expatMedex
from Bellwood Prestbury

International Medical Insurance

POLICY WORDING

April 2017

INDEX

SECTION 1 - INTRODUCTION TO YOUR POLICY

Welcome and thank you for choosing expatMedex. Please check your certificate of insurance and membership card(s) to make sure that all of the details are correct. If any changes need to be made, please let us know immediately.

This policy is a contract of insurance and is the basis upon which all claims will be considered. Please take some time to read through this policy carefully to familiarise yourself with the conditions and to ensure you fully understand all terms, exclusions and limitations. This policy has been written using plain language wherever possible and has been designed to set out all of the features and benefits in a straightforward and easy to understand format. If there is any aspect of the policy that you are unsure about, please let us know.

This policy is administered and underwritten by:

Astrenska Insurance Limited
PO Box 637
Haywards Heath West Sussex RH16 1WR
UNITED KINGDOM

Tel: + 44 (0) 1444 44 28 68
Fax: + 44 (0) 1444 45 73 56
Email: healthcareadmin@astrenska.com

Astrenska Insurance Limited is the insurer and underwriter of the benefits provided under the policy and provides all services relating to the general administration of the policy including the issue of documents and collection of premiums.

All claims are administered by:

Intana
PO Box 637
Haywards Heath West Sussex RH16 1WR
UNITED KINGDOM
Tel: + 44 (0) 1444 44 28 68
Fax: + 44 (0) 1444 45 73 56
Email: expatmedex@intana-assist.com

Intana, a trading style of Collinson Insurance Services Limited, is the company appointed by the insurer to provide the services relating to claims handling and case management, evacuation and assistance under this policy.

Throughout this policy they are referred to as the 'Claims Administrator'.

SECTION 2 – COOLING OFF PERIOD

If having purchased this insurance you decide that it does not meet your requirements then please return your policy documents, (return of documents not necessary if received electronically) to us within 30 days of receipt together with written cancellation instructions. Provided no claims have been paid and/or pre-authorisation has been given, we will refund any premium that you have paid in full.

If we receive your instruction to cancel your plan more than 30 days after your effective date, the terms of our cancellation policy will apply (see page 26).

SECTION 3 – WHERE AND HOW TO CONTACT US

WHAT TO DO IN AN EMERGENCY

We appreciate that an illness or accident can happen at any time and for this reason, we recommend that you carry your membership card with you at all times. If you are rushed into hospital in an emergency, please make sure that you, a member of the hospital staff, your family, a friend, or a work colleague, contacts us within 2 days of you being admitted to hospital otherwise a co-insurance of 25% of the eligible costs incurred will apply to your claim.

Assistance is available 24 hours a day, 365 days a year for medical emergencies including evacuation and transportation. To obtain pre-authorisation for costs in connection with an emergency admission to hospital or where emergency evacuation and transportation is required, please contact us on the following number:

Tel: **+44 (0) 1444 44 28 68**

WHAT TO DO IF YOU ARE PLANNING AN ADMISSION TO HOSPITAL

If you know in advance that you:

- are planning to be admitted to hospital on either an inpatient or day-care basis, or
- require transportation and ancillary services;

You must first contact us for pre-authorisation before incurring any such expenses otherwise, if you go ahead without our approval, a co-insurance of 25% of the eligible costs incurred will apply to your claim.

If you know in advance that you will need to incur these types of costs, please contact the expatMedex plan claims department on:

Tel: **+44 (0) 1444 44 28 68**

with the following information:

- your full name and date of birth, and
- your membership number, which can be found on the front of your membership card.

This information will help us identify you as a member of the expatMedex plan. In the case of an admission to hospital, we will liaise with the hospital for a cost estimate and details of what medical treatment is to be carried out. Where eligible, an agreement will be put in place with the hospital to pay the bill on your behalf.

WHAT TO DO IF YOU NEED OUTPATIENT TREATMENT

In the unfortunate event of you falling ill and needing to seek medical advice, see your physician in the usual way taking a claim form along with you. You can request a claim form by sending an email to:

Email: **expatmedex@intana-assist.com**

Please note that any fee that your physician may charge for completing the claim form is your responsibility.

If you have any treatment on an out-patient basis such as a consultation or a test, for example an ECG/blood/urine test or x-ray, you should pay the bill yourself and obtain a receipted invoice as, you will need to include this with the claim form when you send it in.

Sending in your claim

Once your claim form has been fully completed, you should send it to us together with all supporting information and bills. You have the choice of either:

i. Scanning these documents and sending them by email to:

Email: expatmedex@intana-assist.com
If you choose to do this, please ensure that all documents are clearly scanned - don't forget to scan both sides of a document if appropriate.

ii. Faxing the documents to us on:

Fax: +44 (0) 1444 45 73 56
Please note: If you choose to send your claim to us by email or fax, you must still post all of the original documents to us at the address given below.

iii. Posting the original documents to us at:
Intana
PO Box 637
Haywards Heath West Sussex RH16 1WR
UNITED KINGDOM

Whichever method you choose to use, we recommend that you keep copies of all documents that you send to us.

GENERAL CLAIMS GUIDANCE NOTES

a. You only need to complete one claim form for each different medical condition, within each period of insurance, regardless as to how many bills you have to send in. If, having submitted your claim form you receive further bills for the same medical condition, just send them in together with an accompanying letter making sure you quote your membership number. Alternatively, take a copy of your original claim form and attach it to any subsequent bills received.

b. Please remember that you must submit your claim, together with all invoices, within 6 months of the date of service or treatment, otherwise they will not be considered for reimbursement.

c. You must provide us with written details in response to any request for information regarding a claim within 28 days of us asking for it or as soon as reasonably possible thereafter. In certain circumstances, we may ask you to undergo a medical examination which we will pay for. You must provide us with a written statement to substantiate your claim together with (at your own expense) all necessary documentary evidence, information, certificates, receipts and reports that we may reasonably request you to supply. For example, in addition to a completed claim form, invoices and/or receipts, we may ask for medical reports, test results, prescriptions, medical history and other information pertinent to the treatment being claimed for. In some instances it may also be necessary to request information such as a police report, death certificate, autopsy report and travel itineraries. Failure to provide us with the information we have reasonably requested will result in us being unable to assess your claim.

d. Where a deductible applies to your policy, it is on a **per person per period of insurance basis**, and it will be applied once a year to each insured person. At the start of each period of insurance you are responsible for bearing the eligible costs for any expenses up to the value of your deductible – we will pick up the eligible costs thereafter. Please remember to send us a completed claim form together with all bills so that we can work out the amount payable once you have incurred eligible costs up to the level of your deductible.

e. How your claim is refunded is up to you. We can pay you by bank transfer, foreign draft, directly to your credit/debit card or cheque, so please make sure to indicate your preferred method on the claim form. We cannot be held responsible for the costs charged by some banks or credit card companies for currency conversion costs.

f. For claims made where you have incurred expenses in a currency other than the currency which is

operative under your policy, settlement will be calculated using the appropriate exchange rate prevailing at the date of which your treatment took place.

g. We may at any time, pay an insured person and/or a service provider our full liability under this policy after which no further liability will attach to us in any respect or as a consequence of such action.

