



HCI GROUP

Student Health Policy Wording

Contents

About HCI Group	3
Welcome to HCI	5
Policy Introduction	6
How The Healthcare Plan Operates	7
About Student Health	8
Table of Benefits	9
Definitions	17
General Exclusions	29
General Conditions	38
Making a Claim	43
Complaints & Key Contacts	45
Legal & Regulatory	47

About HCI Group

Incorporation Details

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Commercial register: Registry court of Hamm, HRB 10577
Tax number: 316/5736/0646

Intermediary Status

Information pursuant to § 11 of the Ordinance on Insurance Brokerage and Consulting (VersVermV):
HealthCare International Europe GmbH is an independent insurance intermediary and is registered with the Dortmund Chamber of Industry and Commerce under registration no. D-IVZX-JTLRH-97 in the insurance intermediary register in accordance with § 34 d para. 1 Gewerbeordnung.

Validation

The entry in the intermediary register can be validated as follows:
Deutscher Industrie- und Handelskammertag e. V., Breite Str. 29, 10178 Berlin,
Tel.: +49 (0) 180-500-585-0, www.vermittlerregister.org

Licensing Authority

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

About HCI Group

HCI Group is a Managing General Agent that manufactures and distributes private medical insurance as well as life and disability insurance. **Our** products are primarily designed to meet the needs of internationally mobile individuals including students, who are studying outside their **Home Country**. This **Policy** is specifically designed to cover students for a range of **Medical Expenses** and other unexpected costs.

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 of **Our** regulation can be found in the German Industrial code (GewO). HCI Group staff operate from the United Kingdom. HealthCare International Europe GmbH - UK branch is an Appointed Representative HealthCare International Global Network Limited, which is authorised and regulated by the Financial Conduct Authority in the United Kingdom.

Our medical insurance products are underwritten by VYV International Benefits, representing MGEN Portugal – Companhia de Seguros, S.A.

MGEN Portugal, Companhia de Seguros, S.A, is 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.

Welcome to HCI

Dear Valued Customer,

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

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

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

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

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



Chief Executive Officer, HCI Group

About Student Health

This **Policy** is suitable for students who are studying outside their **Home Country** who need cover for new, unforeseen medical and assistance-related expenses.

There is no medical underwriting for this **Policy**, so **You** are guaranteed to be accepted as long as **You** meet **Our** joining criteria. **Pre-Existing Conditions** are excluded, so the **Policy** will cover eligible expenses that arise after the **Commencement Date**.

Your Area of Cover on this **Policy** is: worldwide excluding the USA.

The **Deductible** on **Your Policy** is \$€£50; this will apply to each and every **Insured Event**.

Eligibility & important information

- **You** must be enrolled in full-time or part-time education.
- **You** must be living as a student outside **Your Home Country**.
- **You** may select a **Commencement Date** up to 3 months in the future; **Your** cover will only become active once from the **Commencement Date** and once **You** have left **Your Home Country**.
- **You** must be at least 17 years of age, and not older than 35, at the time of joining.
- **You** are the only person covered under this **Policy**.
- **You** are insured for 12 months from the **Commencement Date**; the **Policy** may be renewed a maximum of two times (subject to **Your** request and **Our** acceptance) - meaning that a total of 3 years' continuous cover may be available to **You**.
- **Pre-Existing Conditions** are not covered under any circumstances.
- **Foreseen Treatment and Insured Events** are not covered under this **Policy**. **We** will only pay claims arising from conditions and circumstances that arise in their entirety after the **Commencement Date**.



HCI GROUP

Table of Benefits

TABLE OF BENEFITS

Policy Features	Student Health
Annual Limit per Period of Insurance	\$€€750,000
Maximum amount payable for medical benefits per Period of Insurance	\$€€200,000
Deductible(s)	\$€€50 Applicable per claim



TABLE OF BENEFITS: IN-PATIENT AND DAY-PATIENT CARE

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person per Period of Insurance**.

IN-PATIENT AND DAY-PATIENT CARE			
You must seek pre-authorisation from us, or notify us as soon as possible after admission in the case of an emergency			
Benefit	Description	Deductible Applies?	Benefit Limit
Surgery	We will pay for the costs relating to admission to Hospital as an In-Patient or Day-Patient for planned Surgery . This includes Your accommodation, operating theatre, recovery room, Prescription Drugs and Medicines , and associated pre-operative costs.	Yes	100%
Hospital admission	We will pay for Treatment received in Hospital as an In-Patient or Day-Patient , including Physicians' and nursing fees. This includes emergency care and associated Treatment .	Yes	100%
Examination and medical care in Hospital lasting fewer than 24 hours	We will pay for medical investigations taking place in a Hospital following an emergency or other urgent medical need.	Yes	100%
Diagnostic tests, pharmacist charges, paramedic fees	We will pay for Medically Necessary diagnostic tests conducted while admitted to Hospital as an In-Patient or Day-Patient , including but not limited to the following: CT scans, PET scans, MRI scans, blood tests	Yes	100%
Hospitalisation for mental health reasons or nervous disorders	We will pay for costs associated with Your admission to Hospital or other appropriate facility for the Medically Necessary Treatment of mental health conditions.	Yes	100%
Hospital Cash Benefit	In the event that You receive Treatment in Hospital as an In-Patient which is covered at a 100% by another provider or local healthcare scheme, We will pay You a daily allowance.	No	\$€€20 per day

TABLE OF BENEFITS : OUT-PATIENT CARE

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person** per **Period of Insurance**.

