International Medical Insurance

Insurance Product Information Document

Company: Healthcare International Europe GmbH

Product: NIMBL Plan

Insurer : MGEN Portugal or MGEN

HealthCare International Europe GmbH, Registered address: Kamener Str. 110, 59425 Unna, Germany (Company No. HRB 10577). Authorised and regulated by the German Federal Financial Supervisory Authority (Bundesanstalt für Finanzdienstleistungsaufsicht).

This document provides a summary of the insurance cover. Full policy terms are available upon request by calling +44 (0)20 7590 8800 and are also included in your membership pack and on your certificate of insurance which you will receive after purchase. It is important you read all documents carefully.

What is this type of insurance? The group insurance policy has been taken out by the Policyholder Association « Association pour la Solidarité entre Personnes en Mobilité Internationale » (ASPMI) with VYV International Benefits, acting on behalf of MGEN Portugal. Its purpose is to provide international private medical insurance designed for the internationally mobile. It provides cover within the chosen cover zone for a range of medical treatments and associated costs.

What is insured?

Core Benefits – included with all plans

Variable annual policy limit options of $250,000, $1,000,000, $2,000,000 and $3,000,000 per insured person as chosen by the policy holder, unless a sub-limit is mentioned

Inpatient Cover

- ✓ Accommodation, operating theatre, and recovery room
- ✓ Day-care surgery, treatment and diagnostic procedures
- ✓ Emergency care
- ✓ Medical second opinion
- ✓ Nursing
- ✓ Prescription drugs and medicines
- ✓ Physician, specialist, surgeon, and anaesthetist fees
- ✓ Organ transplant up to a **lifetime limit** of $250,000
- ✓ Rehabilitation following inpatient treatment up to 60 days
- ✓ Eye surgery (illness and accidents only)

Additional Core Benefits

- ✓ Cancer cover
- ✓ Hospice and Terminal Care cover up to a **lifetime limit** of $200,000
- ✓ Renal dialysis up to $80,000
- ✓ Treatment for dental emergency (accidents only for immediate pain relief) up to $10,000
- ✓ Road ambulance

Optional Additional Benefits - where selected and premium paid

Outpatient Cover

Variable annual policy limit options of $2,500, $7,500 and full refund (up to 100% of the Core Benefit Limit) per insured person as chosen by the policy holder, unless a sub-limit is mentioned

- ✓ Alternative Medicine up to $400
- ✓ Physician and paramedic fees
- ✓ Diagnostics
- ✓ Physiotherapy up to $1,000
- ✓ Prescribed drugs
- ✓ Annual health checks up to $750
- ✓ Vaccinations
- ✓ Well-being tests up to $450
- ✓ Home nursing up to 60 days
- ✓ Prescribed medical aids up to a **lifetime limit** of $6,000; Your Optional Additional Benefit Cap applies annually but may not always be reached if Your cap exceeds the **lifetime limit**.
- ✓ Psychiatric treatment up to a **lifetime limit** of $5,000; Your Optional Additional Benefit Cap applies annually but may not always be reached if Your cap exceeds the **lifetime limit**.
- ✓ Speech therapy
- ✓ Well-child care up to $1,000

Routine Dental Cover

Variable annual policy limit options of $1,000, $2,000 and $3,000 per insured person as chosen by the policy holder, unless a sub-limit is mentioned

- ✓ Check-ups, diagnostics, scale and polishing, fillings, extractions
- ✓ Fixed bridge work, crowns, inlays, onlays
- ✓ Orthodontics (for children under 18) up to a **lifetime limit** of $2,000

What is insured? (continued)

Assistance and Evacuation Cover

Where this benefit is chosen, the respective Core Benefit Limit applies

- ✓ Emergency medical transfer or evacuation
- ✓ Accompanying person's travel expenses up to $5,000 up to 15 days
- ✓ Compassionate travel and accommodation expenses up to $5,000
- ✓ Repatriation of mortal remains

Maternity Cover – available to Group Schemes only

A $5,000 annual benefit limit is automatically included with Group Schemes only. This benefit can also be deselected; annual benefit limits can be increased to $10,000 and $15,000 per insured person

- ✓ Maternity care including ante- and post-natal care, child delivery and elective c-section
- ✓ Complications of pregnancy and childbirth
- ✓ New-born care including premature new-borns up for 30 days from birth
- ✓ Congenital defects inpatient treatment up to 90 days from birth

What is not insured?