QUERIES ON YOUR POLICY

For any queries regarding your policy you should contact the plan administrator.

MAKING A COMPLAINT

We will always aim to provide a first class service at all times. However, with the best will in the world things can sometimes go wrong and we would much rather hear about it than leave you feeling dissatisfied. As a customer driven, client focused company we rely on your feedback to help us continually improve our service levels.

If you have any concerns about any aspect of the service you have received, please write in the first instance to:

The Quality Department Astrenska Insurance Limited PO Box 637
Haywards Heath West Sussex RH16 1WR
UNITED KINGDOM

Email: quality@astrenska.com

We will aim to provide you with a full response within four weeks of the date we receive your complaint and our response will be our final decision based on the evidence presented. If for any reason there is a delay in completing our investigations, we will explain why and tell you when we hope to reach a decision. In any event, should you remain dissatisfied or fail to receive a final answer within eight weeks of us receiving your complaint, you may have the right to refer your complaint to an independent authority for consideration. That authority is the Financial Ombudsman Service (FOS) at:

Exchange Tower, London,
E14 9SR,
UNITED KINGDOM

Tel: +44 (0) 800 0234 567 or +44 (0) 300 123 9 123

Further details can be found on their website at www.financial-ombudsman.org.uk

Please note that if you wish to refer this matter to the FOS you must do so within six months of our final decision. If you do not refer your complaint within six months, the Ombudsman will not have our permission to consider your complaint and will only be able to do so in very limited circumstances. For example, if it is believed that the delay was as a result of exceptional circumstances. You must have completed the above procedure before the FOS will consider your case. Your legal rights are not affected.

SECTION 4 – BASIS OF YOUR INSURANCE COVER

OUR AGREEMENT

The application form you completed, together with any supplementary information provided, this policy, the summary of benefits and the certificate of insurance together with any endorsements, are all part of the contract of insurance between you and the insurer and should be read as one document. Provided the required amount of premium is paid on the date due, then we will provide you and the persons listed in the certificate of insurance with the benefits set out in this policy.

The insurance is effective only after we have issued written confirmation that you have been accepted for cover and you become, and remain, insured in accordance with the terms and conditions set out in this policy.

It is your obligation to ensure that the information you supply to us in your application form is true and fully accurate to the best of your knowledge. The accuracy of the information received at application will determine whether or not we accept your application, and, if accepted, whether or not we issue any special terms.

UNDERSTANDING THE SCOPE OF YOUR INSURANCE COVER

You will find details of what is covered and what is not covered set out in this policy in the relevant sections. Please make sure that you read them and that you fully understand the scope of your insurance cover.

OUR PHILOSOPHY

As a valued customer you have important rights and entitlements. You are entitled to expect:

Politeness and courtesy	Your requirements will always be dealt with promptly, politely and with professional courtesy. No query is too trivial or too much trouble to deal with.
Helpful advice and guidance	We are here to help you if you have any doubts or concerns about your cover or if you need advice on how to make a claim and make proper use of your policy.
Confidentiality	Any medical information we hold about you or your family will be treated in the utmost confidence and will not be shared or given to anyone else, other than to administer your policy and where we are required to do so by law.
Professional and efficient service	We aim to provide our members with a high standard of service at all times. Any claims submitted will be dealt with promptly and considered fairly and impartially (without any bias or preference) within the terms and conditions of this policy.

SECTION 5 – DEFINITIONS

Certain words and phrases used in this policy and the other documentation which forms part of your policy, have specific meanings which are defined below. Where words and phrases are not shown, they will take on their usual meaning within the English language.

Accident/Injury

A sudden, unintentional and unexpected bodily injury caused by violent or external means.

Acute

A medical condition of rapid onset resulting in severe pain or symptoms which is of brief duration and that is likely to respond quickly to medical treatment which aims to return you to the state of health you were in immediately before suffering the medical condition or which leads to your full recovery.

Ancillary Services

Supplemental healthcare services such as laboratory work, x-rays, physical therapy or surgical appliances used by a specialist during surgery that are provided in conjunction with medical or hospital care.

Annual Renewal Date

The day after the expiry date as shown on the certificate of insurance.

Application

The application form you have completed on behalf of yourself or any eligible dependants for acceptance into the plan, as well renewal of cover under the plan, or reinstatement.

Area of Cover

The territorial limits of your chosen plan:

AREA 1 (EUROPE) comprises the following countries: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russia (west of the Urals), Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State.

AREA 2 (WORLDWIDE EXCLUDING USA, CANADA & CARIBBEAN) comprises all countries worldwide with the exception of the following: United States of America, Canada, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Dutch Antilles (including St. Marten), Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad & Tobago, Virgin Islands and any other Caribbean Islands not listed.

AREA 3 (WORLDWIDE) comprises all countries worldwide.

Your cover is restricted to the area of cover you have chosen and is stated on your certificate of insurance.

Benefit

A general term which refers to any service or supply covered by the plan.

Birth Defect

A deformity or medical condition which is caused during pregnancy and/or childbirth.

Cancellation

Early termination of the contract initiated by us or you (see page 26 for details).

Cancer

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukaemia, lymphoma and sarcoma.

Certificate of Insurance

The document attaching to this policy which shows your name together with your selected area of cover, period of insurance, inception and expiry dates, name of the insurer and any special terms, conditions and exclusions which apply to this policy.

Chronic Medical Condition

A medical condition which has two or more of the following characteristics:

- It has no known recognised cure
- It continues indefinitely
- It has come back
- It is permanent
- Requires palliative treatment
- Requires long-term monitoring, consultations, check-ups, examinations or tests
- You need to be rehabilitated or specially trained to cope with it.

Claim

The total cost of treating a single medical condition or bodily injury.

Co-insurance

The proportion of eligible costs which you are responsible for bearing.

Complications of Pregnancy and Childbirth

For the purposes of this policy 'Complications of Pregnancy and Childbirth' shall only be deemed to include the following: toxaemia, gestational hypertension, pre-eclampsia, ectopic pregnancy, hydatidiform mole, ante and post- partum haemorrhage, retained placenta membrane, stillbirths, miscarriage, medically necessary caesarean sections and medically necessary abortions.

Congenital Abnormality

Development of an abnormal organ or structure within the foetus whilst in the womb.

Consultant

A surgeon, anaesthetist or physician who is legally qualified to practise medicine or surgery following attendance at a recognised medical school and is recognised as having a specialist qualification in the field or expertise in the treatment of the disease, illness or injury being treated.

Country of Residence

The country where the insured person(s) covered by this policy have their primary residence; and in which they normally live; during each period of insurance.

Critical Medical Condition

A medical condition arising which, in the opinion of our physician and in consultation with the local treating doctor, requires immediate transfer to an appropriate medical facility.

Date of Entry

The date that insurance cover under this policy first starts as stated on your certificate of insurance.

Day-Care/Day-Patient

Medical treatment provided in a hospital or day-patient unit for a medical procedure which for medical reasons could not have been performed on an outpatient basis and which requires you to occupy a hospital bed but is not medically necessary to occupy a bed overnight.

