morganprice international

Evolution Health Plan

Policy wording

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1 Introduction to your policy

Welcome and thank you for choosing the Evolution Health Plan from Morgan Price International Healthcare to look after your health insurance needs.

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

Take a few moments to familiarise yourself with your policy to make sure that you fully understand what is covered and what is not covered. Your policy has been written using plain language wherever possible and has been designed to set out all of the features and benefits of the Evolution Health Plan in a straightforward and easy to understand format. If there is any aspect of the Evolution Health Plan that you are unsure about, please let us know.

2 Cooling off period

If having purchased this insurance you decide that it does not meet your requirements then please return your policy documents to us within 14 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.

3 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: **+44 (0) 1444 44 28 65**

What to do if you are planning on an admission to hospital

If you know in advance that you:

- are planning to be admitted to hospital on either an in-patient or day-patient 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 Morgan Price Claims Department on: **+44 (0) 1444 44 28 65**

You will need to provide 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 Evolution Health 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 out-patient 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 obtain a claim form by logging onto: **www.morgan-price.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:

1. Scanning these documents and sending them by email to: **morganprice@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.

2. Faxing the documents to us on: **+44 (0) 1444 45 73 56**

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.

3. Posting the original documents to us at: **Morgan Price Claims Department, c/o Intana, PO Box 637, Haywards Heath, West Sussex, RH16 1WR, England, 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

- 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.

- 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.
- 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 for 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.
- If you have chosen a deductible/excess to apply to your policy, it will apply on a **per person per period of insurance basis**, which means that 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/excess – 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/excess.
- How your claim is refunded is up to you. We can pay you by bank transfer, foreign draft, directly to your credit 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.
- 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 processing your claim.
- 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:

Morgan Price International Healthcare Ltd
11a Forge Business Centre
Upper Rose Lane,
Palgrave
Diss
Norfolk
IP22 1AP
England
United Kingdom

Tel: + 44 (0) 1379 64 67 30

Fax: + 44 (0) 1379 65 27 94

Email: info@morgan-price.com

4 Basis of your insurance cover

The application form you completed, together with any supplementary information provided, this policy wording and the certificate of insurance together with the benefit schedule and 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 wording and within the benefit schedule of your certificate of insurance.

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

Provision of insurance services and benefits

So that you are clear as to the different parties providing the insurance services and benefits under this policy:

This is a Morgan Price International Healthcare Ltd (Morgan Price) policy. Morgan Price is responsible for the plan design, the sales, administration (including issue of policy documents and collection of premiums) and general management of this policy.

Astrenska Insurance Limited of PO Box 637, Sussex House, Perrymount Road, Haywards Heath, West Sussex, England, RH16 1WR is the insurer and underwrites all of the benefits provided under the policy.

Intana is the entity appointed by the Insurer to provide the services relating to claims handling and case management, evacuation and assistance under this policy.

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 cover.
- **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 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.

Our promise of service

We aim to provide a first class service at all times. However, if you have a complaint please contact us as detailed below. For complaints about the way this policy was sold to you or about how it has been administered, please contact:

Morgan Price International Healthcare Limited
11a Forge Business Centre
Upper Rose Lane
Palgrave, Diss
Norfolk IP22 1AP
England
United Kingdom

For all other complaints, including the claims service, please contact:

Quality Department
Astrenska Insurance Limited
PO Box 637
Haywards Heath
West Sussex
RH16 1WR
England
United Kingdom

Email: complaints@intana-assist.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:

South Quay Plaza
Exchange Tower
London
E14 9SR
United Kingdom

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

Please note that if you wish to refer this matter to the FOS you must do so within 6 months of our final decision. You must have completed the above procedure before the FOS will consider your case.

Your legal rights are not affected.

5 Words and phrases used in this policy

Certain words and phrases used in this policy wording 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

A sudden 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.

Ancillary services

Goods and services which are directly related to or associated with the provision of transportation.

Annual renewal date

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

Benefit schedule

The schedule included within your certificate of insurance which sets out the benefits available to you and your eligible dependants under this policy, in line with your chosen level of cover.

Birth defect

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

Bodily injury

An identifiable physical injury that directly results from an accident.

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 the name of the policyholder together with the insured persons, selected geographical area, selected currency (i.e. Great British Pounds, Euros or US Dollars), level of cover, benefit schedule applicable for your chosen level 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.

