li>The use of an operating theatre</li> <li>Charges for <b>Your Hospital</b> accommodation, including all <b>Your</b> meals and refreshments</li> <li>Accommodation in a room that is no more expensive than the <b>Hospital's</b> standard single room with a private bathroom</li> <li>The length of stay that is medically appropriate for the procedure that <b>You</b> are admitted for</li> </ul> <p><b>We</b> will pay for intensive care in an intensive care unit or intensive therapy unit, high dependency, or coronary care unit (or their equivalents) when:</p> <ul style="list-style-type: none"> <li>It is an essential part of <b>Your Treatment</b> and is required routinely by patients undergoing the same type of <b>Treatment as Yours; or</b></li> <li>It is medically necessary in the event of an unexpected circumstances.</li> </ul> <p>This benefit covers <b>Treatment</b> as an <b>In-Patient</b> for all conditions, subject to the general exclusions applicable to this <b>Policy</b> and any explicit limitations stated among the benefits for specific types of conditions and <b>Treatment</b>.</p> <p>This benefit includes cover for <b>Acute Conditions</b>, including those arising from <b>Chronic Conditions</b>.</p>	In-Patient Cover	Core Benefit	<b>Your</b> selected <b>Core Benefit Deductible</b> applies to this benefit
Nursing	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for nursing services during <b>In-Patient</b> and <b>Day-Patient</b> care.	In-Patient Cover	Core Benefit	<b>Your</b> selected <b>Core Benefit Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your selected Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Prescription Drugs and Medicines	100% of costs, subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for <b>Prescription Drugs and Medicines</b> and surgical dressings you need as part of your <b>Treatment in Hospital</b> . We will also pay for <b>Prescription Drugs and Medicines</b> which are prescribed to <b>You</b> upon discharge as an <b>In-Patient</b> .	In-Patient Cover	Core Benefit	<b>Your selected Core Benefit Deductible</b> applies to this benefit
Physician, specialist, surgeon, and anaesthetist fees	100% of costs, subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay <b>Physicians'</b> , surgeons', and anaesthetists' fees for a surgical operation, including all pre- and post-operative care.	In-Patient Cover	Core Benefit	<b>Your selected Core Benefit Deductible</b> applies to this benefit
Medical second opinion	100% of costs, subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for the evaluation of <b>Your</b> medical history, <b>Your</b> diagnosis, and <b>Your</b> treatment plan by a medical specialist authorised by <b>Us</b> .	In-Patient Cover	Core Benefit	<b>Your selected Core Benefit Deductible</b> applies to this benefit
Hospital Cash Benefit	\$250 per day up to 45 days, and subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay a cash benefit for the maximum number of days shown in any one <b>Period of Insurance</b> to an <b>Insured Person</b> for each 24 hours that they elect to be treated in a public <b>Hospital</b> , or charitable <b>Hospital</b> , and for which there is no charge made to <b>Us</b> for <b>Treatment</b> or accommodation.	In-Patient Cover	Core Benefit	<b>Your Deductible</b> does not apply to this benefit
Eye surgery	100% of costs, subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for necessary eye surgery to repair damage to the eye caused as the result of an <b>Accident, Bodily Injury</b> or <b>Illness</b> .	In-Patient Cover	Core Benefit	<b>Your selected Core Benefit Deductible</b> applies to this benefit
Diagnostic Tests	100% of costs, subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for: <ul style="list-style-type: none"> <li>MRI, CT, and PET scans</li> <li>X-rays</li> <li>Laboratory tests</li> <li>Other medically necessary diagnostic tests</li> </ul> That you need as part of your <b>Treatment in Hospital</b>	In-Patient Cover	Core Benefit	<b>Your selected Core Benefit Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Parent & child accommodation	\$150 per day up to 45 days, and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<p><b>We</b> will pay for accommodation in a <b>Hospital</b> when it is necessary for a parent to accompany an <b>Insured Person</b>, being a child under the age of 16 who has been admitted into <b>Hospital</b> as an <b>In-Patient</b>, up to the maximum number of days shown. Where <b>Hospital</b> accommodation is not available, <b>We</b> will pay for alternative accommodation.</p> <p>We will also pay for the <b>Hospital</b> accommodation costs of a new born child when the parent requires <b>Treatment</b> as an <b>In-Patient</b> following birth.</p>	In-Patient Cover	Core Benefit	<b>Your Deductible</b> does not apply to this benefit
Day-Patient Treatment	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for all <b>Hospital</b> charges including accommodation, diagnostic, tests, <b>Prescription Drugs and Medicines</b> , and the surgeon and <b>Physician</b> fees while <b>You</b> are a <b>Day-Patient</b> .	In-Patient Cover	Core Benefit	<b>Your</b> selected <b>Core Benefit Deductible</b> applies to this benefit
Renal dialysis	100% of costs up to \$80,000, and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for renal dialysis <b>Treatment</b> in any clinical setting, as directed by <b>Your Physician</b> , including all associated clinical costs.	In-Patient Cover	Core Benefit	<b>Your</b> selected <b>Core Benefit Deductible</b> applies to this benefit
Hospice or Terminal Care	100% of costs up to a <b>Lifetime Limit</b> of \$200,000	<p><b>We</b> will pay for <b>Treatment</b> following the diagnosis that <b>Your</b> condition is terminal or when <b>Treatment</b> can no longer be expected to cure <b>Your</b> condition. <b>We</b> will pay for <b>Your</b> physical, psychological, social and spiritual care as well as <b>Hospital</b> or hospice accommodation, nursing care and <b>Prescription Drugs and Medicines</b>.</p> <p><b>We</b> will pay for <b>Treatment</b> in an <b>In-Patient, Day-Patient</b> and <b>Out-Patient</b> setting as well as care in <b>Your</b> home.</p>	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit



# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Rehabilitation following In-Patient Treatment	100% of costs up to 60 days, and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for <b>Rehabilitation</b> as long as the <b>Rehabilitation</b> commences within 30 days of, and is related to, <b>In-Patient Treatment</b> covered by this <b>Policy</b> .	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit
Elective Home Country Treatment	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for an <b>Insured Person</b> to be treated in their <b>Home Country</b> when: <ul style="list-style-type: none"> <li>The <b>Insured Person</b> has obtained prior authorisation from <b>Us</b>; <u>and</u></li> <li>The <b>Treatment</b> costs do not exceed those of the <b>Country of Residence</b>; <u>and</u></li> <li>The <b>Insured Person</b> has selected the <b>Area of Cover</b> that includes the <b>Home Country</b></li> </ul> <p>We do not provide cover for transport or personal accommodation costs.</p>	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit
Medical Treatment Outside Your Area of Cover	Up to 60 days per <b>Period of Insurance</b> , and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>  When in the USA this benefit is capped at \$60,000.	When an <b>Insured Person</b> is outside the <b>Area of Cover</b> We will pay for <b>Hospital Treatment</b> for them due to an <b>Accident, Bodily Injury, Illness, or Acute Condition</b> where the condition first manifested itself outside their <b>Country of Residence</b> .	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit
Road ambulance transport	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for medically necessary travel by local road ambulance when related to eligible <b>In-Patient</b> or <b>Day-Patient Treatment</b> .	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit
Emergency care	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for <b>Treatment</b> received in an emergency room or urgent care setting, including any medication and dressings prescribed which directly relate to the <b>Insured Event</b> requiring care.	In-Patient Cover	Core Benefit	<b>Your Core Benefit Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
<b>Cancer Treatment</b>	100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for <b>Cancer Treatment</b> from the date an <b>Insured Person</b> is diagnosed as suffering from <b>Cancer</b> . <b>We</b> will pay for chemotherapy, radiotherapy, oncology, diagnostic tests, and <b>Prescription Drugs and Medicines</b> , whether <b>In-Patient</b> , <b>Day-Patient</b> or <b>Out-Patient</b> .	<b>Cancer Cover</b>	<b>Core Benefit</b>	<b>Your Core Benefit Deductible</b> applies to this benefit
<b>Treatment for Dental Emergency</b>	100% of costs up to \$10,000, and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for necessary <b>Treatment</b> as a result of an extra-oral impact, if <b>Treatment</b> is received within 48 hours from the date of the <b>Bodily Injury</b> or <b>Accident</b> , and is for the immediate relief of pain.	<b>Emergency Dental Cover</b>	<b>Core Benefit</b>	<b>Your Core Benefit Deductible</b> applies to this benefit
<b>Organ Transplant</b>	100% of costs, up to a <b>Lifetime Limit</b> of \$250,000	<b>We</b> will pay for <b>Organ Transplant</b> surgical <b>Treatment</b> and pre-operative assessments as an <b>In-Patient</b> or <b>Day-Patient</b> that <b>You</b> need because of an eligible condition. <b>We</b> will pay <b>Hospital</b> and <b>Physician</b> charges for <b>Medical Treatment</b> 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.	<b>In-Patient Cover</b>	<b>Core Benefit</b>	<b>Your</b> selected <b>Core Benefit Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Alternative medicine	100% of costs up to \$400, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for <b>Treatment</b> received from a qualified chiropractor, homeopath, osteopath, acupuncturist or Chinese medicine practitioner.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
<b>Physician</b> and paramedic fees	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for consultations with a medical practitioner, <b>Physician</b> , or specialist. This includes regular appointments that may be required for the management of <b>Chronic Conditions</b> .	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Diagnostics	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for: <ul style="list-style-type: none"> <li>• MRI, CT, and PET scans</li> <li>• X-rays</li> <li>• Laboratory tests</li> <li>• Other medically necessary diagnostic tests</li> </ul>	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Physiotherapy	100% of costs up to \$1,000, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b> ; this cap may not always be reached if <b>Your</b> cap exceeds the benefit limit.	<b>We</b> will pay for <b>Physiotherapy</b> performed by a qualified physiotherapist, when such <b>Treatment</b> has been recommended by a <b>Physician</b> . The benefit is limited to 12 sessions per condition.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Hormone replacement therapy	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for hormone replacement therapy where it is recommended by <b>Your Physician</b> for the management of relevant symptoms. This benefit does not offer cover for any hormonal <b>Treatment</b> directly or indirectly related to gender dysphoria.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Prescription Drugs and Medicines	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>  A 60 day supply of a prescription may be filled at one time	<b>We</b> will pay for medication prescribed by a <b>Physician</b> and which would not be available without a prescription. This covers regular medication needed for the ongoing management of <b>Chronic Conditions</b> , including HIV/AIDS.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Annual Health Checks	100% of costs up to \$750, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>  A 6 month waiting period applies to this benefit, if selected, from the <b>Commencement Date</b> , or from the <b>Renewal Date</b> if <b>Out-Patient Cover</b> is added at that stage; cover must be continuous during this waiting period	<b>We</b> 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 <b>Illness</b> or disease: <ul style="list-style-type: none"> <li>• Vital Signs (blood pressure, cholesterol, pulse, respiration, temperature etc)</li> <li>• Cardiovascular exam</li> <li>• Neurological exam</li> <li>• Blood tests</li> </ul>	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Vaccinations	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for medically necessary vaccinations which are recommended by public health authorities in the <b>Country of Residence</b> . <b>We</b> will not pay for elective inoculations required for travel.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Wellbeing tests	100% of costs up to \$450, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for routine gynaecological tests, mammograms, and prostate exams, and other routine <b>Cancer</b> screening tests.	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Home nursing	100% of costs up to 60 days, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for home nursing after eligible <b>In-Patient Treatment</b> , if it meets the following conditions: <ul style="list-style-type: none"> <li>• It is needed to provide medical care, not personal assistance; <u>and</u></li> <li>• It is necessary, meaning that without it <b>You</b> would have to stay in <b>Hospital</b>; <u>and</u></li> <li>• It starts immediately after <b>You</b> leave <b>Hospital</b>; <u>and</u></li> <li>• It is provided by a qualified nurse in <b>Your</b> home; <u>and</u></li> <li>• It is prescribed by <b>Your Physician</b></li> </ul>	Out-Patient Cover	Optional Additional Benefit	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Prescribed medical aids	100% of costs up to a <b>Lifetime Limit</b> of \$6,000; in each <b>Period of Insurance</b> , <b>Your Optional Additional Benefit Cap</b> will apply, but may not always be reached if <b>Your</b> cap exceeds this <b>Lifetime Limit</b>	<p>We will pay for medically necessary prosthetic appliances prescribed by a <b>Physician</b> or surgeon, such as:</p> <ul style="list-style-type: none"> <li>• Orthopaedic braces, hearing aids and artificial devices replacing body parts</li> <li>• Other durable equipment (including crutches and wheelchairs) customarily and generally useful to a person only during an <b>Illness</b> or <b>Bodily Injury</b></li> </ul>	<b>Out-Patient Cover</b>	<b>Optional Additional Benefit</b>	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Psychiatric, drug and alcohol abuse	100% of costs up to a <b>Lifetime Limit</b> of \$5,000; in each <b>Period of Insurance</b> , <b>Your Optional Additional Benefit Cap</b> will apply, but may not always be reached if <b>Your</b> cap exceeds this <b>Lifetime Limit</b>	<p>We will pay for <b>In-Patient</b> or <b>Out-Patient Treatment</b> in relation to psychiatric, mental and nervous disorders, alcoholism, or drug abuse detoxification. We will pay for <b>In-Patient</b> psychiatric care only where the <b>Out-Patient Optional Additional Benefit</b> is selected on the <b>Policy</b>.</p> <p>This benefit applies to all <b>Treatment</b> related to mental health conditions, drug and alcohol abuse.</p>	<b>Out-Patient Cover</b>	<b>Optional Additional Benefit</b>	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Speech therapy	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	We will pay for necessary speech therapy following an <b>Insured Event</b> which is covered under the <b>In-Patient Cover</b> section of this <b>Policy</b> . This benefit is only available if the <b>Out-Patient Cover Optional Additional Benefit</b> has been added.	<b>Out-Patient Cover</b>	<b>Optional Additional Benefit</b>	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Well-child care	100% of costs up to \$1,000, and subject to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for general health checks where symptoms are not present for children up to the age of 7 years.	<b>Out-Patient Cover</b>	<b>Optional Additional Benefit</b>	<b>Your</b> selected <b>Out-Patient Deductible</b> applies to this benefit
Maternity	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>  A 12 month waiting period applies to this benefit, if selected, from the <b>Commencement Date</b> , or from the <b>Renewal Date</b> if <b>Maternity Cover</b> is added at that stage; cover must be continuous during this waiting period	<b>We</b> will pay the following <b>Maternity Cover</b> benefits: <ul style="list-style-type: none"><li>• Ante-natal care</li><li>• <b>Hospital</b> charges, obstetricians' and midwives' fees for pregnancy and childbirth including elective caesarean section</li><li>• Post-natal care required by the mother immediately following normal childbirth</li></ul> <b>Notes</b>  Other conditions arising from pregnancy or childbirth can develop in <b>Insured Persons</b> who are not pregnant and may not be covered by this section; however, they may be covered elsewhere in <b>Your Policy</b> .	<b>Maternity Cover</b>	<b>Optional Additional Benefit</b>  Available to <b>Group Schemes</b> only	<b>Your Deductible</b> does not apply to this benefit
<b>Complications of Pregnancy</b> and <b>Complications of Childbirth</b>	100% of costs up to \$50,000; This benefit is only available if the <b>Maternity Cover</b> option is included with the <b>Policy (Group Schemes)</b> only  The <b>Optional Additional Benefit Cap</b> does not apply to this benefit  A 12 month waiting period applies to this benefit, if selected, from the <b>Commencement Date</b> , or from the <b>Renewal Date</b> if <b>Maternity Cover</b> is added at that stage; cover must be continuous during this waiting period	<b>We</b> will pay for medically necessary <b>Treatment</b> as a direct result of <b>Complications of Pregnancy</b> and <b>Complications of Childbirth</b> .	<b>Maternity Cover</b>	<b>Optional Additional Benefit</b>  Available to <b>Group Schemes</b> only	<b>Your Deductible</b> does not apply to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
<b>Congenital Defects</b>	100% of costs up to <b>Your</b> selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for <b>Congenital Defects</b> 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.	<b>Maternity Cover</b>	<b>Optional Additional Benefit</b>  Available to <b>Group Schemes</b> only	<b>Your Deductible</b> does not apply to this benefit
New-born care, including premature new-borns	100% of costs up to \$50,000, and limited to the first 30 days following birth  A 12 month waiting period applies to this benefit, if selected, from the <b>Commencement Date</b> , or from the <b>Renewal Date</b> if <b>Maternity Cover</b> is added at that stage; cover must be continuous during this waiting period	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 <b>Insured Person</b> and the cover will be subject to <b>Policy</b> terms.	<b>Maternity Cover</b>	<b>Optional Additional Benefit</b>  Available to <b>Group Schemes</b> only	<b>Your Deductible</b> does not apply to this benefit
<b>Routine Dental Treatment</b>	100% of costs up to <b>Your</b> relevant selected <b>Optional Additional Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>  A 6 month waiting period applies to this benefit, if selected, from the <b>Commencement Date</b> , or from the <b>Renewal Date</b> if <b>Routine Dental Cover</b> is added at that stage; cover must be continuous during this waiting period	<b>We</b> will pay for <b>Routine Dental Treatment</b> such as check-ups, X-rays, scale and polishing, fillings, and extractions (including wisdom teeth).  <b>We</b> will also pay for the services of a registered and currently licenced dentist for the repair, replacement or reinstatement of:  <ul style="list-style-type: none"> <li>• Fixed bridge work</li> <li>• Partial and full removal dentures</li> <li>• Crowns, inlays, onlays</li> <li>• Gold fillings but only when the tooth / teeth in question cannot be restored with amalgam, silicate acrylic or plastic</li> <li>• Implants</li> </ul>	<b>Routine Dental Cover</b>	<b>Optional Additional Benefit</b>	<b>Your Deductible</b> does not apply to this benefit
Orthodontic treatment for children under 18	100% of costs up to a <b>Lifetime Limit</b> of \$2,000, and subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for 100% of orthodontic treatment for a child up to the age of 18.	<b>Routine Dental Cover</b>	<b>Optional Additional Benefit</b>	<b>Your Deductible</b> does not apply to this benefit

# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your** selected **Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
<p><b>Emergency Medical Transfer or Evacuation</b></p>	<p>100% of costs, subject to <b>Your</b> selected <b>Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b></p>	<p>In the case of an <b>Insured Event</b> where medical evacuation or assistance is required, <b>We</b> will pay for travel to and from a medical facility if the following conditions are met;</p> <ul style="list-style-type: none"> <li>• The <b>Treatment</b> is medically necessary; <u>and</u></li> <li>• The <b>Treatment</b> is not available at a local or more local facility; <u>and</u></li> <li>• The <b>Treatment</b> requires admission as an <b>In-Patient</b> or <b>Day-Patient</b>, as covered under the <b>Core Benefits</b> of this <b>Policy</b>; <u>and</u></li> <li>• The <b>Treatment</b> takes place within the <b>Area of Cover</b></li> <li>• The <b>Treatment</b> takes place in the nearest appropriate location</li> </ul> <p>Following completion of <b>Treatment</b>, <b>We</b> will also cover the costs of the return trip, at economy fare rates, for the evacuated <b>Insured Person</b> to return to the <b>Country of Residence</b>.</p> <p>If medical necessity prevents the <b>Insured Person</b> from undertaking the evacuation or transport following discharge from an <b>In-Patient</b> episode of care, <b>We</b> will cover reasonable costs.</p> <p>Where an <b>Insured Person</b> has been evacuated to the nearest facility for ongoing <b>Treatment</b>, <b>We</b> will cover the reasonable costs.</p> <p>All decisions relating to the transport will be made and agreed by a <b>Physician</b> designated by <b>Us</b> in conjunction with treating professionals.</p> <p><b>We</b> do not cover costs related to room upgrades, communication costs, food and drink.</p>	<p><b>Assistance &amp; Evacuation</b></p>	<p><b>Optional Additional Benefit</b></p>	<p><b>Your Deductible</b> does not apply to this benefit</p>