Deductible/Excess

The amount of money stated on the certificate of insurance which is payable by the insured person. Please refer to the 'General Claims Guidance Notes' on page 5 for details as to how the deductible applies.

Dentist

A physician who is recognised as a dentist, legally carrying out their profession in the country where the treatment is given.

Dependant

The principal member's:

- Legal spouse or partner of the same or opposite sex;
- Child, step-child or legally adopted child provided that he/she is under age 19 and unmarried (or under age 25, unmarried and in full-time further education) on the date first included under this policy or at any subsequent annual renewal date.

Direct Settlement

Where after receiving treatment for an eligible medical condition, the costs are settled directly by us (only available in certain countries).

Effective Date

The first date of cover shown on your certificate of insurance.

Eligible Charges

Costs, fees and expenses for all of the Items of benefit set out in this policy.

Emergency Care

Medical treatment given in the accident and emergency department of a hospital to evaluate and treat acute medical conditions, whether resulting from an accident or the sudden onset of an illness where it is reasonable for the insured person to believe that the symptoms of their condition are of such severity in nature that failure to seek immediate medical treatment could result in either placing their health in serious jeopardy or causing impairment of bodily function.

Emergency Dental Treatment

Dental treatment necessary as a result of an accident caused by an extra-oral impact, received within 48 hours from the date and time of the accident for the immediate relief of pain caused by natural teeth being lost or damaged.

Emergency Medical Transfer

Medically necessary emergency transportation and medical care where approved by us. This includes medical care during the process of transporting an insured person who is suffering from a critical medical condition to the nearest suitable hospital, which may not necessarily be in the insured person's country of residence.

Emergency Medical Treatment

Emergency care for an accident or medical condition occurring outside the insured person's selected area of cover which could not be delayed until the insured person returns to their country of residence.

Expiry Date

The date on which all insurance cover under this policy ends.

Full Medical Underwriting (FMU)

Refers to the application process in which you would complete a full application and health questionnaire. Acceptance is not guaranteed with full medical underwriting and certain conditions may be excluded in full based on disclosure.

Home Country

The country for which the insured person holds a current passport. Where an insured person holds dual nationality, their home country will be the one nominated on the application form completed for membership of this policy.

Hospice

A facility that provides palliative care for terminally ill patients.

Hospital

Any institution 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.

Illness

Any sickness, disease, disorder or alteration that affects your state of health and has been diagnosed by a physician.

Inception Date

The date that your insurance cover under this policy starts as shown on your certificate of insurance.

Inpatient

Medical treatment provided in a hospital where, out of medical necessity, a bed is occupied overnight.

Insured Person/You/Your/Yourself

You and any eligible dependants included on the certificate of insurance.

Insurer

Astrenska Insurance Limited.

Level of Cover

The name of the schedule of benefits that applies as detailed on your certificate of insurance.

Lifetime Limit

The maximum amount of money we will pay in respect of the benefits set out in your benefit schedule during the lifetime of this policy including any other policies effected with us.

Medical Condition

Any disease or illness (including psychiatric illnesses), not otherwise excluded by this policy.

Medically Necessary

Treatment which a physician or dentist considers necessary, appropriate and required to treat a condition that is covered on your plan, and which is consistent with UK medical practice and guidelines regarding its type, frequency and duration.

Medical Specialist

A person suitably qualified and legally licensed to practise medicine in the country where treatment is provided and who holds a certificate of specialist training. The specialist must be practising within the scope of his/her licence and training.

Medical Treatment

The provision of recognised medical and surgical procedures and healthcare services which are administered on the order of and under the direction of a physician, for the purposes of curing a medical condition, bodily injury or illness, or to provide relief of a chronic medical condition.

Moratorium Underwriting

Where blanket exclusions for any pre-existing medical conditions you have had prior to your inception date apply. The moratorium refers to the fact that if, after 2 years of continuous cover under your plan, you have been without symptoms or treatment, consultation, advice (excluding routine check-ups), medication (including injections) or special diet for a pre-existing condition (or any related condition), then should you require subsequent treatment for that condition, you will have cover for it subject to the plan's terms and conditions and benefit limits.

Organ Implantation

Medical treatment undertaken to perform the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes).

Outpatient

Medical treatment provided in a consulting room, emergency room or outpatient clinic without the need for inpatient or day-patient treatment or care.

Overall Annual Maximum

The total amount of money we will pay in respect of the benefits set out in your schedule of benefits during each policy year the policy is in force.

Palliative Treatment

Treatment where the primary purpose is only to offer temporary relief of symptoms rather than to cure the medical condition causing the symptoms.

Period of Insurance

The period of time as shown on your certificate of insurance during which this policy is effective, subject to payment of the required premium.

Physician

A legally licensed medical/dental practitioner who is authorised by the appropriate governing authorities to practise general medicine and/or primary care in the country where treatment is provided.

Physiotherapy

Medical treatment recommended by a physician as being medically necessary to treat an illness, bodily injury or medical condition where provided by a licensed and qualified physiotherapist. Physiotherapy does not include ante-natal and maternity exercises, manual therapy, sports massage or occupational therapy.

Policy Holder/ Plan Holder

The person or company/organisation stated on the certificate of insurance who is responsible for paying the premium and ensuring that the policy terms and conditions are adhered to.

Pre-authorisation

The process by which you are required to pre-approve coverage/ treatment for a specific medical procedure or prescription drug.

Pre-existing Medical Condition

Any medical condition, psychological condition or 'related condition' for which you have received treatment, suffered any symptoms (whether investigated or not) or sought advice prior to your date of entry. A 'related condition' is deemed to be any medical condition that is either an underlying cause of, or directly attributable to, the medical condition subject to claim.

Premature Baby

A baby born before the start of the 37th week of pregnancy.

Premium

The amount you are required to pay to us prior to your insurance plan becoming active.

Prescription Drugs

Medications or drugs that have been supplied by the order of a physician, dentist or medical specialist.

Reasonable and Customary

The amount that would typically apply to your treatment based on the average amount charged by medical service providers in the country where you receive your treatment.

Rehabilitation

Therapy treatments such as physical, occupational or speech therapy aimed at restoring full function after a specific medical condition or treatment.

Renewal Date

The anniversary of your effective date. Generally every 12 months.

Schedule of Benefits

The schedule outlining the benefits covered on each sub-plan

Session

A single continuous consultation for the purpose of therapy treatment, advice, or prescribed medication.

Subrogation

Our right to act as your substitute to pursue any rights you may have against a third party who is liable for a claim paid by us under this policy.

Waiting Period

A period of time from your effective date during which your health insurance cover is limited or excluded in full. Typically applied to pre-existing conditions.

We/Us/Our

Astrenska Insurance Limited.

SECTION 6 – SCHEDULE OF BENEFITS

We will pay costs up to the amounts stated in the benefit schedule for each insured person during each period of insurance. Our liability in respect of all claims will cease immediately upon termination of this policy, deletion of an insured person from this policy or non-payment of premium. Please note that those benefits which provide 'Full Cover' are all subject to costs being usual, reasonable and customary for the services provided.