Close relative

Spouse or partner (of the same or opposite sex), mother, mother-in-law, father, father-in-law, stepmother, stepfather, legal guardian, daughter, daughter-in-law, son, son-in-law, (including legally adopted son or daughter), stepchild, sister, sister-in-law, brother, brother-in-law, grandparents, grandchildren or fiancé(e) of an insured person.

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.

Confinement to home

When an illness or injury restricts the ability of the insured person to leave their home, except with the assistance of another individual and the aid of a supportive device (such as crutches, a cane, a wheelchair or a walker). Any medically necessary absence from the insured person's home shall not disqualify an insured person from being considered to be confined to home.

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 practice 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 has their primary residence; and in which they normally live; during each period of insurance.

Critical medical condition

A situation where an insured person is suffering a medical condition, which in the opinion of our physician and in consultation with the local treating doctor, requires immediate evacuation to an appropriate medical facility.

Date of entry

The date that insurance cover under this policy first starts for an insured person.

Day-patient

Medical treatment provided in a hospital where an insured person is formally admitted but is not required, out of medical necessity, to stay 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' in section 3 for details as to how the deductible/excess applies.

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.

Eligible costs

Charges, fees and expenses for all of the Items of benefit set out in section 6 of this policy.

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 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 medical transfer or evacuation

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 geographical area, 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.

External prosthesis

An external device (i.e. artificial limbs) that substitutes or supplements a missing or defective part of the body.

Geographical area

One of the three different areas as shown on your certificate of insurance which comprise the following countries:

Area 1 comprises the following countries: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, 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, United Kingdom, Vatican State.

Area 2 comprises all countries worldwide with the exception of United States of America and Asia. Asia is defined as Thailand, Hong Kong, Indonesia, Vietnam, Cambodia, Singapore, Philippines, China, Malaysia, Laos, Myanmar, Timor-Leste, South Korea and Japan.

Area 3 comprises all countries worldwide.

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

An institution that specialises in the care of people who are terminally ill with special concern for death with dignity.

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 in an insured person's state of health diagnosed by a physician.

Inception date

The date that the insurance cover under this policy starts as shown in the certificate of insurance.

In-patient

Medical treatment provided in a hospital where an insured person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one medical condition.

Insured person/you/your/yourself

The person(s) shown on the certificate of insurance.

Insurer

Astrenska Insurance Limited.

Level of cover

One of the five different levels of cover available under the Evolution Health Plan as shown on your certificate of insurance, which shall be one of the following:

- **Standard**
- **Standard Plus**

- **Comprehensive**
- **Premium**
- **Elite**

Lifetime limit

The maximum amount of money we will pay in respect of each of the benefits set out within the benefit schedule of your certificate of insurance, which show as having a lifetime limit, 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.

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

Insured Persons on a moratorium plan are reminded that this policy has a two year moratorium. This means that pre-existing conditions will not be covered during the first two years of the policy, after which a pre-existing condition may be covered if a period of two consecutive years has elapsed during which the insured had no symptoms and received no treatment, medication, tests or advice in respect of the condition.

A pre-existing condition is any medical condition, psychological condition or related condition, for which you have received medical treatment, suffered any symptoms (whether investigated or not) or sought advice, 5 years prior to your date of entry. A 'related condition' is deemed to be any medical condition that our physicians deem to be either an underlying cause of, or directly attributable to, the medical condition subject to claim.

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).

Please note - no cover is available for implantation of any other organ either of a natural or artificial nature.

Out-patient

Medical treatment provided to the insured person by or on the recommendation of a physician which does not involve an admission to hospital either on an in-patient or day-patient basis

Overall maximum benefit

The maximum amount of money that will be paid to or a payment made on behalf of each insured person during each period of insurance.

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 practice medicine 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.

Plan type

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

Policyholder

The person, company or organisation who subscribes to this policy, on behalf of each insured person, who is responsible for paying the premium and ensuring that the policy terms and conditions are adhered to.

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.

Prescription drugs

Medications and drugs whose sale and use are legally restricted to the order of a physician. Drugs, medicines and other medicaments

purchased 'over the counter' without a physician's prescription are **not** covered by this policy.

Principal member

The policyholder; or in the case of a company sponsored scheme, an employee of the policyholder.

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.

We/us/our

Astrenska Insurance Ltd in conjunction with Morgan Price International Healthcare, who are responsible for administering this policy on behalf of the Insurer.

6 What is and is not covered

This section outlines the benefits that are available under the Evolution Health Plan, dependent upon your chosen level of cover.

