

International Medical Insurance



Insurance Product Information Document
Company: Healthcare International Europe GmbH
Insurer: MGEN Portugal or MGEN

Product: Protector 21 Premium Plan

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 expatriates who are living away from their country of nationality. It provides cover for a range of medical and associated costs for treatment incurred in the territories named.



What is insured?

Annual policy limit of \$2,000,000 / €1,700,000 / £1,400,000 per insured person, unless a sub-limit is mentioned

Hospital inpatient treatment

- ✓ Accommodation, operating theatre, and recovery room
- ✓ Treatment for congenital defects
- ✓ Day-care surgery / treatment
- ✓ Diagnostic procedures
- ✓ Nursing
- ✓ Prescription drugs and medicines
- ✓ Physician, specialist, surgeon, and anaesthetist fees
- ✓ Eye surgery (illness and accidents only)

Outpatient and Preventative Treatment

- ✓ Physician and paramedic fees: 75% of costs
- ✓ Physiotherapy: up to 12 sessions per condition
- ✓ Prescribed drugs: up to \$1,000 / €860 / £710
- ✓ Diagnostic tests / treatments: 75% of costs
- ✓ Health checks: up to \$400 / €340 / £280
- ✓ Vaccinations: up to \$250 / €210 / £170
- ✓ Well-being (routine gynaecological tests, mammograms, and prostate examinations): up to \$450 / €390 / £320
- ✓ Well child care (up to age 7): up to \$1,000 / €860 / £710

Hospice and terminal care

- ✓ Physical, psychological, social, spiritual care and hospital or hospice accommodation, nursing and prescription medicines up to \$200,000 / €170,000 / £140,000 (**lifetime benefit limit**)

Cancer treatment

- ✓ Chemotherapy, radiotherapy, oncology, diagnostics, and prescribed drugs for treatments received as in-patient, day-patient, or out-patient

Maternity and childbirth

- ✓ Normal pregnancy and childbirth: up to \$15,000 / €13,000 / £10,700
- ✓ Complications of pregnancy and childbirth: up to \$500,000 / €430,000 / £350,000
- ✓ New-born and premature births cover: up to \$150,000 / €130,400 / £107,100

Transportation

- ✓ Emergency medical evacuation and medical repatriation
- ✓ Road ambulance
- ✓ Repatriation of mortal remains

Other Benefits

- ✓ Personal Accident cover (in case of death by accident for members over the age of 18): \$25,000 / €21,700 / £17,800
- ✓ Home nursing for a maximum of 60 days
- ✓ Rehabilitation / convalescence for a maximum of 45 days

Optional benefits (where selected and premium paid)

- **Dental treatment:** emergency treatment; 75% of costs for routine / restorative treatment; 50% of costs for crowns, bridges, dentures, implants, orthodontic treatment (the total combined limit is up to \$4,000 / €3,400 / £2,800 – sub-limits apply)
- Increased **Personal Accident** limit



What is not insured?

- ✗ Pre-existing conditions unless disclosed to and accepted by us
- ✗ Dental treatment (unless selected and premium paid)
- ✗ Vision care
- ✗ Prescribed medical aids
- ✗ Psychiatric, drug or alcohol dependency treatment
- ✗ Treatments that are not medically necessary as determined by a medical professional
- ✗ Cosmetic surgery and treatments
- ✗ Experimental treatment
- ✗ Care or treatment arising directly or indirectly from HIV or AIDS
- ✗ 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 agreed deductible / co-pay being applied
- ! 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 based on the average amount charged according to our experience in your country of treatment
- ! Maternity benefits do not apply to planned home birth and complications thereof
- ! New-born and premature births cover is only available for the first 30 days following birth to infants of a covered pregnancy and where the mother has had continuous cover of 12 months prior to birth
- ! 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
- ! Personal Accident cover excludes claims relating to war, terrorism, natural causes, pre-existing conditions, deliberate acts, and some sports
- ! The following waiting periods apply:
 - For all Maternity claims: 12 months from initial policy inception
 - For Health Check claims: 12 months from initial policy inception

Restrictions relating to Optional Benefits:

- ! The following waiting periods apply:
 - For all non-emergency dental claims: 6 months



Where am I covered?

- ✓ This plan provides cover in the countries according to the area of cover you have selected as shown on your certificate of insurance. If you travel outside of the stated area of cover, we will provide limited cover for emergency medical treatment for up to 60 days of travel per policy year. This benefit is limited to \$50,000 / €43,000 / £35,000 and a maximum of 50 days of travel per policy year if you receive treatment in the Area1 countries.
- ✓ You are covered for elective home country treatment provided that:
 - your home country is not excluded from your chosen area of cover
 - the expense of such treatment in your home country does not exceed that in your country of residence
 - your expatriate status has not changed
 - you have sought pre-authorisation



What are my obligations?

- You must disclose medical history and all material facts
- You must always 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 policy terms and conditions as otherwise this may result in a 25% reduction of your reimbursement
- You must pay the agreed deductible and co-pay as shown on your certificate and where applicable to benefits
- You must tell us straight away if you are no longer an expat, if your country of residence or the country of your nationality changes
- 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 the currency you have chosen and in advance of cover being provided
- Premiums can be paid in instalments, but the annual insurance contract period is unaffected by this. Due to the differing risk profile associated with instalment-paying customers, a surcharge will apply if premiums are not settled in full at the outset. Surcharges are: Semi-Annual 4%; Quarterly 5%; Monthly 8%
- Premiums can be paid by credit card (monthly, quarterly, semi-annually, or annually) or by bank transfer (if paying semi-annually or annually only)



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
- We reserve the right to charge an administration fee where applicable.



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)
- 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 and a \$€£100.00 administration fee will be due.