All currency is US$	expatMedex **BRONZE**	expatMedex **SILVER**	expatMedex **GOLD**
Overall Annual Maximum	$1,000,000	$3,000,000	$5,000,000
Annual deductible	$100	$100	$100
INPATIENT TREATMENT / DAY-PATIENT TREATMENT / HOSPITALISATION			
Standard private room accommodation, nursing, operating theatre fees, intensive care unit, in-patient or day-patient surgery, surgeons' fees, anesthetists fees, consultants' fees, physician fees, diagnostic procedures (including x-rays), pathology, MRI, PET & CT scan	100% (up to 240 nights)	100% (up to 240 nights)	100%
Prescribed medication	100%	100%	100%
Cancer care including chemotherapy and radiotherapy	100%	100%	100%
Public hospital daily indemnity benefit	$50 (maximum of $1,000)	$50 (maximum of $1,000)	$100 (maximum of $1,000)
Organ transplant	Not covered	Not covered	$500,000
Premature babies	Not covered	Not covered	$15,000 (lifetime maximum for first 31 days after each birth)
Psychiatric treatment (12 month waiting period applies)	Not covered	$5,000 (lifetime maximum of $20,000)	$10,000 (lifetime maximum of $30,000)
OUTPATIENT TREATMENT			
*Bronze Plan: Maximum of 15 consultations per insured person per period of insurance *Silver Plan: Maximum of 20 consultations per insured person per period of insurance *Gold Plan: Maximum of 30 consultations per insured person per period of insurance			
The services of a physician, specialist or consultant, physiotherapist or, chiropractor	$75 per consultation*	$75 per consultation*	100%*
Surgical intervention consultation	$500 per consultation (maximum of 3 consultations per period of insurance)*	$500 per consultation (maximum of 3 consultations per period of insurance)*	100%*
Psychiatrist consultation	Not covered	$60 per consultation*	100%*
Alternative medical benefits (Osteopathy, Acupuncture & Homeopathy)	Not covered	$75 per consultation*	$75 per consultation*
Prescription medication related to a covered condition	100%	100%	100%
X-rays, pathology, diagnostic tests and procedures, MRI, PET & CT scans, Endoscopy (gastroscopy, colonoscopy, cystoscopy)	$600	$600	$1,000
Emergency out-patient treatment	$1,000,000 (lifetime maximum)	$1,000,000 (lifetime maximum)	$1,000,000 (lifetime maximum)

All currency is US$	expatMedex **BRONZE**	expatMedex **SILVER**	expatMedex **GOLD**
WELLNESS BENEFITS, OPTICAL & AUDIOLOGY BENEFITS*			
Adult wellness health check: check-ups and routine examinations (12 month waiting period applies) over age 18	Not covered	Not covered	$175
Well child care: check-ups, routine visits and vaccinations (12 month waiting period applies) up to age 18	$20 per visit (maximum of 3 visits per period of insurance)	$35 per visit (maximum of 3 visits per period of insurance)	$200 per visit (maximum of 3 visits per period of insurance)
Eye sight test, one each year (12 month waiting period applies)	Not covered	Not covered	100%
* Standard policy period deductible does not apply to wellness benefits			
DENTAL BENEFITS			
Emergency dental treatment following an accident	$500	100%	100%
SUPPLEMENTARY DENTAL BENEFITS (where purchased) *			
*Overall combined maximum limit $1,000			
Class I – covers the cost of diagnostic, general and preventative treatment	100%	100%	100%
Class II – covers the cost of restorative (basic), endodontics, prosthodontics – removable (maintenance), prosthodontics – fixed bridge (maintenance) oral surgery	80%	80%	80%
Class III – covers the costs of orthodontic treatment (3 month waiting period applies). Deductible does not apply	50% of costs (lifetime maximum $1,000)	50% of costs (lifetime maximum $1,000)	50% of costs (lifetime maximum $1,000)
*Standard policy period deductible does not apply to supplementary dental benefits. However, Individuals are subject to a $50 deductible and families subject to a $150 deductible. Orthodontic treatment is not subject to any deductible			
MATERNITY BENEFITS			
Routine pregnancy and childbirth (12 month waiting period applies)	Not covered	Not covered	7,500 per pregnancy
Complications of pregnancy and childbirth (12 month waiting period applies)	Not covered	Not covered	$15,000
Contribution for newborn pediatric check-ups	Not covered	$100	$300
EVACUATION, TRAVEL & TRANSPORATION BENEFITS			
Emergency medical evacuation	100%	100%	100%
Medical escort to accompany insured person	100%	100%	100%
Reasonable travelling costs of a friend or close relative to accompany insured person	100%	100%	100%
Overnight accommodation costs for friend or close relative up to maximum of 10 nights	$180	$270	$360
Medical referral assistance including replacing essential prescription drugs	100%	100%	100%
Return economy class ticket for adult to take care of any children at home of insured person	100%	100%	100%
Return economy class ticket for close friend or relative to travel to the location of insured person	100%	100%	100%
Emergency medical treatment while travelling outside your area of cover	30 days	30 days	30 days

All currency is US$	expatMedex **BRONZE**	expatMedex **SILVER**	expatMedex **GOLD**
LOCAL BURIAL OR RETURN OF MORTAL REMAINS			
Transportation of the deceased's mortal remains to their home country **OR**	100%	100%	100%
Contribution to the cost of the coffin **OR**	$540	$630	$720
Cremation costs in the country where death occurred and transportation of the urn to the deceased's country or residence of home country **OR**	$540	$720	$900
Local burial in the country where death occurred (other than home country)	$1,800	$2,700	$3,600
Compassionate return economy ticket and accommodation for up to 10 nights to visit their home country where a close relative (under the age of 75) of the insured has either died or is in a life threatening condition	Not covered	Not covered	100%
HAZARDOUS SPORTS COVER (where purchased)			
Cover provided for participation in non-professional, non-sanctioned, recreational sports and activities at amateur level only, including but not limited to; motorcycle and motor scooter riding, mountaineering (to a 4,500 meter limit), hang gliding, parachuting, bungee jumping, water skiing, snowmobiling and snowboarding	$20,000 (lifetime maximum)	$20,000 (lifetime maximum)	$20,000 (lifetime maximum)

SECTION 7 – WHAT IS COVERED AND WHAT IS NOT COVERED

We will pay costs up to the amounts stated in the summary of benefits appropriate to your chosen level of cover for each insured person during each period of insurance. Our liability in respect of all claims will cease immediately upon termination of this policy, deletion of an insured person from this policy or non-payment of premium.