Out-Patient Care			
Benefit	Description	Deductible Applies?	Benefit Limit
Diagnostic tests, pharmacist charges, paramedic fees	We will pay for diagnostic tests, pharmacist charges, and paramedic fees incurred as an Out-Patient . This benefit includes MRI, CT and PET scans and Prescription Drugs and Medicines for the Treatment of mental health disorders.	Yes	100%
Consultations with medical specialists for mental health reasons or nervous disorders	We will pay for Out-Patient appointments and consultations with a GP, consultant, or other specialist.	Yes	100% up to 5 consultations
Physiotherapy	Upon medical advice and receipt of a referral letter, We will pay for Treatment with a physiotherapist and associated medical auxiliary staff as an Out-Patient .	Yes	100%
Medical and orthopaedic equipment	Following an Accident , We will pay for prostheses, equipment, glasses, frames and lenses (in case of breakage or substantial loss of vision)	No	\$€€300
Out-patient Surgery	We will pay for the costs relating to Out-Patient Surgery carried out by a medical practitioner, Physician , or specialist. This includes the Hospital and Physician fees as well as any follow up care	Yes	100%

TABLE OF BENEFITS : WELLNESS & DENTAL

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person per Period of Insurance**.

Wellness and Dental Care			
Benefit	Description	Deductible Applies?	Benefit Limit
Anti-COVID vaccines	We will pay for routine anti-COVID vaccines.	No	100%
Dental Emergency	We will pay for necessary Treatment as a result of an extra-oral impact, if Treatment is received within 48 hours from the date of the Bodily Injury or Accident , and is for the immediate relief of pain.	No	\$€€300
Dental Treatment following an Accident	We will pay for reconstructive Treatment in the event of an Accident causing severe injury to one or more teeth.	No	\$€€600

TABLE OF BENEFITS : DEATH & DISABILITY

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These benefits are payable once.

Death & Disability			
Benefit	Description	Deductible Applies?	Benefit Limit
Death lump sum	<p>We will pay this lump sum in the event of Your death, occurring due to any cause. In the event that Your death occurs as a result of an Accident, your lump sum increases to \$€€9k, see 'Accidental death lump sum'</p> <p>Once this benefit is paid, the Policy will end and We will have no further liability.</p>	No	\$€€1,000
Accidental death lump sum	<p>We will pay this lump sum in the event of your death in the event of an Accident.</p> <p>We will not pay unless the death is shown to have been caused as a direct consequence of an Accident</p> <p>Once this benefit is paid, the Policy will end and We will have no further liability</p>	No	\$€€8,000
Permanent disability following Accident	<p>We will pay this lump sum in the event that You suffer a permanent and life-changing injury or disability as a direct result of an Accident.</p> <p>Once this benefit is paid, the Policy will end and We will have no further liability.</p>	No	\$€€50,000



TABLE OF BENEFITS : ASSISTANCE BENEFITS

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person** per **Period of Insurance**.

Assistance Benefits			
Benefit	Description	Deductible Applies?	Benefit Limit
Emergency Treatment in Your Home Country	<p>We will pay for emergency In-Patient, Day-Patient or Out-Patient Treatment required due to Sudden Bodily Injury or Illness or Accidental Injury in Your Home Country when You are temporarily visiting home during the Period of Insurance, after having relocated to Your Country of Residence. It excludes:</p> <ul style="list-style-type: none"> • Routine and planned Treatment • Routine check-ups, follow-up appointments, or preventative care • Any Treatment in the USA <p>Proof of travel dates may be required.</p>	Yes	Maximum of 30 days up to \$€€15,000
Return to Your Home Country following death or Serious Illness of a Close Relative	<p>We will pay for Your return travel to Your Home Country in the event of the death or Serious Illness of a Close Relative or Relative in the First Degree.</p> <ul style="list-style-type: none"> • Normal standard fare for return travel • 'Emergency Treatment in Your Home Country' is limited to 30 days regardless of your length stay in Your Home Country, see 'Emergency Treatment in Your Home Country' benefit. 	No	\$€€5,000
Repatriation for medical reasons	<p>We will arrange and pay for permanent repatriation to Your Home Country or the location of Your usual permanent residence, or transport to the nearest and/or most suitable Hospital according to the Treatment required. The cost of returning to Your studies once You have recovered is not covered.</p>	No	100%

TABLE OF BENEFITS : ASSISTANCE BENEFITS

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person per Period of Insurance**.

Assistance Benefits			
Benefit	Description	Deductible Applies?	Benefit Limit
Visit by relative in the case of hospitalisation	<p>We will pay for a Close Relative or Relative in the First Degree to visit You in the event that You are admitted to Hospital for a period exceeding seven consecutive days.</p> <ul style="list-style-type: none"> • Normal standard fare for direct return travel • This benefit only covers visits relating to Treatment following an Insured Event. 	No	<p>\$€€5,000</p> <p>Accommodation max €80 per night, up to 10 nights</p>
Medical Transport	<p>In the event of a Critical Condition, We will pay for Your transport to an appropriate medical facility for Treatment that is Medically Necessary and not available in Your location.</p> <p>This benefit only covers transport relating to Treatment following an Insured Event.</p>	No	100%
Search costs	<p>We will pay for search and rescue efforts at sea and in remote areas, where We have been notified that You are missing.</p> <ul style="list-style-type: none"> • The Insured Event must have been reported to local authorities • Benefit payable only after Insured Person has been confirmed missing for 48 hours or more • Search and rescue is not coordinated or arranged by Us 	No	\$€€5,000

TABLE OF BENEFITS : ASSISTANCE BENEFITS

This section shows what **We** will pay, and the limits that apply to each benefit. All benefits are subject to the overall **Annual Limit**. These limits apply to the **Insured Person per Period of Insurance**.