Please refer to the benefit schedule within your certificate of insurance for confirmation of the amounts that we will pay for each insured person during each period of insurance, as appropriate to both your elected level of cover and elected currency. Please note that those benefits which are stated within the benefit schedule as being 'Full Refund' are all subject to costs being usual, customary and reasonable for the services provided.

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 - Overall maximum benefit

What is covered

This is the maximum amount of money we will pay in respect of **all** benefits available under the selected level to each insured person in each period of insurance. All benefits are payable to each insured person in each period of insurance unless otherwise stated. Benefit provisions where the limit is 'Full refund' are collectively subject to the overall maximum benefit applying.

What is not covered

We will not pay for any costs which exceed the overall maximum benefit and/or individual benefit limits of any item for the level selected.

Item 2 - In-patient treatment benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. The cost of hospital accommodation in a standard single bedded room, nursing, operating theatre fees, high dependency/intensive care/coronary care unit and special nursing fees.

b. Surgeons', anaesthetists', consultants' and physician's fees.

c. Surgical appliances or prosthesis where used as an integral part of a surgical procedure and fitted inside the body.

d. Prescribed drugs and medicines.

e. Diagnostic procedures (including X-rays), pathology, MRI/CT/PET scans.

f. Hospital accommodation costs for one insured person to stay with an insured child dependant, who is under age 19, and being admitted to hospital as an in-patient for medical treatment covered by this policy.

g. Nursing-at-home where prescribed as being medically necessary immediately following a period of in-patient treatment covered by this policy. All such nursing must be provided by a qualified nurse and be under the supervision and direction of a physician. Cover is limited to the total number of weeks shown under Item 2 of your benefit schedule in each period of insurance.

h. The cost of hospital accommodation in a standard single bedded room in a registered psychiatric unit for a psychiatric illness including: consultant psychiatrist's fees; diagnostic procedures; and prescribed drugs and medicines. Cover is limited to the total number of nights shown under Item 2 of your benefit schedule in each period of insurance.

i. Medical treatment for a premature baby where received during the first 2 months following birth. Please note that no cover is available:

   - where the baby has not been added to this policy within 14 days of birth;
   - for continuing treatment after expiry of the initial 2 months period other than for new and unrelated medical conditions.

j. Physiotherapy.

k. Rehabilitation, received on an in-patient basis in a recognised rehabilitation unit, where under the supervision and direction of a physician. This benefit is limited to a maximum of 13 weeks during each period of insurance.

l. External prosthesis, an external device (i.e. artificial limbs) that substitutes or supplements a missing part of the body.

m. Kidney dialysis up to £/$/€ 20,000 per lifetime limit if it is needed temporarily for sudden kidney failure resulting from a disease or injury, covered by your plan, which affects another part of your body.

Please note that any claim under item 2 needs to be pre-authorised by us otherwise a 25% co-insurance will apply.

What is not covered

a. Rehabilitation other than that covered in Item 2 (k) above.

b. Medical treatment for a medical condition that has qualified

under one of the following benefit items:

- Item 4 - Cancer care benefit
- Item 5 - Organ implantation benefit
- Item 7 - Chronic treatment benefits
- Item 8 - Congenital benefit
- Item 11 - Pregnancy and maternity benefits

Please refer to the relevant item for details of these specific benefits.

Item 3 – Day-patient treatment benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. The cost of hospital accommodation, operating theatre fees, nursing fees, surgeons' fees, anaesthetists' fees, consultants' fees, physicians' fees, diagnostic procedures and prescribed drugs and medicines.

b. The cost of hospital accommodation in a standard single bedded room in a registered psychiatric unit for a psychiatric illness including: consultant psychiatrist's fees; diagnostic procedures; and prescribed drugs and medicines. Cover is limited to a total of 4 separate day admissions in each period of insurance.

Please note that any claim under item 3 needs to be pre-authorised by us otherwise a 25% co-insurance will apply.

What is not covered

Medical treatment for a medical condition that has qualified under one of the following benefit items:

- Item 4 - Cancer care benefit
- Item 5 - Organ implantation benefit
- Item 7 - Chronic treatment benefits
- Item 8 - Congenital benefit
- Item 11 - Pregnancy and maternity benefits

Please refer to the relevant item for details of these specific benefits.

Item 4 – Cancer care benefit

What is covered

We will pay for the following benefits, up to the amount shown in your benefit schedule:

From the date an insured person 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-patient, or out-patient basis involving: consultations, diagnostic tests, scans, investigations, prescribed drugs and dressings, chemotherapy, radiotherapy, stem cell transplants (from either bone marrow or blood), 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.