# Policy Benefits

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



All benefits, including **Optional Additional Benefits**, are subject to a combined overall limit which is **Your selected Core Benefit Cap**

Benefit	Limit	Description	Type of Benefit	Category of benefit	Deductible
Accompanying person's <b>Travel Expenses</b>	100% of costs up to \$5,000 and capped at 15 days, and subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<p><b>We</b> will pay for the necessary return economy travel costs and accommodation expenses incurred for one <b>Close Relative, Relative in the First Degree</b>, or friend of an <b>Insured Person</b> to:</p> <ul style="list-style-type: none"> <li>Accompany the <b>Insured Person</b> to the nearest appropriate <b>Hospital</b> or <b>Treatment</b> facility in the case of an <b>Emergency Medical Transfer or Evacuation</b></li> <li>Accompany the remains of the <b>Insured Person</b> to his or her <b>Home Country</b> in the event of their death</li> </ul>	<b>Assistance &amp; Evacuation</b>	<b>Optional Additional Benefit</b>	<b>Your Deductible</b> does not apply to this benefit
Compassionate travel and accommodation expenses	100% up to \$5,000, and subject to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	<b>We</b> will pay for reasonable accommodation and travel costs for a maximum of 15 days, if <b>You</b> want to return to <b>Your Home Country</b> due to the death or hospitalisation, as a result of an <b>Accident</b> or <b>Critical Condition</b> , of a <b>Close Relative</b> or <b>Relative in the First Degree</b> . Economy travel class and accommodation only will be covered.	<b>Assistance &amp; Evacuation</b>	<b>Optional Additional Benefit</b>	<b>Your Deductible</b> does not apply to this benefit
Repatriation of mortal remains	100% of costs up to <b>Your selected Core Benefit Cap</b> shown on <b>Your Certificate of Insurance</b>	In the event of the death of an <b>Insured Person</b> when outside their <b>Home Country</b> , <b>We</b> will pay for the costs of ensuring that, as soon as reasonably practical, the mortal remains are returned to the <b>Insured Person's Home Country</b> and to the place of burial or cremation, or for the local internment of the body - whichever is requested by the <b>Insured Person's</b> immediate family.	<b>Assistance &amp; Evacuation</b>	<b>Optional Additional Benefit</b>	<b>Your Deductible</b> does not apply to this benefit