Assistance Benefits			
Benefit	Description	Deductible Applies?	Benefit Limit
Replacement of documents	<p>We will reimburse You the costs of obtaining the replacement identity documents which are essential for travel and visa purposes in the event of theft, loss, or destruction.</p> <p>The Insured Event must have been reported to local authorities</p>	No	\$€€800
Legal representative fees	<p>We will pay towards Your costs in the event that You should need legal advice where You are accused of breaking local laws.</p>	Yes	\$€€8,000
Repatriation of mortal remains	<p>In the event of the death of the Insured Person outside their Home Country, We will pay for the costs of returning the mortal remains to the immediate family's preferred location within the Insured Person's Home Country. We will also pay towards funeral costs.</p> <p>Once this benefit is paid, the Policy will end and We will have no further liability</p>	No	<p>100%</p> <p>\$€€1,500 for funeral costs</p>



HCI GROUP

Definitions

DEFINITIONS

Term	Definition
A	
Accident / Accidental	Means a sudden and unforeseen incident caused by violent or external means. An Acute Condition or a Chronic Condition will not be considered an Accident under this Policy .
Acute Condition(s)	Means an Illness or Bodily Injury that are severe and sudden in onset, such as a broken bone or an asthma attack. (see Chronic Conditions for comparison purposes)
Annual Limit	The overall limit of this Policy is \$€€750,000. The medical benefits: In-Patient, Day-Patient, Out-Patient , Dental, Wellness and Death & Disability are subject to a sub-limit of \$€€200,000. The \$€€750,000 limit is inclusive of the \$€€200,000 limit for medical benefits, and is not in addition to it.
Area(s) of Cover	Means Worldwide excluding the USA. We will not cover any Treatment in the USA including any emergency care.
B	
Bodily Injury	Means an identifiable physical injury which is caused by an Accident , solely and independently of any other cause.

DEFINITIONS

Term	Definition
C	
Certificate of Insurance	Means the document attached to and forming part of this Policy . It displays details of the Insured Person , the Area of Cover , the Period of Insurance , and any special terms and conditions or exclusions which may apply.
Chronic Condition(s)	<p>Is an Illness or Bodily Injury that has more than one of the following characteristics:</p> <ul style="list-style-type: none"> • It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests. • It needs ongoing or long-term control or relief of symptoms. You need to be rehabilitated or specially trained to cope with it. • It continues indefinitely. • It has no known cure. • A qualified Physician has indicated that it is likely to return. <p>(See Acute Conditions for comparison purposes)</p>
Close Relative	Means You, Your spouse or life partner with whom You live on a permanent basis, parents and parents-in-law, siblings, and children. This definition extends to include adopted and step family members of the same proximity.
Co-Insurance	Means that another Policy is in force covering the same Insured Event , in which case We may act on Your behalf to recover a contribution to Our costs.
Commencement Date	Means the date that the insurance is effective; this is after We have accepted Your application and the annual premium, or the first instalment has been paid.



DEFINITIONS

Term	Definition
C	
Congenital Condition(s)	Means medical conditions or physical abnormalities that are present prior to or from birth regardless of date of diagnosis.
Country of Residence	Means the country or territory in which You live, which is not Your Home Country .
Critical Condition(s)	Means a potentially fatal Illness or Bodily Injury as confirmed, or reasonably suspected, by an appropriately qualified Physician . The condition must require immediate medical intervention and pose an imminent threat to life.
D	
Day-Patient	Means Treatment provided in a Hospital where an Insured Person is admitted and occupies a Hospital bed and requires post-procedure recovery in a clinical environment but is not required, out of Medical Necessity , to stay overnight
Deductible(s) (also commonly known as an Excess)	Is the amount payable per claim before the Policy will pay for eligible benefits. The Deductible of \$€€50 is applied to each eligible claim where detailed in the table of benefits.
Dental Emergency	Means consequences resulting from an extra-oral impact, requiring urgent Treatment taking place within 48 hours of the Insured Event .

DEFINITIONS

Term	Definition
E	
Early Termination	<p>Means the cancellation of Your Policy, and is subject to the following:</p> <ul style="list-style-type: none"> • All policies are sold on a 12 month basis and are effective from the Commencement Date (as shown on the Certificate of Insurance) and end at midnight of the 365th day after the Commencement Date (the end date); unless stated otherwise by Us. • In the first year of cover, You must notify Us 2 months before the Renewal Date if You wish to end Your cover. • After the first year of cover, Insured Persons are required to give 1 month notice of Early Termination, which can be issued at any time. • We reserve the right to charge an administration fee of \$€£100 in the event of an Early Termination. • An Early Termination will be permitted if no claims have been made in the current 12 month Period of Insurance. • In the event of Early Termination, a pro-rata refund may be available in respect of complete months beyond the cancellation date. Where premiums are paid by instalments, We will not charge for any complete months beyond the cancellation date and We will refund any premium You may have paid in advance. If a claim has been made, no refund will be due and all outstanding premium instalments will remain payable. An administration fee will apply. • In the event of the death of the primary Insured Person, the same criteria will apply, but an administration fee will not be applied



DEFINITIONS

Term	Definition
E	
Experimental / Investigative Treatment	<p>Means any medical, dental or Surgical procedure, Treatment, course of Treatment, equipment, drug, or medicine that is:</p> <ul style="list-style-type: none"> a) under investigation or is limited to research; b) restricted to use in disciplined clinical efforts and scientific studies; c) not proven in an objective way to have therapeutic value or benefit; d) medically questionable with respect to effectiveness; and e) not generally accepted by the medical community. <p>We may be contacted to determine if a particular procedure, Treatment, device, drug or drug therapy is considered to be Experimental or Investigative.</p>
F	
Fertility Treatment	Means the reproductive technology used to achieve pregnancy.
Foreseen Treatment and Insured Event(s)	Means any potential claim arising as a direct or indirect result of Pre-Existing Medical Conditions , and/or that is foreseen at the time of joining, and/or that could have reasonably be foreseen at the time of joining, by the Insured Person . This includes instances where the Insured Person has taken out the Policy with the prior intention of making a claim.
H	
Home Country	Means the country or territory of which the Insured Persons hold a passport, and which is stated as the Insured Person's country of nationality on the application form, and specified in the Certificate of Insurance . In the event that the Insured Person has dual or multiple nationalities, they must elect one which will be treated as the Home Country .