Please note that any claim under item 4 needs to be pre-authorised by us otherwise a 25% co-insurance will apply.

Item 5 – Organ implantation benefit

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

Costs 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).

Please note that any claim under item 5 needs to be pre-authorised by us otherwise a 25% co-insurance will apply.

What is not covered

a. 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.

b. Costs associated with the procurement and/or implantation of an artificial and/or non-human organ.

c. Medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissues whether autologous or provided by a donor.

Item 6 – Out-patient treatment benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. Out-patient surgery for minor surgical procedures in a doctor's clinic/consulting rooms or out-patient centre.

b. The services of a physician and/or consultant including; prescribed drugs, medicines, slings supports and bandages.

c. Diagnostic tests, investigations including ECG, X-rays, pathology, histology, MRI/CT/PET scans.

d. Physiotherapy.

e. The cost of hiring mobility aids including: walking sticks or frames; wheelchairs; and crutches.

f. Chiropractic, homeopathy, osteopathy, acupuncture, ayurvedic, herbal and Chinese medicines, provided by a licensed practitioner, including prescribed drugs and medicines.

g. Hormone replacement therapy to relieve the symptoms of the menopause, including; prescribed medicines, patches and implants.

h. Treatment of a mental illness, psychiatric and psychological disorders including consultations and prescribed drugs and medicines, subject to a primary physician referral. Cover is

limited to the number of visits shown under Item 6 of your benefit schedule in each period of insurance.

What is not covered

a. In respect of cover for Item 6 (h) above, we will not pay claims for a treatment received within the 12 months period following an insured person's date of entry.

b. Medical treatment for a medical condition that has qualified under one of the following benefit items:

- Item 4 - Cancer care benefit
- Item 5 - Organ implantation benefit
- Item 7 - Chronic treatment benefits
- Item 8 - Congenital benefit
- Item 11 - Pregnancy and maternity benefits

Please refer to the relevant item for details of these specific benefits.

Item 7 – Chronic treatment benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment of acute exacerbations and diagnosis of a chronic medical condition.

b. Benefit is payable for each chronic medical condition and/or related conditions, in each period of insurance.

c. In-patient, day-patient and out-patient treatment including: diagnostic tests, investigations and prescribed drugs and medicines; for the medical treatment, routine management and palliative treatment of a chronic medical condition.

d. Benefit is payable for each chronic medical condition and/or related conditions, in each period of insurance.

e. Accommodation in a hospice for palliative treatment for an insured person who has been given a terminal prognosis. The benefit is stated under Item 7 of your benefit schedule on a 'per night' basis and is limited to a maximum number of 14 nights in each period of insurance.

f. Medical treatment for HIV and AIDS including related diseases where contracted as a direct result of a blood transfusion received after the insured person's date of entry. This benefit is only available after 2 consecutive years cover under this policy. **The lifetime limit applies to this benefit.**

Please note that any claim under item 7 for admission to hospital needs to be pre-authorised by us otherwise a 25% co-insurance will apply.

What is not covered

a. Treatment of a chronic condition which was diagnosed and existed prior to the insured person's date of entry, unless otherwise agreed by the insurer in writing.

b. Chronic or end stage renal failure which requires regular or long-term dialysis.

c. Medical treatment for a medical condition that has qualified under one of the following benefit items:

- Item 4 - Cancer care benefit
- Item 8 - Congenital benefit

Please refer to the relevant item for details of these specific benefits.

d. Organ implantation as medical treatment for a chronic medical condition.

Please refer to Item 5 Organ implantation benefit for specific details of this benefit.

Item 8 – Congenital benefit

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule: Congenital abnormalities not discovered at birth but which can subsequently be corrected with surgery. **The lifetime limit applies to this benefit.**

Please note that any claim under item 8 needs to be pre authorised by us otherwise a 25% co-insurance will apply.

Item 9 – Wellness Benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. Wellness screening including: Cancer screening as follows: cervical smears, mammograms and prostate/colon/testicular screening.

AND

Testing for: body temperature, pulse, blood pressure, respiration, full blood count, fasting blood sugar, lipid (fats) profile, kidney function panel, liver function panel and thyroid panel.

b. Vaccinations and immunisations that are directly related to overseas travel requirements.

c. Routine and preventative vaccinations for an insured child up to age 10.

d. One annual vision/eye test.

e. Contribution towards glasses or contact lenses where prescribed by an ophthalmologist or optician.

f. One annual hearing test.

g. Contribution towards a hearing aid where prescribed by an audiologist/ENT consultant.

h. Treatment and consultations related to corrective laser

eye treatment when performed by a qualified ophthalmic surgeon.