# Definitions

# Definitions

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



Term	Meaning
<b>Accident / Accidental</b>	Means a sudden and unforeseen incident caused by violent or external means. An <b>Acute Condition</b> or a <b>Chronic Condition</b> will not be considered an <b>Accident</b> under this <b>Policy</b> .
<b>Acute Condition(s)</b>	Means an <b>Illness</b> or <b>Bodily Injury</b> that are severe and sudden in onset, such as a broken bone or an asthma attack. (see <b>Chronic Conditions</b> for comparison purposes)
<b>Affinity Group(s)</b>	Is a term used to describe a group of people that <b>We</b> recognise as having a common interest or goal.
<b>Anniversary Date</b>	Means the annual <b>Policy Renewal Date</b> , each subsequent year the <b>Policy</b> is in force.
<b>Annual Limit</b>	Means the maximum benefit payable per <b>Insured Person</b> during each <b>Period of Insurance</b> .
<b>Area(s) of Cover</b>	Means the group of countries and territories available to and chosen by <b>You</b> and shown in <b>Your Policy</b> literature. These are the countries and territories where <b>We</b> will fund the costs of <b>Your</b> medical <b>Treatment</b> subject to the <b>Policy</b> and benefit limits. <b>Your</b> available <b>Areas of Cover</b> are shown on page 9. The <b>Areas of Cover</b> available to <b>You</b> are based on <b>Your Country of Residence</b> .
<b>Assistance &amp; Evacuation</b>	Means the <b>Type of Benefit</b> under which <b>Insured Events</b> relating to <b>Emergency Medical Transfer or Evacuation</b> are covered under this <b>Policy</b> , subject to the selected <b>Core Benefit Cap</b> .
<b>Bodily Injury</b>	Means an identifiable physical injury which is caused by an <b>Accident</b> , solely and independently of any other cause.

Term	Meaning
<b>Category of Benefit</b>	Means either <b>Core Benefit</b> or <b>Optional Additional Benefit</b> . If <b>You</b> have selected <b>Optional Additional Benefits</b> on <b>Your Policy</b> , the limit(s) <b>You</b> have chosen will be shown on <b>Your Certificate of Insurance</b> .
<b>Cancer</b>	Means a disease caused by uncontrolled division of abnormal cells in one or more parts of the body.
<b>Cancer Cover</b>	Means the <b>Type of Benefit</b> under which <b>Insured Events</b> relating to <b>Cancer</b> are covered under this <b>Policy</b> , subject to the selected <b>Core Benefit Cap</b> .
<b>Certificate of Insurance</b>	Means the document attached to and forming part of this <b>Policy</b> . It displays details of the <b>Insured Persons</b> , the <b>Area of Cover</b> , the <b>Period of Insurance</b> , the <b>Core Benefits</b> , <b>Optional Additional Benefits</b> (if selected), the benefit caps applicable, and any special terms and conditions or exclusions which may apply.
<b>Chronic Condition(s)</b>	Is an <b>Illness</b> or <b>Bodily Injury</b> that has more than one of the following characteristics: <ul style="list-style-type: none"> <li>• It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.</li> <li>• It needs ongoing or long-term control or relief of symptoms. <b>You</b> need to be rehabilitated or specially trained to cope with it.</li> <li>• It continues indefinitely.</li> <li>• It has no known cure.</li> <li>• A qualified <b>Physician</b> has indicated that it is likely to return.</li> </ul> <p>(See <b>Acute Conditions</b> for comparison purposes)</p>
<b>Close Relative</b>	Means <b>You</b> , <b>Your</b> spouse or life partner with whom <b>You</b> live on a permanent basis, parents and parents-in-law, siblings, and children.
<b>Co-Insurance</b>	Means that another <b>Policy</b> is in force covering the same <b>Insured Event</b> , in which case <b>We</b> may act on <b>Your</b> behalf to recover a contribution to <b>Our</b> costs.

# Definitions

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



Term	Meaning
<b>Commencement Date</b>	Means the date that the insurance is effective; this is after <b>We</b> have accepted <b>Your</b> application and the annual premium, or the first instalment has been paid.
<b>Complications of Childbirth</b>	Means the following medical conditions and procedures that arise during childbirth: <ul style="list-style-type: none"> <li>• Post-partum haemorrhage.</li> <li>• Retained placental membrane.</li> <li>• Medically necessary caesarean sections.</li> </ul>
<b>Complications of Pregnancy</b>	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: <ul style="list-style-type: none"> <li>• Ectopic pregnancy.</li> <li>• Gestational diabetes.</li> <li>• Pre-eclampsia.</li> <li>• Miscarriage.</li> <li>• Threatened miscarriage.</li> <li>• Stillbirth.</li> <li>• Hydatidiform mole.</li> </ul>
<b>Congenital Defect(s)</b>	Means medical conditions or physical abnormalities that are present prior to or from birth.