DEFINITIONS

Term	Definition
H	
Hospital(s)	Means any institution or establishment under the constant supervision of a resident Physician which is legally licensed as a medical or Surgical Hospital in the country where it is located.
I	
Illegal Activity	Means any act which is unlawful or illegal in the country or territory where it occurs. This is taken also to mean the failure to follow necessary safety guidelines and instructions as set down in the country or territory where such event occurs.
Illness(es)	Means any sickness, disease, disorder or deterioration of the Insured Person's medical condition as diagnosed by a Physician .
In-Patient	Means Treatment provided in a Hospital where an Insured Person is admitted and, out of Medical Necessity , occupies a bed for one or more nights.
Insured Event(s)	Means an Accident, Bodily Injury, Illness, or Non-Medical Expense event which occurred during the Period of Insurance and within the Area of Cover , which entitles an Insured Person to payment under this Policy . The limits and cover offered by each benefit is described in the relevant sections and are subject to your selected benefit caps.
Insured Person(s)	Means the individual who is named on the Certificate of Insurance for whom an application has been accepted by us and the appropriate premium paid.
Insurer(s)	MGEN Portugal - Companhia de Seguros, S.A, whose head office is located at Rua Duque de Palmela, 11, Piso 1, A 1250-097 Lisboa, with a share capital of €7,500,000.00 and registered under the unique registration and legal entity identification number 517503131. MGEN Portugal is regulated by the Autoridade de Supervisão de Seguros e Fundos de Pensões in Portugal.

DEFINITIONS

Term	Definition
M	
Material Fact(s)	Means any any important details that could reasonably affect Our decision to provide cover.
Maternity	Means any Medically Necessary costs incurred during pregnancy and / or childbirth, including Hospital charges, specialist fees, the mother's pre and post-natal care, and midwife fees (during labour only) as well as new-born care.
Medical Expense(s)	Means the usual Reasonable and Customary Charges incurred for Treatment of an Accident, Bodily Injury or Illness as result of an Insured Event .
Medical Necessity / Medically Necessary	<p>Means that medical Treatment:</p> <ul style="list-style-type: none"> a) is appropriate and essential to diagnose or treat the patient's Illness or Injury; b) does not exceed, in scope, duration, or intensity, the level of care which is needed to provide safe, adequate, and appropriate diagnosis or Treatment; c) is prescribed by a Physician; d) is consistent with widely accepted professional standards of medical practice in the jurisdiction where Treatment is rendered; e) is not primarily for the personal comfort or convenience of the patient, the family, Physician, or other provider of care; f) is not a part of or associated with the scholastic education or vocational training of the patient; g) is not Experimental or unproven; and h) in the case of In-Patient care, cannot be provided safely on an Out-Patient basis. <p>The fact that a Physician has prescribed, recommended, approved or provided a Treatment, service, supply, or confinement does not, in itself, make it Medically Necessary. We may examine all conditions listed above in reviewing a claim for medical Treatment.</p>

DEFINITIONS

Term	Definition
N	
Medical Transport	Means necessary emergency medical transport of an Insured Person to or from a local Hospital .
Non-Medical Expenses(es)	Means the usual Reasonable and Customary Charges incurred for Insured Events which are Non-Medical Expenses in nature, by this We mean the assistance benefits.
O	
Out-Patient	Means Treatment or care provided when an Insured Person does not require admission to a medical facility or post-procedure recovery in a clinical environment.
P	
Period of Insurance	Means the period of 12 consecutive months from the Commencement Date specified in the Certificate of Insurance for which the appropriate premium has been paid in part or in full.
Physician(s)	Means a legally licenced medical practitioner who is a registered doctor recognised by the law of the country where Treatment is provided under this Policy and who, in rendering such Treatment , is practicing within the scope of their licence and training.
Policy / Policies	Means collectively Your IPID, this wording, the Certificate of Insurance and any endorsements.

DEFINITIONS

Term	Definition
P	
Policyholder	Means the association named <i>L'Association pour la Solidarité entre Personnes en Mobilité Internationale (ASPMI)</i> , who has subscribed a health and medical assistance / evacuation Policy on behalf of its Insured Persons (Group Schemes or individuals) living primarily outside their Home Country .
Pre-Existing Condition(s)	<p>Means any set of circumstances, whether or not related to a medical diagnosis, which existed or could reasonably have been foreseen prior to commencement, including circumstances which meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • The condition is known by You and has been diagnosed. • You have sought medical advice for symptoms related to the condition before. This could mean that You did not receive a diagnosis prior to Your Commencement Date; however, it may later become apparent that the condition was in existence at that time You applied for cover. • There is evidence of a causal link between a Pre-Existing Conditions(s) and Your new diagnosis or symptom. • You failed to follow medical advice, leading to or resulting in a diagnosis after Your Commencement Date. • Chronic Conditions will be considered Pre-Existing Conditions unless it can be evidenced that the condition was not in existence prior to Your Commencement Date.
Prescription Drugs and Medicine(s)	Means medication approved by a government agency in the country of Treatment for which sale and use are legally restricted. Such medication is only available by prescription obtained from a legally licenced medical professional recognised by the law of the Treatment country. Items which may be purchased without a prescription are not covered by the Policy .