Please note that any selected deductible/excess does not apply to any claims under item 9.

What is not covered

a. Any costs incurred within the initial 12 months from the date of entry of an insured person.

b. In respect of Item 9 (e) above:

- Contact lenses supplied for cosmetic purposes only.
- Sunglasses of any kind, including prescription sunglasses.

Item 10 – Dental benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. Emergency dental treatment
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.

b. Routine dental treatment
The following dental sub-benefits are subject to the overall Routine Dental Treatment maximum benefit limit shown within the benefit schedule of your certificate of insurance:

i. Routine examination. A maximum of 2 visits are allowed per period of insurance.

ii. Cleaning and polishing. A maximum of 2 visits are allowed per period of insurance.

iii. Fillings using amalgams or composite materials. This sub-benefit is payable on a 'per tooth' basis.

iv. Extractions (other than wisdom teeth). This sub benefit is payable on a 'per tooth' basis.

v. X-rays, moulds and treatment for the relief of an infection including: prescribed antibiotics and temporary fillings.

c. Extraction of buried, impacted or un-erupted wisdom teeth on an in-patient, day-patient or out-patient basis.

d. Major dental treatment
The following dental sub-benefits are subject to the overall Major dental treatment maximum benefit limit shown within the benefit schedule of your certificate of insurance:

i. Root canal treatment; new porcelain crown; new inlay; new bridgework. This sub-benefit is payable on a 'per item' basis.

ii. Repairs to crown or inlay. This sub-benefit is payable on a 'per tooth' basis.

iii. Repairs to bridge. This sub-benefit is payable on a 'per tooth' basis.

e. Orthodontic work for insured children under age 19.

Please see 'What is not covered' item (f) for details of the waiting periods applicable to benefits under this item.

Please note that:

- **any selected deductible/excess does not apply to claims under this item.**
- **a 10% co-insurance applies to all benefits listed under Items 10 (b), (c), (d) and (e).**
- **any claim under Item 10 (c) for an admission to hospital needs to be pre-authorised by us otherwise an additional 25% co-insurance will apply.**

What is not covered

a. Emergency dental treatment where:

- the injury was caused by eating or drinking anything, even if it contained a foreign body;
- the damage was caused by normal wear and tear;
- the damage was caused by tooth-brushing or any other oral hygiene procedure;
- the injury was caused by any means other than extra-oral impact.

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. The cost of precious metals in any dental procedure.

d. Gingivitis, periodontosis, or gum disease of any kind.

e. Dental procedures other than those stated in the benefit narrative.

f. In respect of the cover for:

- 'Routine Dental Treatment' and 'Major Dental Treatment', we will not pay claims for treatment received within the 6 months period following an insured person's date of entry.
- Orthodontic work', we will not pay claims for:
  - i. treatment received within the 6 months period following an insured person's date of entry;
  - ii. any insured person who was age 19 and over on the date of treatment.

g. The cost of any co-insurance applicable under Items 10 (b), (c), (d) or (e) of this benefit.

Item 11 – Pregnancy and maternity benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. The costs of '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.

b. The costs of 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.

c. Contribution towards the initial paediatric check-up for the newborn.

Please note that all benefits under this item are payable:

- **After the expectant mother has been covered under this policy for 10 consecutive months.**
- **On a 'per pregnancy' basis.**

Benefits under Items 11 (b) and (c) above are also applicable in the case of delivery by elective caesarean section or a planned home birth.

For the purposes of this policy, 'Complications of pregnancy and childbirth' will 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.

Please note that :

- **any claim under item 11 for an admission to hospital needs to be pre-authorised by us otherwise a 25% co-insurance will apply.**
- **a 10% co-insurance applies to benefit 11 (b).**

What is not covered

a. Any costs incurred within the initial 10 months from the date of entry of an insured person. For the sake of clarity, conception may take place during this initial period but our liability will only commence for eligible costs incurred after the 10 months period has expired.

b. Terminations of pregnancy on non-medical grounds.

c. Ante-natal classes and midwifery costs when not directly associated with the childbirth delivery.

d. Complications which may arise during, or as a result of a planned home birth delivery.

e. Treatment consequent from the well baby examination, unless the newborn is added to this policy as an insured person.

f. The cost of any co-insurance applicable under Item 11 (b) of this benefit.

Item 12 – Infertility benefit

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

Investigations into the medical cause of infertility, where both members are insured under this policy and when the couple's treating physician believes there are symptoms and/or evidence to suggest a medical cause.