Term	Meaning
<b>Core Benefit Cap(s)</b>	Means one of: \$250k, \$1m, \$2m, or \$3m USD which is the combined overall maximum <b>Your Policy</b> will pay out for <b>Your Core Benefits</b> and <b>Optional Additional Benefits</b> per <b>Insured Person</b> , per <b>Period of Insurance</b> . <b>Your</b> chosen cap will be shown on <b>Your Certificate of Insurance</b> .
<b>Core Benefit(s)</b>	Means the elements of <b>Your Policy</b> which are included as standard, and which <b>We</b> will cover up to <b>Your</b> selected <b>Core Benefit Cap</b> and other applicable limits.
<b>Country of Residence</b>	Means the country or territory in which <b>You</b> live, which is not <b>Your Home Country</b> .
<b>Critical Condition(s)</b>	Means a potentially fatal <b>Illness</b> or <b>Bodily Injury</b> as confirmed, or reasonably suspected, by an appropriately qualified <b>Physician</b> . The condition must require immediate medical intervention and pose an imminent threat to life.
<b>Date of Entry</b>	Means the date on which an <b>Insured Person</b> joins a <b>Policy</b> .
<b>Day-Patient</b>	Means <b>Treatment</b> provided in a <b>Hospital</b> where an <b>Insured Person</b> is admitted and occupies a <b>Hospital</b> bed but is not required, out of medical necessity, to stay overnight.
<b>Deductible (also commonly known as an Excess)</b>	Is the amount or amounts payable per <b>Period of Insurance</b> , per <b>Insured Person</b> , as shown on <b>Your Certificate of Insurance</b> , before the <b>Policy</b> will pay eligible claims. The <b>Deductible</b> is applied to eligible claims until the <b>Deductible</b> amount has been fully met by <b>You</b> . The <b>Deductible</b> is renewed at each <b>Renewal Date</b> . If <b>You</b> have chosen <b>Out-Patient Cover</b> , it will be subject to their own separate <b>Deductible</b> which is distinct from <b>Your Core Benefit Deductible</b> . Where 0 <b>Deductible</b> is chosen, no amount is payable by <b>You</b> before the <b>Policy</b> will pay eligible claims, and mentions of <b>Deductible</b> should be read in this context.

# Definitions

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



Term	Meaning
<b>Dental Emergency</b>	Means consequences resulting from an extra-oral impact, requiring urgent <b>Treatment</b> taking place within 48 hours of the <b>Insured Event</b> .
<b>Dependant(s)</b>	Means an <b>Insured Person's</b> 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 <b>Certificate of Insurance</b> . Children must be under the age of 21 at the <b>Commencement Date</b> or <b>Renewal Date</b> of this <b>Policy</b> , or under the age of 23 if it can be demonstrated that they are going to be in full time education during the <b>Period of Insurance</b> .
<b>Early Termination</b>	Means the cancellation of <b>Your Policy</b> , and is subject to the following: <ul style="list-style-type: none"> <li>All policies are sold on a 12 month basis and are effective from the <b>Commencement Date</b> (as shown on the <b>Certificate of Insurance</b>) and end at midnight of the 365th day after the <b>Commencement Date</b> (the end date); unless stated otherwise by <b>Us</b>.</li> <li>In the first year of cover, <b>You</b> must notify <b>Us</b> 2 months before the <b>Renewal Date</b> if <b>You</b> wish to end <b>Your</b> cover.</li> <li>After the first year of cover, <b>Insured Persons</b> are required to give 1 month notice of <b>Early Termination</b>, which can be issued at any time.</li> <li><b>We</b> reserve the right to charge an administration fee of £25.00/€37.50/\$37.50 in the event of an <b>Early Termination</b>.</li> <li>An <b>Early Termination</b> will be permitted if no claims have been made in the current 12 month <b>Period of Insurance</b>.</li> <li>In the event of <b>Early Termination</b>, a pro-rata refund may be available in respect of complete months beyond the cancellation date. Where premiums are paid by instalments, <b>We</b> will not charge for any complete months beyond the cancellation date and <b>We</b> will refund any premium <b>You</b> 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.</li> <li>In the event of the death of the primary <b>Insured Person</b>, the same criteria will apply, but an administration fee will not be applied.</li> </ul>

Term	Meaning
<b>Elective Home Country Treatment</b>	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 <b>Insured Person</b> may elect to be treated in their <b>Home Country</b> provided that: <ul style="list-style-type: none"> <li>The <b>Insured Person</b> has selected the <b>Area of Cover</b> that includes the <b>Home Country</b>; and</li> <li>The <b>Insured Person</b> has obtained prior authorisation from <b>Us</b>; and</li> <li>The cost of <b>Treatment</b> does not exceed the cost for the same <b>Treatment</b> in the <b>Country of Residence</b>, except for the Executive <b>Policy</b>, where expenses will be paid in full.</li> </ul> <p>Applicable to all levels of cover.</p>
<b>Emergency Dental Cover</b>	Means the <b>Type of Benefit</b> under which <b>Insured Events</b> relating to <b>Emergency Dental Treatment</b> are covered under this <b>Policy</b> , subject to the selected <b>Core Benefit Cap</b> .
<b>Emergency Medical Transfer or Evacuation</b>	Means the medically necessary expense of emergency transport when approved by <b>Us</b> .