Item 1 – Inpatient Treatment/Day-patient Treatment/Hospitalisation

What is covered:

a. Eligible charges for hospital accommodation in a standard single bedded room, nursing services, operating theatre fees, intensive care/coronary care unit, special nursing fees, surgeons' fees, anaesthetists' fees, consultants' fees, physician fees, diagnostic procedures (including X-rays), pathology, MRI, PET and CT scans.
b. Eligible charges for prescribed drugs and medicines.
c. Eligible charges for an insured person who is diagnosed as suffering from cancer, whether it is in its acute, chronic or terminal stage, all and any treatment received thereafter on an in-patient, day-care, or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, routine management and palliative treatments; will be assessed and paid for under this item. Eligible costs incurred up until the point of diagnosis are not assessed under this item of your policy.
d. A hospital daily allowance is payable where Inpatient treatment has been received at a public hospital free of charge for which no claim is made under any other section of this policy. The benefit is payable on a daily basis up to the maximum stated on your schedule of benefits.*
e. Eligible charges directly related to the implantation of the following natural human organs: kidney, liver, heart, lung and skin grafts (where medically necessary and not for cosmetic purposes).
f. Eligible charges towards premature babies (see definitions) where received within the first 31 days of life, up to the maximum benefit limit specified. The newborn must be added to the policy (see Adding or Removing your Dependants).
g. Eligible charges for hospital accommodation in a standard single bedded room in a registered psychiatric unit for a psychiatric illness including: consultant psychiatrist' fees; diagnostic procedures; and prescribed drugs and medicines. This benefit is subject to a lifetime maximum.

* Annual deductible does not apply to this benefit.

Please note that any claim under this item for an admission to hospital needs to be pre-authorised by us otherwise a 25% co-insurance will apply. Emergency admissions to hospital must be reported within 2 days otherwise 25% co-insurance will apply.

What is not covered:

a. Hospital accommodation for an accompanying adult or child.
b. Rehabilitation.
c. Nursing at home or hospice care.
d. The costs associated with locating a replacement organ or any costs incurred for the removal of the organ from the donor, the transportation costs of the organ and all associated administration costs.
e. Costs associated with the procurement and/or implantation of an artificial and/or non-human organ.
f. Medical treatment associated with cryopreservation, implantation or re-implantation of living cells or living tissues whether autologous or provided by a donor.
g. Medical treatment for a newborn which requires regular testing, monitoring, accommodation or surgical intervention unless the newborn is enrolled on the mother's policy within 31 days of birth.
h. In respect of item 1g above, any costs incurred within the initial 12 months of cover.
i. Medical treatment for a medical condition that has qualified under one of the following benefit items:
    i. Item 3 Wellness Benefits
    ii. Item 6 Maternity Benefits

Item 2 – Outpatient Treatment

What is covered:

a. Eligible charges for professional services for or referrals rendered by a:
   - Physician
   - Specialist or consultant
   - Physiotherapist
   - Chiropractor
   - Surgical intervention (maximum of 3 consultations per period of insurance)
   - Psychiatrist
   - Alternative benefit consultant (Osteopathy, Acupuncture, Homeopathy)

   Benefits are paid on a 'per consultation' basis and subject to a combined maximum number of consultations detailed on your schedule of benefits.
b. Eligible charges for prescribed drugs, medicines, slings, supports and bandages.
c. Eligible charges for diagnostic tests; investigations including x-rays, ECG, pathology, histology, MRI/CT/PET scans, endoscopy (gastroscopy, colonoscopy, cystoscopy).
d. Eligible charges for emergency Out-Patient treatment undertaken by a recognised medical facility.

What is not covered:

a. Hormone replacement therapy.
b. Medical treatment for a medical condition that has qualified under one of the following benefit items:
   i. Item 3 Wellness Benefits
   ii. Item 6 Maternity Benefits

Item 3 – Wellness Benefits, Optical & Audiology Benefits*

What is covered:

a. Eligible charges towards one annual adult wellness screening. Wellness screening includes cancer screening (cervical smears, mammograms and prostate/colon/testicular screening).
b. Eligible charges for routine and preventative vaccinations for an insured child up to age 18. Maximum 3 visits per period of insurance.
c. One annual eye/vision test.

* Annual deductible does not apply to this benefit.

What is not covered:

a. Any costs incurred within the initial 12 months of cover.

Item 4 – Dental Benefits

What is covered:

a. Emergency dental treatment for immediate pain relief where required as a direct result of an accident. Only treatment received during the first 48 hours following the date of the accident is covered.

What is not covered:

a. Emergency dental treatment caused by:
   i. eating or drinking
   ii. normal wear and tear
   iii. tooth brushing or any other oral hygiene procedure
b. Emergency dental treatment shall not include: restorative or remedial work; the use of any precious metals; orthodontic treatment of any kind; or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.
c. Gingivitis, periodontitis or gum disease of any kind.
d. The costs of precious metals in any dental procedure.
e. Dental surgery performed in a hospital, unless the surgery is the only treatment available to alleviate pain.

Please note that any claim under this item for an admission to hospital needs to be pre-authorised by us otherwise a 25% co-insurance will apply. Emergency admissions to hospital must be reported within 2 days otherwise 25% co-insurance will apply.

Item 5 – Supplementary Dental Treatment (available at an additional premium)*

What is covered:

a. One annual check-up, one annual visit to the hygienist and charges for diagnostic, general and preventative treatment.
b. Extractions (other than wisdom teeth), X-rays, moulds, fillings using amalgams or composite materials and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings. Root canal treatment; new, or repairs to porcelain crowns; new, or repairs to bridgework.
c. Costs of orthodontic treatment

*Standard annual deductible does not apply to supplemental dental benefits. However, individuals are subject to a $50 deductible and families are subject to a $150 deductible. Orthodontic treatment is not subject to any deductible.

What is not covered:

a. Gingivitis, periodontitis or gum disease of any kind.
b. The costs of precious metals in any dental procedure.
c. Dental surgery performed in a hospital, unless the surgery is the only treatment available to alleviate pain.
d. Orthodontic treatment received within the initial 3 months of cover.

Item 6 – Maternity Benefits

What is covered:

a. Eligible charges for normal pregnancy and childbirth including: all pre-natal care; delivery costs; hospital accommodation for the newborn, immediately following birth; and post-natal care for the mother.
b. Eligible charges for 'Complications of Pregnancy and Childbirth' including: all pre-natal care; delivery costs; hospital accommodation for the newborn immediately following birth; and post-natal care for the mother; medically necessary caesarean sections and medically necessary abortions (see definitions).
c. Eligible contribution towards the initial paediatric check-up.

What is not covered:

a. Costs incurred within the initial 12 months of cover.
b. Terminations of pregnancy on non-medical grounds.
c. Ante-natal classes and midwifery that is not directly associated with the childbirth.
d. Infertility treatment.
e. Medical treatment for any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth.
f. Any costs relating to a birth defect, congenital illness or abnormality.
g. Complications which may arise during, or as a result of a planned home birth delivery.
h. Medical treatment for a newborn which requires regular testing, monitoring, accommodation or surgical intervention unless the newborn child is enrolled on the mother's policy within 31 days of birth.

Please note that any claim under this item for an admission to hospital needs to be pre-authorised by us otherwise a 25% co-insurance will apply. Emergency admissions to hospital must be reported within 2 days otherwise 25% co-insurance will apply.