What is not covered

a. Any costs incurred within the initial 12 months from the date of entry of an insured person.

b. Medical treatment for infertility, or any other related condition, once a medical cause has been identified.

Item 13 – Cash benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. Hospital cash benefit payable where in-patient treatment has been received free of any charge within the provision of a state run national health service for which no claim is made/paid under any other item of this policy. This benefit is payable on a 'per night' basis up to a maximum total number of 30 nights in each period of insurance.

b. Maternity cash benefit payable on the birth of each child. Payment of this benefit is subject to the child being born at least 10 months after the mother's date of entry. This benefit is only payable where no claim for pregnancy and/or childbirth has been made/paid against any other item of this policy.

Please note that notification of the addition of a newborn does not constitute formal claim submission for this benefit.

c. Convalescence cash benefit payable for each complete week of confinement to home (excluding the first week), on the instruction of the treating consultant, immediately following a period of in-patient hospital treatment for a medical condition covered by this policy. This benefit is payable up to a total maximum period of 4 weeks in each period of insurance.

Please note that any selected deductible/excess does not apply to claims under item 13.

Item 14 - Emergency medical transfer & evacuation benefits

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

a. The 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. The costs of a medical escort where necessary to accompany the insured person during transportation.

c. Reasonable travelling costs of a friend or close relative, to accompany the insured person during transportation. The friend or close relative must have been in the same location as the insured person at the time of the event necessitating transportation.

d. Overnight accommodation costs for the accompanying friend or close relative, to stay with or near, the insured person while hospitalised. The amounts stated under Item 14 of your benefit schedule 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 (one economy class return ticket), of a person to take care of the child/ren at home.

g. Transportation of mortal remains following death. In the event of the death of an insured person while outside their home country, we will provide **one** of the following 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

   OR

   ii. Contribution towards a coffin

   OR

   iii. Cremation costs in the country where death occurred and transportation of the urn to either the deceased's home country or country of residence

   OR

   iv. Local burial in the country where death occurred (other than home country).

Please note that:

- **any claim under this item needs to be preauthorised by us otherwise a 25% co-insurance will apply.**
- **any selected deductible/excess does not apply to claims under this item.**

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. 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.

g. Any costs incurred where the insured person has died in their home country.

h. Any costs incurred under Item 14 (g), 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 15 – Out of area emergency cover

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

If you are travelling outside any of the countries of your geographical area, 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.

What is not covered

a. Non-emergency medical treatment outside your geographical area.

b. Emergency medical treatment when the total number of days travelling in each period of insurance exceeds 30 days.

Item 16 - Evacuation to home country

What is covered

Where shown as covered, we will pay for the following benefits, up to the amount shown in your benefit schedule:

The costs of transporting the insured person to their home country and returning the insured person to their country of residence after treatment.

The costs of a medical escort where necessary to accompany the insured person during transportation.

Please note that:

- **any claim under this item needs to be preauthorised by us otherwise a 25% co-insurance will apply.**
- **any selected deductible/excess does not apply to claims under this item.**

What is not covered

- Any subsequent transfer costs arising as a result of the same medical condition, once we have returned the insured person to their home country.

- Travel costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel.
- Travel costs where the home country falls outside of the geographical area selected and operating under this policy.
- 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.
- The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications.

7 General exclusions

The following exclusions apply to all Items of this policy.

We will not pay claims for any of the following:

1. Any medical condition, psychological condition or 'related condition' for which the insured person has received treatment, suffered any symptoms (whether investigated or not) or sought advice prior to their date of entry **unless** such condition has been declared to us and accepted in writing for insurance by us. 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.
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. Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save human life), suicide, attempted suicide or self harm.
6. 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.
7. Contraception, sterilisations or its reversal (including vasectomy), fertilisation, impotence, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition.
8. 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.
9. 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.
10. Any claim arising in the course of travel undertaken against medical advice.
11. Air travel when the insured person is more than 28 weeks pregnant.
12. Costs associated with medical treatment of a premature baby after the initial 2 months from date of birth.
13. Any claims arising from birth injuries or defects, congenital illness, or congenital abnormality except where covered under section 6, item 8.
14. Any costs incurred after the expiry of any period of insurance, unless this policy has been renewed for the next 12 months period and the required premium paid.
15. 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, except where covered under section 6, item 7 (d) and in conjunction with the benefit limit shown within the benefit schedule of your certificate of insurance.
16. 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.
17. 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.
18. 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.
19. Routine or preventative medicines, vaccinations of any kind and general health check-ups, unless specifically covered by your selected plan type.
20. 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.
21. Any claims arising from weight loss, weight problems or eating disorders.
22. Any claims arising from snoring or sleeping disorders.
23. Surgery (other than laser treatment surgery performed by an ophthalmic surgeon) 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.
24. Stem cell transplants for any medical condition except where covered under section 6, item 4.