# Definitions

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



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

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

# Definitions

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



Term	Meaning
<b>Maternity</b>	Means any medically necessary costs incurred during pregnancy and / or childbirth, including <b>Hospital</b> charges, specialist fees, the mother's pre and post-natal care, and midwife fees (during labour only) as well as new-born care.
<b>Maternity Cover</b>	Means the <b>Type of Benefit</b> under which <b>Insured Events</b> relating to <b>Treatment</b> for <b>Maternity</b> is covered under this <b>Policy</b> , subject to the selected <b>Optional Additional Benefit Cap</b> . <b>Maternity Cover</b> is available to <b>Group Schemes</b> only.
<b>Medical Expenses</b>	Means the usual <b>Reasonable and Customary Charges</b> incurred for <b>Treatment</b> of an <b>Accident, Bodily Injury</b> or <b>Illness</b> a result of an <b>Insured Event</b> .
<b>Medical Treatment Outside Your Area of Cover</b>	Means medical <b>Treatment</b> that <b>We</b> will pay for in respect of <b>Bodily Injury</b> or <b>Acute Condition</b> when the <b>Insured Person</b> is outside their <b>Area of Cover</b> for a maximum of 60 days in total. Emergency coverage excludes: <ul style="list-style-type: none"> <li>• Routine medical <b>Treatment</b>.</li> <li>• <b>Treatment</b> which could have been postponed until <b>Your</b> return to <b>Your Country of Residence</b>.</li> <li>• <b>Treatment</b> which has been planned in advance.</li> <li>• <b>Treatment</b> arising from circumstances that could have been reasonably anticipated by the <b>Insured Person</b>.</li> </ul>
<b>Optional Additional Benefit Cap(s)</b>	Means the caps applicable to each <b>Optional Additional Benefit</b> , if selected, and payable once per <b>Insured Person</b> , per <b>Period of Insurance</b> . <b>Optional Additional Benefits</b> are also subject an overall limit, which is <b>Your Core Benefit Cap</b> .
<b>Optional Additional Benefit(s)</b>	Means <b>Out-Patient Treatment, Routine Dental Cover</b> , (other than <b>Emergency Dental Cover</b> ), <b>Maternity Cover</b> , and <b>Emergency Medical Transfer or Evacuation</b> , which are not automatically included with <b>Your Policy</b> and may each be added on. <b>Your Optional Additional Benefit Cap(s)</b> , if applicable, will be shown on <b>Your Certificate of Insurance</b> .
<b>Organ Transplant</b>	Means medical <b>Treatment</b> 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.
<b>Out-Patient</b>	Means <b>Treatment</b> or care provided when an <b>Insured Person</b> does not require admission to a medical facility.

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

# Definitions

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



Term	Meaning
<b>Pre-Existing Medical Conditions</b>	<p>This definition applies to all underwriting terms. <b>Pre-existing Medical Conditions</b> are defined as conditions which meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <li>The condition is known by <b>You</b> and has been diagnosed.</li> <li><b>You</b> have sought medical advice for symptoms related to the condition before. This could mean that <b>You</b> did not receive a diagnosis prior to <b>Your Commencement Date</b>; however, it may later become apparent that the condition was in existence at that time <b>You</b> applied for cover.</li> <li>There is evidence of a causal link between a <b>Pre-existing Medical Conditions</b> and <b>Your</b> new diagnosis or symptom.</li> <li><b>You</b> failed to follow medical advice, leading to or resulting in a diagnosis after <b>Your Commencement Date</b>.</li> </ul>
<b>Premature</b>	Means born after a gestation of fewer than 37 weeks.
<b>Prescription Drugs and Medicine(s)</b>	Means medication approved by a government agency in the country of <b>Treatment</b> 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 <b>Treatment</b> country. Items which may be purchased without a prescription are not covered by the <b>Policy</b> .
<b>Relative in the First Degree</b>	Means the <b>Insured Person's</b> 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 <b>Certificate of Insurance</b> .

Term	Meaning
<b>Reasonable and Customary Charge(s)</b>	<p>Means charges that have been assessed as <u>both</u> reasonable and customary by <b>Us</b> in relation to <b>Your</b> claim. Where a valid claim arises, <b>We</b> will consider whether the associated costs are <u>both</u> reasonable and customary for the region in which <b>Treatment</b> is taking place.</p> <p><u>Reasonable</u>: This is determined by <b>Us</b> using knowledge of the average costs of <b>Treatment</b> in the country where it takes place.</p> <p><u>Customary</u>: This is determined by <b>Us</b> in consideration of local or regional approaches to the provision of medical <b>Treatment</b>. Such approaches can differ around the world. <b>We</b> will always prioritise the safe and effective <b>Treatment</b> of <b>Insured Persons</b>.</p>
<b>Rehabilitation</b>	Means <b>Treatment</b> recommended by a <b>Physician</b> for medical reasons following <b>Accident, Bodily Injury, Illness</b> , or post-operative <b>Treatment</b> covered by the <b>Policy</b> intended to aid recovery. The service must be performed by a qualified rehabilitation specialist in a rehabilitation facility.
<b>Renewal Date</b>	Means the annual anniversary of the <b>Commencement Date</b> .
<b>Routine Dental Cover</b>	Means the <b>Type of Benefit</b> under which <b>Insured Events</b> relating to <b>Routine Dental Treatment</b> are covered under this <b>Policy</b> , subject to the selected <b>Core Benefit Cap</b> .
<b>Sport(s)</b>	<p>Means any activities requiring physical effort or skill, including extreme sports and those considered hazardous, that are carried out in any or all of the following capacities:</p> <ul style="list-style-type: none"> <li>In casual or organised competition with another individual or group of individuals</li> <li>On <b>Your</b> own, whether or not affiliated to a group or team (for example, mountaineering, caving, or horse riding)</li> <li>For the expression or improvement of physical or mental wellbeing, whether or not advised by a <b>Physician</b></li> <li>In accordance with an agreed set of rules or conventions</li> </ul>