DEFINITIONS

Term	Definition
R	
Reasonable and Customary Charge(s)	<p>Means charges that have been assessed as both Reasonable and Customary by Us in relation to Your claim. Where a valid claim arises, We will consider whether the associated costs are both Reasonable and Customary for the region in which Treatment is taking place.</p> <ul style="list-style-type: none"> • Reasonable: This is determined by Us using knowledge of the average costs of Treatment in the country where it takes place. • Customary: This is determined by Us in consideration of local or regional approaches to the provision of medical Treatment. <p>Such approaches can differ around the world. We will always prioritise the safe and effective Treatment of Insured Persons.</p>
Reckless, Harmful and/or Hazardous	<ul style="list-style-type: none"> • Reckless: Means actions taken with a conscious disregard for the safety of others. It involves knowingly engaging in activities that could cause harm, without caring about the consequences. • Harmful: Means any actions that cause physical, emotional, or psychological damage to oneself or others. Examples can range from substance abuse to bullying. • Hazardous: Means actions that create a significant risk of injury or damage. This can include unsafe work practices, reckless driving, or engaging in extreme sports without proper precautions.
Relative in the First Degree	<p>Means the Insured Person's spouse or partner who normally resides at the same address, mother, father, children, step-children, foster children, legally adopted children, siblings, step-parents, parents-in-law, siblings-in-law, and any person named on the Certificate of Insurance.</p>
Renewal Date	<p>Means the annual anniversary of the Commencement Date, if renewal has been requested by You and accepted by Us.</p>



DEFINITIONS

Term	Definition
S	
Serious Illness of a Close Relative or Relative in the First Degree	Means any Acute Condition or Chronic Condition that substantially limits normal physiological function, requires intensive medical intervention, or carries a high probability of death or lasting disability.
Small Motor Vehicle(s)	Means all motorised vehicles with two or three wheels, including: Motorcycles, Scooters, Mopeds, Trikes, Electric scooters Also includes quad bikes and any other small, road-legal motorised vehicle not classified as cars or trucks. This definition applies regardless of whether the vehicle is registered, licensed, or operated on public or private roads, provided it is capable of motorised propulsion and intended for personal transport.
Sport(s)	Means an Insured Person participating in Sport considered to be hazardous, specifically: <ul style="list-style-type: none"> • Sport at a professional level or under a contract for remuneration, including preparatory training. • Not complying with all formal prohibitions and official safety rules related to sporting activities. • Engaging in any of the following activities: hang-gliding, paragliding, gliding, skeleton, bobsleigh, ski jumping, mountaineering in a rope team, rock climbing, SCUBA diving, speleology, bungee jumping, and parachute jumping. • Any sporting activity that involves horse riding.
Sudden Bodily Injury or Illness(es)	Means an Illness or medical condition which: <ul style="list-style-type: none"> • arises unexpectedly and is not caused by or related to a pre-existing condition; • first manifests itself during the Period of Insurance; • requires immediate medical attention or Treatment; and Sudden Bodily Injury or Illness does not include: <ul style="list-style-type: none"> • any condition that is chronic, ongoing, or has been previously diagnosed or treated; • elective or planned medical procedures; or • any condition arising from a Pre-Existing Medical Condition as defined in this Policy.



DEFINITIONS

Term	Definition
T	
Surgery/Surgical	Means any invasive medical procedure involving Surgical instruments, a sterile environment and any form of anaesthesia performed to control pain, repair damage or investigate, prevent or cure disease in a living body. This includes, but is not limited to, colonoscopies, joint injections and removal of skin lesions.
T	
Treatment(s)	Means any Medically Necessary Surgical procedures or medical interventions which may be required to treat an Accident, Bodily Injury, or Illness or to provide for the relief of Acute Conditions and Chronic Conditions when covered by the Policy .
W	
We / Us / Our	Means HCI acting on behalf of the Insurer(s)
Y	
You / Your / Insured Person	Means the Insured Person , named on the Certificate of Insurance and covered by the Policy .



HCI GROUP

General Exclusions



GENERAL EXCLUSIONS

Term	Definition
Accidents	We will not provide cover for any Accidents that occur as a result of a failure to follow applicable safety guidelines. This includes, but is not limited to, situations where mandatory procedures, instructions, training requirements, or the use of appropriate safety equipment were not complied with.
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: <ul style="list-style-type: none">• 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 Conditions for any abnormality, deformity, Illness or Bodily Injury present at birth, whether diagnosed or not.



GENERAL EXCLUSIONS

Term	Definition
Consequences of not following medical advice	<p>We will not pay any claim arising as a consequence of not following medical advice at any time, either before or after Your Commencement Date. This includes - but is not limited to - failure to follow the Treatment plan recommended by Your treating Physician, including taking Prescription Drugs and Medicines as instructed, undergoing further Treatment, and attending follow up consultations and tests to ensure Your medical condition is managed correctly. This exclusion also includes medical conditions which, in the opinion of Our medical expert, have been contributed to or exacerbated by, Your failure to receive immunisations and vaccinations (if available and recommended in Your Home Country).</p>
Convalescence and admission for general care	<p>We will not pay for Hospital accommodation when it is used solely or primarily for any of the following purposes:</p> <ul style="list-style-type: none"> • 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	<p>We will not pay for Treatment undergone for cosmetic or psychological reasons to improve Your appearance, such as a remodelled nose, facelift, abdominoplasty, or cosmetic dentistry. We will not pay for consequences and side effects, or any additional intervention required following a cosmetic Treatment or intervention. This includes but is not limited to:</p> <ul style="list-style-type: none"> • Dental implants to replace a sound natural tooth. • Hair transplants for any reason. • Treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons. • The removal or replacement of damaged or ruptured breast implants • Any Treatment for a procedure to change the shape or appearance of breasts whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out as part of the original Treatment for Cancer. In this instance, You must obtain Our written consent before receiving the Treatment (see 'Reconstructive or remedial Surgery' in this section). • Any medical Treatment that is required as a result of cosmetic procedures, or arising as a complication of such procedures.