25. Medical treatment performed by a physician who is a close relative of the insured person, unless previously approved by us.
26. Claims arising as a result of the insured person's participation in (engaging or practising for) specially hazardous pursuits or activities including, but not limited to, the following:

    - Aqua-lung diving below 100 metres; shark feeding/cage diving; white water canoeing (grades 5 and 6); white or black water rafting (grades 5 and 6); 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;
    - Boxing; weight lifting; wrestling; hurling; professional sport; racing or stunting; motor sports; 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; solo 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; skiing off-piste; ski racing; ski stunting; snowboarding off-piste; tobogganing;
    - Hunting/shooting; hunting on horseback; horse jumping; polo; point-to-point; safari with guns; steeple-chasing or horse-racing of any kind;

    The following activities shall be covered if they are nonprofessional 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);
    - Scuba diving to a depth less than 30 metres (with a current PADI certificate); surfing; snorkelling; water skiing; windsurfing; jet skiing;
    - 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).

    The following activities shall be covered if they are nonprofessional and at amateur level if they are undertaken under the control and tuition of experts employed by the local organiser, form part of a holiday interest and the correct safety equipment is used for the given activity:

    - Canyoning; white water canoeing (grades 1 to 4); white or black water rafting (grades 1 to 4); parasailing; para-skiing; wake boarding; zorbing/hydrozorbing; sailboarding; sandboarding; fishing (fresh water/deep sea); parascending (over water); sand yachting;
    - Tandem para-gliding (with expert instructor); parachuting; potholing (not solo);
    - Caving (not solo); jet boating; kite surfing/ landboarding/ buggying; motor/power boating; mountain boarding; sailboarding;
    - Safari (organised – no guns); animal conservation/ game reserve (when with a guide on an organised tour);
    - Quad biking; skidoo; snow mobiling;
    - Karate and any form of martial arts or unarmed combat (covered up to and including age 18 only).

    Any pursuits or activities not listed above must be referred to us for advice regarding cover, **before** the pursuit or activity is undertaken.
27. 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.
28. 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.
29. Any expenses relating to an air/sea rescue operation or an evacuation/transfer from any off shore structure or sea going vessel to shore.
30. Any expense not specifically stated in this policy as being insured and any expenses which exceed the individual benefit limits or overall maximum benefit of your plan type.
31. Any expenses where no supporting documents are available.
32. Any accounts, bills or invoices received by us more than 6 months after the date of treatment or the date the service was given.
33. Accommodation and medical treatment costs in a hospital where the establishment in question has effectively become the insured person's home or permanent residence and

where the admission is arranged wholly or partly for domestic reasons.

34. 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.
35. Medical treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or development problems.
36. Any costs which are unnecessary, medically inappropriate or are over and above what is usual, customary and reasonable for the services provided.
37. 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.
38. 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.
39. 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 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.
40. 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.
41. Costs which you would have otherwise had to pay even if the event which gave rise to a claim had not occurred.
42. 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.
43. 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.
44. Medical treatment related to podiatry and/or chiropody.

8 General policy conditions

Eligibility for membership

a. This is an international policy designed for insured persons and their eligible dependants. Both expatriates (i.e. persons living and/or working outside their home country) and local nationals (i.e. persons living and/or working inside their home country) may be included for coverage, with the exception of local nationals of the United States of America subject to the permissions of local legislations, which may apply.

b. Newly insured applicants are eligible to be included for cover under this policy providing they are under age 75 at their date of entry, subject to completion of the appropriate application form, subject to the permissions of local legislations, which may apply. 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 full-time education) or marriage at which time their insurance cover under this policy will end and they may move onto their own policy. You and where covered, your dependant spouse may remain covered regardless of age provided:
   - You continue to remain an employee of the policyholder (applicable for company sponsored schemes only);
   - We continue to underwrite this policy.

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.

In order to benefit from this policy you must:

- Answer all questions about this policy honestly and fully at all times;
- Not deliberately mislead us by mis-statement;
- Tell us straight away if anything that you have already told us changes;
- Observe and comply with the terms and conditions of this policy;

or your policy may be cancelled and any claim you make may not be paid.