Item 7 – Evacuation, Travel & transportation Benefits

What is covered:

a. Eligible costs of transporting the insured person to the nearest suitable hospital in either their country of residence or a nearby country and returning the insured person to their country of residence after treatment.
b. Eligible costs of a medical escort where necessary to accompany the insured person during transportation.
c. Eligible travelling costs of a friend or close relative, to accompany the insured person during transportation. The friend or close relative must have been travelling with the insured person at the time of the event necessitating transportation.
d. Eligible charges for overnight accommodation for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated are on a 'per night' basis up to a maximum of 10 nights for each new and separate event.
e. Medical referral assistance services including the provision of basic medical advice by telephone and assistance in replacing essential prescription drugs.
f. Following an emergency medical transfer or evacuation, we will arrange and pay to transport, to a specified destination, any child/ren under age 19 left at home unattended or pay for the travelling costs (for one economy class return ticket, of a person to take care of the child/ren at home.
g. Where the insured person needs an emergency medical transfer/evacuation but does not have an accompanying friend or close relative, we will arrange and pay for one return trip, based on an economy class fare, for a friend or a close relative to travel to the location where the insured person is hospitalised.
h. Eligible costs of emergency treatment when travelling outside any of the countries of your area of cover. This will only operate when you do not travel for more than 30 days in total in each period of insurance.

What is not covered:

a. Any subsequent transfer costs arising as a result of the same medical condition, once we have returned the insured person to their country of residence.
b. Travel and accommodation costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel.
c. Evacuation costs where the insured person is not being admitted to a hospital for medical treatment, or where costs have not been approved by us prior to travel commencing.
d. The transfer of a pregnant woman to hospital for routine childbirth unless it is necessary due to medical complications.
e. Any additional travelling costs incurred by the nominated close relative or friend if it is necessary for us to arrange for the insured person to be transferred to a second hospital within the same country.
f. Any costs incurred where the insured person has died in their home country.
g. Transfer costs to any elected country which is not able to provide adequate medical treatment for the insured person's medical condition.
h. Care of an unaccompanied child in the event of a scheduled major surgical intervention which does not involve an emergency medical transfer or evacuation.
i. Any costs for either non-emergency medical treatment outside your area of cover or where the total number of days travelling in each period of insurance exceeds 30 days.

Item 8 – Local Burial or Return of Mortal Remains

What is covered:

a. In the event of the death of an insured person while outside their home country, we will provide one of the below four services, according to the wishes of the deceased or next-of-kin:
   i. Transportation of the deceased's mortal remains to the deceased's home country
   ii. Contribution towards the cost of the coffin
   iii. Cremation costs in the country where death occurred and transportation of the urn to the deceased's country of residence or home country
   iv. Local burial in the country where death occurred (other than the home country)
b. If an insured person has to return to their home country because a close relative under age 75 has had an accident and as a result, has either died or been hospitalised and is in a life threatening condition, we will pay for one first class return rail fare or economy class return air fare and accommodation expenses up to 10 nights, to enable the insured person to travel back to and stay in their home country.

What is not covered:

a. Burial and cremation costs do not include the cost of a religious practitioner, floral tributes, musical provision, hire of funeral vehicles or food and beverages.
b. Any costs incurred for transportation, cremation or local burial of mortal remains where death has occurred directly or indirectly as a result of a medical condition, treatment or accident, not covered under this policy.

Item 9 – Hazardous Sports Cover (available at an additional premium)*

What is covered:

a. Cover for medical costs incurred with respect to bodily injury or illness suffered or sustained while participating in hazardous sports and activities providing they are non-professional, at amateur level and recreational only: Hazardous sports included for cover include motorcycle, motor scooter and mountain bike riding; mountaineering (to a maximum altitude of 4,500 metres); hang gliding; parachuting; bungee jumping; tandem para-gliding (with expert instructor); potholing; water skiing, snow skiing, snowboarding, skidoo and snowmobiling; quad biking; safari (organised – no guns); animal conservation/game reserve (when with a guide on an organised tour); caving (not solo); jet boating; jet skiing; kite surfing/land boarding/buggying; motor/power boating; mountain boarding; sailboarding; canyoning; white water canoeing (grades 1 to 4); white or black water rafting (grades 1 to 4); parasailing; para-skiing; scuba diving to a depth less than 30 metres (with expert instructor with a current PADI Certificate); water skiing; wake boarding; surfing; zorbing/hydrozorbing; sandboarding; fishing (fresh water/deep sea); parascending (over water); sand yachting; snorkelling; windsurfing;

* Many of the above listed sports and activities require strict control and tuition of experts employed by the local organiser and the correct safety equipment used for the given activity: Any pursuits or activities not listed above must be referred to us for advice regarding cover, before the pursuit or activity is undertaken.

What is not covered:*

a. Any sport or activity not listed above.
b. Injury sustained while taking part in racing of any kind.
c. Scuba diving involving underwater breathing apparatus (unless PADI or NAU certified).
d. Any professional or sanctioned sports or activities.

*See general exclusions for full list of excluded sports and activities.

SECTION 8 – GENERAL EXCLUSIONS

The following exclusions apply to all Items of this policy. We will not pay claims for any of the following:

1. **(APPLIES TO APPLICANTS AGED 0-59 ONLY) *** Treatment for a pre-existing medical condition or 'related condition' for which the insured person has received treatment, suffered any symptoms (whether investigated or not) or sought advice at any time prior to their date of entry. A 'related condition' is deemed to be any medical condition that is either an underlying cause of or directly attributable to the medical condition subject to claim.

   However, a pre-existing medical condition may become eligible for benefit provided you have not: consulted a physician for medical treatment, check-ups, investigations or advice (including consultation or discussion) or taken medication (including prescribed drugs, medicines, special diets and injections) for the pre-existing medical condition subject to claim for a continuous period of 2 years after your date of entry. Many pre-e xisting conditions require regular check-ups, consultations, advice or medications and may never be covered. This is because each check-up, consultation, advice or medication starts the moratorium period again.

   *Above only applies to applicants aged 0-59. Applicants aged 60+ will be fully medically underwritten by us removing the blanket pre-existing exclusion above. Cover for pre-existing conditions will be available from the date of entry, however, certain medical conditions will be excluded in full based on disclosure.
2. Medical treatment for alcoholism, drug and substance abuse/dependency including any directly or indirectly attributable medical condition and/or bodily injury.
3. Medical treatment for any addictive and/or compulsive disorder.
4. Medical treatment due to the insured person being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs or narcotics.
5. Routine or major dental treatment of any kind (not including emergency dental treatment) unless purchased as an optional benefit at an additional premium. Including but not limited to gum disease and/or gingivitis.
6. Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self-harm.
7. Dietary supplements, nutritional supplements, bodybuilding supplements and substances, fibre, fatty acids, amino acids, vitamins, minerals and organic substances regardless as to whether prescribed by a physician.
8. Contraception, sterilisations or its reversal (including vasectomy), fertilisation, impotence, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition.
9. Medical treatment for any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth.
10. Any act that is fraudulent, illegal, criminal, deliberately careless or reckless on the insured person's part and any consequences directly or indirectly resulting from that act.
11. Any claim arising in the course of travel undertaken against medical advice.
12. Air travel when the insured person is more than 28 weeks pregnant.
13. Costs associated with medical treatment of a premature baby after the initial 2 months from date of birth.
14. Any claims arising from birth injuries or defects, congenital illness, or congenital abnormality.
15. Any costs incurred after the expiry of any period of insurance, unless this policy has been renewed for the next 12 month period and the required premium paid.