GENERAL EXCLUSIONS

Term	Definition
COVID-19	We will not pay for any Treatment costs incurred during the first 30 days from the Commencement Date .
Deafness	We will not pay for Treatment for or arising from deafness or partial hearing loss caused by a Congenital Condition , 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 disorders and learning difficulties	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.
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, as long as the condition was not a Pre-Existing Condition .
Elective Home Country Treatment	We will not pay for 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 . See the 'Emergency Treatment in Your Home Country ' benefit for details of cover available in Your Home Country .
Experimental or unproven Treatment	<p>We will not pay for:</p> <ul style="list-style-type: none"> • 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-authorized by Us.



GENERAL EXCLUSIONS

Term	Definition
Eyesight & eye Surgery	We will not pay for any Treatment , equipment (including glasses or contact lenses) or Surgery to correct eyesight, such as laser Treatment , Refractive Keratotomy (RK), and Photorefractive Keratotomy (PRK).
Fertility Treatment	We will not pay for Treatment to assist reproduction, including but not limited to IVF Treatment . We will not be liable for medical Treatment costs for any form of assisted reproduction or its direct consequences.
Footcare	We will not pay for Treatment for corns, bunions, calluses, or thickened or misshapen nails.
Genetic testing	We will not pay for any genetic testing, whether diagnostic or to determine the likelihood of future Illness .
Reckless, Harmful and/or Hazardous use of alcohol, drugs and/or medicines	We will not pay for Treatment arising, directly or indirectly, from the deliberate or reckless 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.
HIV/AIDS	We will not pay for any care or Treatment which arises, directly or indirectly, from HIV, or HIV-related Illness , including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC) and any Illness arising from these conditions. However, diseases relating to AIDS and HIV may be covered, if proven to be caused by a blood transfusion received after the Commencement Date of the Policy . If such incident occurs, We must be notified as soon as practicably possible (and no more than 7 days after the diagnosis).
Home birth	We will not pay for deliveries or consequences leading to Treatment of the mother or the new-born, or midwifery costs associated with the delivery or any complications which may arise as a result of a planned home birth.
Illegal Activity	We will not pay for Treatment or any other claim costs which arise, directly or indirectly, as result of Your participation (whether actual or attempted) in any illegal act in Your Country of Residence or where the incident occurred. This exclusion applies irrespective of whether the activity being unlawful or illegal - in and of itself - had any effect on the likelihood of the claim having occurred, or whether the act being unlawful or illegal directly or indirectly gave rise to the claim. This exclusion also applies irrespective of the Insured Person's awareness of the act being unlawful or illegal.

GENERAL EXCLUSIONS

Term	Definition
Kidney dialysis	We will not pay for any Treatment costs related to kidney dialysis.
Maternity	<p>We will not pay for any Maternity costs including:</p> <ul style="list-style-type: none"> • Costs relating to other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant. • Non-Medically Necessary termination of pregnancy where there is no danger of life to the mother. • Pregnancy achieved via IVF • Any claims arising from air travel when the Insured Person is more than 28 weeks pregnant. • Costs associated with medical Treatment of the newborn baby
Obesity	We will not pay for any Treatment required to control obesity or achieve weight loss.
Organ donations and donor organs	We will not pay for any Treatment costs related to organ donation.
Personality disorders	<p>We will not pay for Treatment of personality disorders, including but not limited to:</p> <ul style="list-style-type: none"> • 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.
Pre-Existing Conditions and Foreseen Treatment and Events	We will not pay any claim related, directly or indirectly, to either Pre-Existing Conditions or Foreseen Treatment and Events . This exclusion applies to the entire Policy without exception.

GENERAL EXCLUSIONS

Term	Definition
Preventative and wellness	We will not pay for health screening, including routine health checks, or any preventative tests or Treatments .
Reconstructive or remedial Surgery	<p>We will not pay for Treatment required to restore Your appearance after an Illness, Bodily Injury or previous Surgery, unless:</p> <ul style="list-style-type: none"> • 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.
Return to Your Home Country following the death of Close Relative	<p>We will not pay for accommodation or travel costs related solely to the necessary administrative duties as a result of the death or hospitalisation of a Close Relative or Relative in the First Degree.</p> <p>If your Home Country is the USA, We will not pay for any Medical Expenses for treatment received whilst you are in the USA including emergencies.</p>
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.



GENERAL EXCLUSIONS

Term	Definition
<p>Small Motor Vehicle Accidents</p>	<p>We will not provide cover for any Small Motor Vehicle Accidents where any of the following apply:</p> <ul style="list-style-type: none"> • a full-face crash helmet was not worn; • a valid insurance policy was not in force; or • the driver did not hold a driving licence valid in their Country of Residence. <p>The Insured Person is responsible for providing evidence of compliance. In the absence of satisfactory evidence, the claim cannot be assessed.</p> <p>This exclusion applies regardless of whether these requirements are mandated by local law in the country where the incident occurs. It will apply irrespective of whether the absence of a helmet, insurance, or licence had any effect on the likelihood of the claim having occurred, or whether the act being unlawful or illegal directly or indirectly gave rise to the claim</p> <p>There is no cover for any Accidents or medical Treatment required as a result of using electric or motorised scooters whether being driven on the road or off the road, legally or illegally.</p>
<p>Speech disorders</p>	<p>We will not pay for Treatment for speech disorders, including stammering or speech developmental delays, unless all of the following apply:</p> <ul style="list-style-type: none"> • 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.
<p>Sports</p>	<p>We will not pay for any Accident, Bodily Injury, Illness, if the Insured Person was participating in a hazardous Sport. We will also not pay for Treatment related to an Accident, Bodily Injury, or Illness sustained as a result of participation in any sporting activity where the Insured Person was not acting in accordance with safety requirements.</p>
<p>Stem cells</p>	<p>We will not pay for the harvesting or storage of stem cells. For example ovum, cord blood, or sperm storage.</p>