Declaration and changes

You and the persons applying for cover under this policy must declare to us any and all known pre-existing medical conditions.

If you do not tell us, your policy may be cancelled and any claim you make may not be paid. 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 14 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 11 - Pregnancy and maternity 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 that written notification is received.

Maintaining cover

Subject to satisfying any specific eligibility criteria and payment of the required Premium, this Policy will remain in force during the Period of Insurance 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 the health of any Insured Person or the number/value of claims the Insured makes, unless we are prohibited or decide not to continue to underwrite this type of insurance in the Insured's country of location.

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

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 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.

You may change your geographical area at any time during the period of insurance if you relocate to a country of residence which is located outside of the geographical area chosen at the inception date.

Policy duration and premium payment

a. This is an annual contract which is renewable each year subject to the terms and conditions in force at the Renewal Date and subject to payment of the applicable renewal premium.

b. All premiums are payable in advance of cover being provided under this policy.

c. Premiums are payable monthly, quarterly, semi-annual or annually but this is an annual contract of insurance; so you are still responsible for paying the entire annual premium even if we have agreed you may pay by instalments. If we do agree you can pay by instalments then you must ensure the credit card you supply is valid for the entire period of the policy year.

d. We reserve the right to withdraw frequency payment facilities and/or charge an administration fee for nonpayment.

e. The policy will be cancelled if a payment date is missed although we may subsequently reinstate cover if an outstanding payment is received within 30 days of its due date.

f. If we do reinstate cover we reserve the right to reapply exclusion 1.

g. **Importantly** - if a premium is outstanding, any claims will be suspended and will not be settled until the premium is paid up to date.

h. If any premium is unpaid at the end of this 30 day period, and the policy is cancelled, it will be cancelled from the date that the unpaid premium was due. Any outstanding premium will be deducted from the credit card or debit card supplied.

i. Premiums are payable in the currency of the policy which you elected at the Effective Date of the policy.

j. We reserve the right to alter premiums at any time but if we do so the new premiums will not be effective until your Renewal Date.

k. We reserve the right to alter the amount of IPT, government levies or other taxes as and when they change by law and to apply them at the next premium due date.

Temporary return to your home country

For nationals of the United States of America, 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 geographical area.

For nationals of all other countries worldwide, there is no restriction for temporary return and visits to your home country, provided your home country is included within your selected geographical area.

Where your home country falls outside of your selected geographical area, please refer to section 6, item 15 – Out of area emergency cover.

Cooling off period

a. The policyholder may cancel the policy within 14 days of the Effective Date. If you have not made a claim on the policy we will refund your premiums paid in full.

b. If you have made a claim then we will refund your premium after deducting a charge for the cover provided from the beginning of the contract until the policy is cancelled.

Cancelling the policy

a. If the policyholder cancels the policy at any other time you must give us 14 days notice in writing at the address shown on the policy documentation. We will cancel the plan from the date of receipt of such instruction or from a future date **- under no circumstances will we back date any cancellation requested by the policyholder.**

b. Once we have received your cancellation notification and provided no claims or pre-authorisations have been put in place in the current 12 month policy period a pro-rata refund may be applicable. If a claim has been made, then no refund will be due and any outstanding instalment premiums remain payable.

c. If you cancel your plan we reserve the right to charge an administration fee of £30.

d. We will not cancel this policy because of eligible claims made by the Insured Person. However we reserve the right to cancel the policy at any time if any Insured Person has:

   i. Misled us by mis-statement or concealment or failed to answer any question about this policy honestly and fully; or

   ii. Made or attempted to make a false or fraudulent claim or if any person uses any methods to try to make a fraudulent claim; or

   iii. Fails to pay the appropriate premium.

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

c. On the date your employer tells us that you are to be deleted from cover (applicable to company sponsored schemes only).

d. For nationals of the United States of America only: 90 days after you return to your home country for good, provided your home country is included within your selected geographical area. This 90 day period shall be reduced by the number of days that have already been spent on temporary return and visits to the United States of America during the period of insurance. If there are less than 90 days to run until the expiry date, then cover shall cease on the expiry date.

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

Death of a principle 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. Should a dependent be left on the policy under the age of 18 a guardian will need to become the policyholder.

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

If someone else is responsible, we may take court action in your name to recover any claims we have paid. We will pay for the cost of taking this action and it will be for our benefit. Neither the Insured, nor any Insured Person, is authorised to admit liability for any eventuality or give a promise of undertaking to anyone which binds the Insured, an Insured Person, 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.

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