- ✗ Undisclosed pre-existing medical conditions
- ✗ Cover from Optional Additional Benefits unless they have been selected and premium has been paid
- ✗ Treatments that are not medically necessary as determined by a medical professional
- ✗ Cosmetic surgery and treatments and any consequences thereof
- ✗ Experimental treatment
- ✗ Contraception, sterilisations, fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment and infertility
- ✗ Professional sports. Dangerous and hazardous sports are also excluded unless disclosed to and accepted by us
- ✗ Reckless acts or intentional injury by you
- ✗ Areas of conflict or war zones

Are there any restrictions on cover?

- ! Pre-authorisation is required for many benefits
- Claims are subject to any chosen deductible as shown in your certificate of insurance for applicable benefits
- ! Cover for COVID-19 is subject to a 30-day waiting period from the time of purchase
- ! Medical treatment costs and fees must be reasonable and customary according to our experience in the country where treatment is received
- ! We will cover the supply of prescription medications for up to 60 days only at one time
- ! Applicable to Maternity Cover for group schemes only:
  - New-born and premature birth cover is only available for the first 30 days following birth to infants of a covered pregnancy
  - Congenital defects cover is only available for the first 90 days following birth provided the pregnancy is covered and infants have had continuous cover effective from their date of birth
- ! The following waiting periods:
  - Organ transplant: 24 months from initial policy inception
  - For all maternity and newborn care: 12 months from policy inception (applicable to group schemes only)
  - For annual health checks and routine dental claims: 6 months from the **Optional Additional Benefits policy inception**

Where am I covered?

- ✓ This plan provides cover in the countries listed according to the cover zone you have selected and as shown on your certificate of insurance. If you travel outside of the stated cover zone, we will provide limited cover for emergency medical treatment only for up to 60 days of travel per policy year. This benefit is limited to 60 days and $60,000 / €52,000 / £42,000 of travel per policy year if you receive treatment in the USA or surrounding islands.
- ✓ You are covered for elective home country inpatient treatment provided that:
  - your home country is not excluded from your chosen cover zone
  - you have sought pre-authorisation
  - treatment costs do not exceed those of your country of residence

What are my obligations?

- You must disclose medical history and all material facts
- You must keep your premium payments up to date
- You must obtain pre-authorisation before undertaking any inpatient, day patient and any other benefits where this is stated in the 'How to Claim' guide in line with your terms and conditions as otherwise this may result in a 25% reduction of your reimbursement
- You must pay the agreed deductible as shown on your certificate and where applicable to benefits
- You must tell us straight away if your country of residence, your nationality or any other personal details change
- You must tell us if you have any other insurance or government scheme that also provides medical benefits

When and how do I pay?

- Premiums are payable in USD and in advance of cover being provided
- Premiums can be paid quarterly, semi-annually or annually by credit card, debit card or bank transfer

When does the cover start and end?

- Your policy starts at the agreed date once you have confirmed acceptance of the policy terms and conditions and paid your policy premium
- Your policy runs for a full calendar year and will be renewed automatically for a further year and payment taken, unless you tell us in writing 2 months prior to your policy end date that you do not wish to renew your annual policy
- Please refer to your certificate of insurance for the exact cover start and end dates

How do I cancel the contract?

- You may cancel your policy in writing within 14 days of the certificate of insurance issue date and receive a full refund provided you have not made any claims or made use of your policy in any other way (the full refund only applies in the first policy year, not for renewals).
- If you do not cancel your policy during the 14-day cooling off period your policy will continue for the full 12-month period following inception.
- You may cancel your policy prior to renewal giving a minimum of 2 months' notice before the end of the first 12-month policy period.
- Thereafter, you can cancel your policy at any stage if you have not made any claims, as long as you provide notice of one month. A $37.50 administration fee will apply.

HealthCare International Europe GmbH, Kamener Str. 110, 59425 Unna, Germany. Telephone: +49 2303 9409904. Managing Director: Ian Wood; Email: ian.wood@healthcareinternational.com.
A Registered Insurance Intermediary authorised acc. to § 34 d para. 1 GWO [German Trade Regulation] with reg. no.: D-IVZX-JTLRH-97. Registry court of Hamm, HRB 10577. Tax number 316/5736/0646. Health Protect, Integra Global and MarineSure are trading names of HealthCare International Europe GmbH.
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
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).