GENERAL EXCLUSIONS

Term	Definition
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 against safety advice	We will not pay for claims arising from Your travel to a location deemed unsafe (etc) by the UK FCDO where travel was undertaken after such status/alert came into effect.
Travel against medical advice	We will not pay for claims arising in the course of travel undertaken against medical advice or where you could have reasonably foreseen a medical condition would arise.
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 or road ambulance and their sole destination is a local health care facility or Hospital .
Treatment for or related to gender dysphoria	We will not pay for Treatment of any kind, including surgical, cosmetic, and hormonal Treatment , for or related to gender dysphoria.
Treatment for Pre-Existing conditions	We will not pay for Treatment arising from Pre-Existing Conditions .
Treatment in the USA	We will not cover any Treatment in the USA including any emergency care.

GENERAL EXCLUSIONS

Term	Definition
Unrecognised medical practitioner, provider or facility	<p>We will not pay for:</p> <ul style="list-style-type: none"> • 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.



HCI GROUP

General Conditions



THINGS YOU MUST OR MUST NOT DO

- **You** agree that this **Policy** covers **You** while **You** are studying outside of **Your Home Country**, and does not provide cover in **Your Home Country** other than where explicitly stated. In all cases this **Policy** will offer cover starting from **Your Commencement Date** and after **You** have left **Your Home Country**. **You** are able to purchase **Your Policy** before or after **You** have left **Your Home Country**, subject to eligibility criteria.
- **You** agree to permit **Us** to obtain medical and other relevant records on **Your** behalf where deemed necessary at the time of joining or at any time thereafter, including in the event of a claim. **We** agree that requests for documentation will be limited to only what is necessary to exercise **Our** duties under this **Policy**, and **Our** obligations to the **Insurer**.
- **You** agree to provide proof of **Your** enrolment as a student in **Your Country of Residence**, as well as a copy of **Your** passport, at the time **You** take out the **Policy**. **You** understand that **Your Policy** will be invalidated if this evidence is not received within 5 days of **Your Commencement Date**. **You** also understand that no claims will be paid until **We** have received these documents.
- The **Insured Person** must take all reasonable steps to avoid and minimise any claim. The **Insured Person** must cooperate with all requests for information during claim, failure to do so may result in decline. The onus for demonstrating an **Insured Event** is on The **Insured Person**.
- If **You** are admitted into **Hospital** in an emergency, **We** must be notified within 48 hours by **You**, a **Close Relative** or **Relative in the First Degree**. In exceptional circumstances where it is not possible to contact **Us** within 48 hours, **We** must be contacted as soon as practicably possible. **You** or **Your** representative 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.
- If the country **You** are in or travelling to is declared unsafe 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, **You** must tell us immediately and must follow all appropriate government guidance.
- The **Insured Person** must inform **Us** as soon as practically possible, and within 7 days, of any change in the information provided in the application, in particular, relating to the **Insured Person's** addresses, age or **Country of Residence**.
- The **Insured Person** must not admit liability for any event at any time.
- If another insurance company, or a government healthcare scheme, provides **Co-Insurance** for the **Insured Person's** claim, the **Insured Person** must send **Us** evidence of the amount paid by them.

THINGS WE NEED TO TELL YOU

- All **Treatment** costs must be **Medically Necessary** as determined by a qualified **Physician** and agreed by **Us**.
- All charges must be deemed **Reasonable and Customary** by **Us**.
- All final decisions relating to **Medically Necessary Treatment** and **Reasonable and Customary** will be made by a **Physician** designated by **Us**, in consultation with a local attending **Physician** based on medical factors, evidence and healthcare considerations.
- **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 Renewal 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.
- The **Insured Person** bears the ultimate responsibility for providing evidence relating to an **Insured Event**. **You** understand that, the absence of satisfactory evidence, the claim cannot be assessed.
- 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.

THINGS WE NEED TO TELL YOU

- 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 Conditions**, and it therefore be excluded.
- Where a **Deductible** applies to a covered benefit under this **Policy**, the benefit limit stated in the table of benefits shall be reduced by the amount of the **Deductible**. The **Insurer's** liability will commence only after the **Deductible** has been fully satisfied.
- The right to **Medical Transport** 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**.
- **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. Whilst every attempt will be made to place a guarantee of payment in advance, this is not always guaranteed.
- 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.

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 will not be covered.
- 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 of **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 Person** not less than 120 days' notice in writing prior to the next **Policy Renewal Date**.
- 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.
- **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.