16. Medical treatment for Human Immunodeficiency Virus (HIV) or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions.
17. Any treatment which is experimental and/or unproven and any consequences resulting directly or indirectly from the treatment. For the purposes of this policy, experimental and unproven treatment is deemed to be any treatment not recognised scientifically by the official government control agency of the country where treatment is received.
18. Any treatment and/or use of drugs/medicines not licensed by the official government control agency of the country where treatment is received or where the drugs/medicines are prescribed or, drugs/medicines not used in accordance with their licensed indications.
19. Drug therapy and/or treatment provided by an unlicensed physician or where the physician is unlicensed in the country where the drug therapy and/or treatment is received.
20. Routine or preventative medicines, vaccinations of any kind and general health check-ups, unless specifically covered by your selected plan type.
21. Cosmetic surgery, cosmetic treatments or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, whether or not for psychological purposes. Cosmetic surgery or treatment will be considered where required as a direct result of:
    - an illness;
    - injury or accident; or,
    - surgery for cancer;

    which occurs during the period of insurance and which is covered by this policy.
22. Any claims arising from weight loss, weight problems or eating disorders.
23. Any claims arising from snoring or sleeping disorders.
24. Surgery to correct short or long sight or any other eye defect, unless caused as a result of an accident or medical condition occurring during the period of insurance.
25. Stem cell transplants for any medical condition.
26. Medical treatment performed by a physician who is a close relative of the insured person, unless previously approved by us.
27. Claims arising as a result of the insured person's participation in (engaging or practising for) specially hazardous sports, pursuits or activities including, but not limited to, the following (there may be cover for some of the below sports and activities under the optional hazardous sports cover):
    - Aqua-lung diving below 100 metres; shark feeding/cage diving; white water canoeing; white or black water rafting; yachting outside territorial waters; yachting (racing) scuba diving to a depth greater than 30 metres or where a current PADI Certificate is not held; tombstoning; canyoning;
    - Boxing; weight lifting; wrestling; hurling; professional sport; racing or stunting; motor sports; motorcycle, motor scooter and mountain bike riding; quad biking; racing of any kind other than that on foot;
    - Solo caving; cave diving or solo pot-holing; mountain climbing or mountaineering (involving the use of ropes or guides); rock or cliff climbing or scrambling;
    - Flying or taking part in other aerial activities except whilst travelling as a fare-paying passenger on a licensed airplane; hang-gliding/para-gliding; BASE jumping; high diving; micro-lighting; solo skydiving; bungee jumping;
    - Heli-skiing; bobsleigh/luge; ice sailing; ice windsurfing; skeleton; ski-jumping; snow skiing, snowboarding, skidoo and snowmobiling; ski racing; ski stunting; tobogganing;
    - Hunting/shooting; hunting on horseback; horse jumping; polo; point-to-point; safari with guns; steeple-chasing or horse-racing of any kind; safari; animal conservation/game reserve;
    - Motor/power boating; parasailing; para-skiing; parascending (over water); water skiing; wake boarding; surfing; jet boating; jet skiing; kite surfing/land boarding/buggying; mountain boarding;

sailboarding; sand yachting; sand boarding; fishing (fresh water/deep sea); snorkelling; windsurfing; zorbing/hydrozorbing;
- Karate and any form of martial arts or unarmed combat;

The following activities shall be covered if they are non-professional and at amateur level:

- Abseiling; American football; archery; athletics;
- Badminton; baseball; basketball; BMX cycling; bowls;
- Canoeing (on lakes, rivers or on the sea inside territorial waters); clay pigeon shooting; cross channel swimming; cricket, cross country running; curling; cycling;
- Dry skiing;
- Fell running; fencing; field hockey; football;
- Gaelic football (non-competitive); go karting (recreational use); golf, gliding; gymnastics;
- Hang gliding (tandem with expert instructor); handball; heptathlon; hiking (under 6,000 metres altitude); horse riding (basic riding only using natural gaits of walk, trot, canter/lope and gallop); hot air ballooning;
- Ice hockey; ice skating (on recognised and authorised areas); jogging; kayaking (inside territorial waters); lacrosse;
- Marathons; motorcycling (under 1000cc – no racing); mountain biking (on or off road); mountain climbing (up to 4,000 metres and which does not involve the use of ropes and/or guides); netball; orienteering; paintballing;
- Rambling; roller blading (line skating); roller hockey/street hockey; rounders; rowing (inland/coastal); rugby; running (sprint/long distance);
- Skate boarding; skiing on-piste; skydiving (tandem with expert instructor); snowboarding on-piste; squash;
- Tennis; trekking (under 6,000 metres altitude); triathlon;
- Volleyball, water polo, yachting (crewing inside territorial waters).

Any pursuits or activities not listed above must be referred to us for advice regarding cover, before the pursuit or activity is undertaken.

28. Any claim arising when the insured person is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.

29. Any expenses relating to 'search and/or rescue' operations to find an insured person in mountains, at sea, in the desert, in the jungle and similar remote locations.

30. Any expenses relating to an air/sea rescue operation or an evacuation/transfer from any offshore structure or sea going vessel to shore.

31. Any expense not specifically stated in this policy as being insured and any expenses which exceed the individual benefit limits or overall annual maximum of your plan type.

32. Any expenses where no supporting documents are available.

33. Any accounts, bills or invoices received by us more than 6 months after the date of treatment or the date the service was given.

34. Accommodation and medical treatment costs in a hospital where the establishment in question has effectively become the insured person's home or permanent residence/ hospice for end of life and where the admission is arranged wholly or partly for domestic reasons.

35. Accommodation and medical treatment costs in a nursing home, hydro spa, nature clinic, health farm, health spa, rest/retirement/convalescent home or any similar establishment.

36. Medical treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or development problems.

37. Any costs which are unnecessary, medically inappropriate or are over and above what is usual, reasonable and customary for the services provided.

38. Any claim in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device; or, chemical or biological agent.

39. Any claims whatsoever, except where injury is sustained as an innocent bystander, resulting from war, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or, taking part in civil commotion or riot of any kind.

40. Bodily injury or illness caused by an Act of Terrorism, except where such injury/illness is sustained as an innocent bystander, excluding any Act of Terrorism involving the use of nuclear weapons or devices, chemical or biological agents. Benefit is limited to medical treatment costs up to a maximum of $50,000 each insured person, each incident, subject to the individual limits of each Item of benefit.

    For the purposes of this policy an Act of Terrorism means an act including but not limited to the use of force or violence and/or the threat thereof of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public or any section of the public, in fear.

41. Any expense which at the time of happening is covered by or would, but for the existence of this policy, be covered by any other existing insurance certificate policy or state scheme. If there is any other cover in force which may pay in respect of the event for which the insured person is claiming, the insured person must tell us at the time they first contact us.

42. Costs which you would have otherwise had to pay even if the event which gave rise to a claim had not occurred.

43. Any loss directly or indirectly arising from the provision of, inability or any delay in providing the services to which this policy relates, unless negligence on our part can be demonstrated.