# Definitions

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Term	Meaning
<b>Table of Benefits</b>	Means the section of this <b>Policy</b> wording stating the benefits provided under each of the available <b>Policy Sections</b> and the <b>Optional Benefits</b> if selected.
<b>Terminal Illness</b>	Means a <b>Bodily Injury</b> or <b>Illness</b> that cannot be cured or adequately treated and is reasonably expected to result in the death of the patient within 12 months.
<b>Travel Expenses</b>	Means the <b>Reasonable and Customary Charges</b> associated with necessary transport, utilising the 'economy' class of transport available.
<b>Treatment(s)</b>	Means any medically necessary surgical procedures or medical interventions which may be required to treat an <b>Accident, Bodily Injury, or Illness</b> or to provide for the relief of <b>Acute Conditions</b> and <b>Chronic Conditions</b> when covered by the <b>Policy</b> .
<b>Type(s) of Benefit</b>	Means the category under which <b>Insured Events</b> are covered by <b>Us</b> under the <b>Policy</b> . Some <b>Types of Benefit</b> are included as standard, and others may be added by <b>You</b> .
<b>Vaccination(s)</b>	Means immunisations and booster injections and medically necessary travel vaccinations.
<b>We / Us / Our</b>	Means HCI acting on behalf of the <b>Insurer(s)</b>
<b>You / Your / Group / Insured Person(s)</b>	Means the <b>Insured Persons</b> or individuals or <b>Group Scheme</b> and its employees, named on the <b>Certificate of Insurance</b> and covered by the <b>Policy</b> .

# Definitions

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



## **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.

With NIMBL Health, **Our** aim is to make **Your** cover as transparent as possible; to this end, **We** will initially assess **Your** medical history and quote a premium, or **We** will decline the application.

If **We** are unable to accept **Your** application due to the existence of a **Pre-Existing Medical Condition** that is deemed high risk, **You** may opt to request that **Your** application is reconsidered and a medical exclusion applied. In these instances, the condition will be excluded permanently; however, in some instances **We** may review the exclusion at the point of renewal, upon request.

## **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.



# 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, and may result in **Your Policy** being terminated. 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 **Group Schemes** of 6 or more **Insured Persons** 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**.

# General Conditions

## Your obligations



### Things You must or must not do

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** 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 therefore 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, minus an admin fee of \$37.50. 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-authorized 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.

A photograph of a family in a living room. A man in a white tank top is kneeling on a patterned rug, smiling. A woman in a grey long-sleeved shirt and dark pants is leaning over him, also smiling. A young girl in a white dress is sitting on the rug, looking up at the man. In the background, there is a grey sofa, a wooden shelving unit with books and decorative items, and a window with light-colored curtains.

# General Exclusions

# General Exclusions

These are the exclusions that apply to all Policies



## 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.

# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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.

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. This includes:

- 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.
- 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.

# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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.

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.

# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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.

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.

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.
- Any **Maternity** costs for **Insured Persons** not covered under a **Group Scheme**.

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

# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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

- The **Insured Person**'s suicide or self harming.
- **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.

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.

# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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 **Sport** where one or both of the following conditions are met:

- The **Sport** was undertaken in a professional or semi-professional capacity, whether or not under a contract for remuneration, and including training for such activities; and/or,
- The **Sport** was not undertaken in accordance with safety requirements or instructions, regardless of the capacity in which it occurred.

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.

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**.



# General Exclusions

These are the exclusions that apply to all Policies



## These things are always excluded under Your Policy

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 **Treatments**, 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, please contact **Us** using the following details:

E-mail - [claims@healthcareinternational.com](mailto:claims@healthcareinternational.com)

Telephone - +44 (0) 20 3906 4000 or +44 (0) 20 7590 8816

If **You** are in an emergency and need **Our** immediate assistance, please use the following details:

Tel.: +44 (0)20 7590 8816 or +44 (0)20 3906 4000

USA Claims: 1-888-689-9661

(Toll free number within USA and Canada)

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 mental 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 180 days of the date the **Treatment** started.
- 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 & 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](mailto: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](mailto: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](http://www.financial-ombudsman.org.uk)

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

#### **MGEN and MGEN Portugal**

**Email:** [clients@vyv-ib.com](mailto:clients@vyv-ib.com)

**Post:** VYV International Benefits, 3 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 and assistance benefits covered by MGEN Portugal: 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 Portugal 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](mailto:le.mediateur@mediation-assurance.org) or on the dedicated website on [www.mediation-assurance.org](http://www.mediation-assurance.org)



# Legal & Regulatory

# Legal and regulatory information



## **Incorporation Details**

Company: HealthCare International Europe GmbH  
Registered address: Kamener Str. 110, 59425 Unna  
Telephone: +49 2303 9409904  
Email: [Ian.Wood@healthcareinternational.com](mailto: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](http://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](http://www.dortmund.ihk24.de)

## **MGEN Authority:**

The authority responsible for regulating MGEN is the Autorité de Contrôle Prudentiel et de Résolution (ACPR), 4 Place de Budapest - CS 92459 - 75436 Paris Cedex 09, France.

## **MGEN Portugal Authority :**

The supervisory authority for MGEN Portugal is the Autoridade de Supervisão de Seguros e Fundos de Pensões located at Av. da República 76, 1600-205 Lisbon, Portugal.



# Important information



## 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.
- 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. Please see **Early Termination**.

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.	

# 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.

Your **Insurer** will be either MGEN or MGEN Portugal as confirmed on **Your Certificate of Insurance**.

MGEN: **Our** products are underwritten by VYV International Benefits, representing MGEN, and MGEN Portugal.

## **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 health and assistance benefits relating to individual Policies**

MGEN Portugal, Companhia de Seguros, S.A, Portuguese insurance company regulated by the Authority of Supervision of Insurance and Pension Funds, with a share capital of 7,500,000 euros, registered under the number 517503131, and its registered office located 11 Rua Duque de Palmela, Piso 1, A 1250-097, Lisbon, Portugal

## **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.

# Important information



## 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:

- MGEN or MGEN Portugal : Data Protection Officer, VYV International Benefits – 3 square Max Hymans, 75748 Paris Cedex 15, France or by e-mail: [dpo@vyv-ib.com](mailto: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](http://www.healthcareinternational.com/privacy-policy).