THINGS WE NEED TO TELL YOU

- **You** have a statutory right to cancel **Your Policy** during the first 14 days from the date of conclusion of the contract, or the date upon which **You** received the contractual terms and conditions - whichever is later. Provided **You** have not made a claim or made use of **Your Policy** in any other way, **You** will receive a full refund during this period. After this period, there is no statutory right to cancel. However, **You** are still able to cancel **Your Policy** at any stage; please see '**Early Termination**'.
- **Policy** termination will be effective 2 months after the date notice is served (in the first **Period of Insurance**) or 1 month after the date the notice is served (in subsequent **Periods of Insurance** following renewal) and received by **Us**.
- 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. **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 an **Insured Event** occurs during this 30 day period, **We** will not settle **Your** claim until **We** have received all of the outstanding premiums.
- In the event of non-payment of premiums or a portion thereof, **We** will contact the **Insured Person**, at least ten (10) days after the due date, informing them that upon the expiry of a period of forty (40) days, the non-payment of premiums will result in the termination of their **Policy** without further notice. Thereafter, the **Insured Person** will have to apply for a new **Policy**.
- 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%.
- The **Policy** does not renew automatically on the **Policy Renewal Date**. Renewal may be granted upon request, for a maximum of 2 additional 12 month terms, subject to approval.

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HCI GROUP

Making a Claim

MAKING A CLAIM

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

E-mail: claims@healthcareinternational.com (for reimbursement claims and non-urgent hospitalisations)

Telephone: +44 (0) 20 7590 8800 (for urgent hospitalisations / emergency assistance)

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

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

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

Notice of claim and time limitation

A claim must be submitted to **Us** in writing. It must give proof of the nature and extent of the loss.

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. Please note that **We** will only pay for costs incurred during the **Period of Insurance** as part of an **Insured Event**, and not for any costs that were incurred after the **Policy** ended. If the **Insured Event** or its effects span the date of termination (i.e. it began during the **Period of Insurance** but continued during / after it) costs incurred after that date will be born solely by **You**.

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.



MAKING 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 planned **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 pay the amount of the **Deductible**.
- In respect of all other claims, these must be notified to **Us** as soon as practically possible with the original claim cost invoices and other supporting documentation provided. 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.
- **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.
- In the event that **Medical Necessity** cannot be established following dialogue with **Your** treating **Physician**, the opinion of **Our** independent, qualified medical expert will prevail.
- Per the underwriting terms of this **Policy**, any and all **Pre-Existing Conditions** are not covered. As there is no medical underwriting at the point of joining, **We** will make checks at the point of claim to establish whether a claim is payable under these terms. **You** agree to provide (or facilitate the provision of) the evidence required and fully co-operate with this process.
- **You** understand that direct settlement of claims is not possible in every case, and that some **Insured Events** will be settled through reimbursement.



HCI GROUP

Complaints & Key Contacts

MAKING 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 Europe GmbH using the following details. HCI GmbH 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 Portugal – Companhia de Seguros, S.A. For certain types of complaints, MGEN Portugal – Companhia de Seguros, S.A. is ultimately responsible and can be reached using the details on the following page. When **You** submit a complaint to **Us, We** will tell **You** whether the complaint is within **Our** remit or that of MGEN Portugal – Companhia de Seguros, S.A. However, **You** are of course at liberty to contact MGEN Portugal – Companhia de Seguros, S.A. directly at any time. **We** will investigate and respond to **Your** concerns as quickly as possible; however, **We** have up to 8 weeks to render a final decision.

Our contact for complaints is: Director of Governance & Risk

- Email: compliance@healthcareinternational.com;
- Tel: +44 (0) 20 7590 8800
- Post: HealthCare International Europe GmbH, 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.

MAKING A COMPLAINT

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. The Financial Ombudsman Service will not look at complaints that it deems to be the remit of the **Insurer** (for example pricing, premium collection or claims decisions) and so these complaints should be escalated to the **Insurer** in the first instance.

Email: complaint.info@financial-ombudsman.org.uk

Tel: 0800 023 4567 (free from mobile phones and landlines)

Post: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, United Kingdom

Website: www.financial-ombudsman.org.uk

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

Email: clients@vyv-ib.com

Post: VYV International Benefits, 7 Square Max Hymans, 75748 Paris Cedex 15, France

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 – Companhia de Seguros, S.A ombudsman at:

Email: le.mediateur@mediation-assurance.org

Post: La Mediation de l'Assurance - TSA 50110 75441 - Paris Cedex 09, France

Website: www.mediation-assurance.org



HCI GROUP

Legal & Regulatory

LEGAL & REGULATORY : THE CONTRACT

Unless **We** agree otherwise with **You**, the law which applies to this insurance is that of France. Any legal proceedings between **Us** and **You** in connection with this insurance will only take place in the courts of France. 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** IPID 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 **Certificate of Insurance**. **Your Certificate of Insurance** 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 Certificate of Insurance** and covers **You** for the **Insured Events** that occur during that period.

This document, the application form, **Certificate of Insurance**, and IPID 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.

LEGAL & REGULATORY: CANCELLATION

Your membership may be terminated:

At the **Insurer's** initiative:

- if **You** don't pay the premiums.
- in the event of misrepresentation.

At **Your** initiative:

- on the **Renewal Date** of the contract, by notifying **Us** at least 1 month before this date.
- at any time during the year in accordance with **Our Early Termination** terms.

LEGAL & REGULATORY: 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:

Director of Governance & Risk

- Email: compliance@healthcareinternational.com;
- Tel: +44 (0) 20 7590 8800
- Post: HealthCare International Europe GmbH, WRAP, 83 Queens Road, Brighton, East Sussex, BN1 3XE, United Kingdom

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

LEGAL & REGULATORY: SUBROGATION

This will be considered the primary insurance for all eligible medical claims under this **Policy**. If the **Insured Person** has any claim or right of action against any third party in respect of the events resulting in his injuries, the **Insured Person** shall pass to **Us/The Insurer** all such rights and **We/The Insurer** are entitled to take conduct of such claim or right of action in the **Insured Person's** name to recover any liabilities **We** have incurred on the **Insured Person's** behalf under this **Policy**.