44. Any costs incurred where the insured person has travelled to a country or specific area which the Government or Embassy of their home country have advised against travelling to under any circumstances.

45. Any claims directly or indirectly caused or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.

46. Any claims directly or indirectly arising from the failure, breakdown or malfunction of any electronic or mechanical item of medical/surgical equipment of any kind.

SECTION 9 – GENERAL POLICY CONDITIONS

ELIGIBILITY FOR MEMBERSHIP

a. This policy is designed for both individual and a company sponsored/paid arrangement covering expatriates (persons living and/or working outside their home country) and their eligible dependants. Local nationals may be included but only subject to our prior written approval.

b. Newly insured applicants are eligible to be included for cover under this policy providing they are under age 60 at their date of entry (applicants age 60+ can still apply but are subject to full medical underwriting), subject to completion of the appropriate application form. In the case of children, they must be under age 19 and unmarried (or under age 25, unmarried and in full-time further education) at their date of entry.

    Children may remain covered under this policy until the annual renewal date first following their 19th birthday (or 25th birthday where in fulltime education) or marriage at which time their insurance cover under this policy will end.

    You and where covered your dependant spouse may remain covered regardless of age provided:

    - You continue to remain an employee of the policyholder;

- You and your spouse continue to remain expatriates;
- We continue to underwrite this policy.

If we decide to stop underwriting this policy, we shall give the policyholder not less than 120 days' notice in writing prior to this policy's next annual renewal date.

CONDITIONS OF ACCEPTANCE

We are entitled to refuse to accept an application from any person without giving a reason. We also reserve the right to ask for evidence of age, state of health, employment status or educational status. We may wish to apply special terms, exclusions or premium increases to reflect any exceptional circumstances regarding your application.

You and your insured dependants must be covered under the same policy and plan type providing identical cover and benefits.

You must answer all questions about this policy honestly and fully at all times. You must also tell us straight away if anything that you have already told us changes. If you do not tell us, your policy may be cancelled and any claim you make may not be paid.

DECLARATION AND CHANGES

You must immediately inform us of any change in the information given on the application form, in particular relating to your address, country of residence, the birth or adoption of a child or any other change involving your insured dependants.

ADDING OR REMOVING YOUR DEPENDANTS

a. Application to add your eligible dependants may be made at any time during the period of insurance subject to payment of the required premium.

b. A newborn child may be added to this policy from their date of birth provided we receive written notification from you within 31 days of their date of birth. If you notify us after this period, we will add the newborn child from the date we receive written notification and not their date of birth.

   Please note: Submission of a claim under Item 6 pregnancy and childbirth benefits does not constitute formal notification for the newborn to be added to the policy. A specific written instruction is required.

c. If you wish to delete any of your insured dependants from the policy, then you must make this request in writing. Deletion will be made from the date requested in writing or the date that written notification is received, whichever is the later.

TEMPORARY RETURN TO YOUR HOME COUNTRY

Cover will continue for temporary return and visits to your home country up to a maximum of 90 days in total during each period of insurance provided that your home country is included within your selected area of cover.

CANCELLING THE POLICY

If the policy is to be cancelled in its entirety, the policyholder must make this request in writing. Cancellation will be effective from the date requested in writing or the date that written notification is received, whichever is the later.

Providing no claim has been paid or pre-authorisation of expenses given in respect of any of the insured persons during the period of insurance, we will provide a pro rata refund of the unexpired portion of any premium paid for each complete month left to run, provided there is a minimum of 3 full months remaining of the period of insurance

from the date of deletion. If there is less than 3 full months or where a claim has been paid or pre-authorisation of expenses given, no refund will be given.

TERMINATION

This policy will automatically end in any of the following situations:

a. failure to pay the premium on the date due. At our absolute discretion, we may reinstate the cover if the outstanding premiums are paid to us in full, although we reserve the right to make any variation in the cover provided.

b. where you have deliberately negligently or deliberately carelessly misled us by mis-statement or concealment or failed to answer any question about this policy honestly and fully.

c. where you have failed to observe or breached the terms and conditions of this policy.

d. where you have acted in a fraudulent manner or deliberately claimed benefit either directly or indirectly to obtain unreasonable pecuniary advantage which is to our detriment.

e. on the date you or your employer tells us that you are to be deleted from cover.

f. 90 days after you return to your home country for good or the expiry date of this policy, whichever occurs first.

PERIOD OF INSURANCE

Subject to payment of the required premium, this policy will remain in force for a period of one year from the inception date and is renewable for successive one year periods at the prevailing terms, premium rates and benefits.

We will not cancel this policy because of either a deterioration in your health or the number/value of claims you or your insured dependants make unless we are prohibited or decide not to continue to underwrite this type of insurance in your country of residence.

ALTERATIONS TO THE POLICY

We may change the premium rates, terms, conditions and benefits of your policy from time to time but any such changes will not apply until the next annual renewal date first following introduction of such changes.

No alteration or waiver of the terms, conditions and benefits of this policy shall be accepted unless it is in writing by one of our authorised company officials.

CHANGING YOUR PLAN TYPE

You may only apply to change your plan type or area of cover at the annual renewal date of the policy. If we accept your application, we reserve the right to apply a variation in cover to any medical conditions which pre-existed the date of such change.

COVER WHILE TRAVELLING OUTSIDE YOUR AREA OF COVER

If you are travelling outside any of the countries of your area of cover, we will pay for emergency medical treatment only. This will only operate when you do not travel for more than 30 days in total in each period of insurance.

There is no cover for either non-emergency medical treatment outside your area of cover or where the total number of days travelling in each period of insurance exceeds 30 days.

On termination of this policy for whatever reason, our liability will immediately cease.

DEATH OF THE PRINCIPAL MEMBER

Should the principal member die, their spouse (provided already insured under this policy) will automatically become the principal member for the remainder of the period of insurance.

OTHER INSURANCE

If there is any other insurance covering any of the benefits that are provided under this policy for which a claim is made, then you must disclose this to us at the time of submitting the claim. In these circumstances, we will not be liable to pay or contribute more than our proper rateable proportion.

If it transpires that you have been paid for all or some of the claim costs by another source or insurance we have the right to a refund from you. We reserve the right to deduct such refund from you from any impending or future claim settlements or to cancel your policy from the inception date without a refund of premium.

SUBROGATION

We reserve the right to retain all rights of subrogation. You are not authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds you or us.

HELP AND INTERVENTION

Our help and intervention depends upon and is subject to local availability and has to remain within the scope of national and international law and regulations. Our intervention depends upon us obtaining the necessary authorisations issued by the various competent authorities concerned.

COMPLIANCE

Your full compliance with the terms and conditions of this policy is necessary before a claim will be paid.

GOVERNING LAW

This contract of insurance shall be governed and construed in accordance with English Law unless we agree otherwise. The courts of England and Wales alone shall have jurisdiction in any dispute.

SANCTIONS CLAUSE

We shall neither be deemed to provide cover nor shall we be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia, United Kingdom or United States of America.

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UK Registered Address: Cutlers Exchange, 123 Houndsditch, London EC3A 7BU. Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and Prudential Regulation Authority – registration number 202846.