

This insurance is provided by Integra Global Health Limited, registered in England and Wales (no. 10928913). Integra Global Health Limited is an appointed representative of Compass Underwriting Limited, which is authorised and regulated by the Financial Conduct Authority FCA registration no. 304908. Integra Global is a trading name of Integra Global Health Limited. The policy is underwritten by MGEN, SIREN number 775 685 399, regulated by the provisions of Tome II of the French mutual insurance companies code – 3-7 square Max Hymans, 75748 Paris Cedex 15, France.

What is this type of insurance?

International health insurance is suitable for expatriates who wish to protect themselves for medical expenses incurred whilst residing outside their home country.



What is insured?

- ✓ Inpatient charges made by a hospital for giving accommodation and other hospital services and supplies to you when you are confined as a full-time inpatient.
- ✓ Outpatient charges for medically necessary diagnostic and therapeutic services rendered to you as an outpatient of a hospital, provider's office or approved independent facility.
- ✓ Mental health benefits – the policy will pay up to the policy limits in the table of benefits for allowable charges in respect of psycho-therapeutic treatment and psychiatric counseling and treatment for approved psychiatric diagnosis
- ✓ Wellness benefits – we will pay the costs up to the policy limits as per the table of benefits for your cost of examinations (having regard to your age) to ascertain the potential presence of illness or disease; these may include, (but not limited to): vital signs, including blood pressure, cholesterol, cardiovascular, cancer screening including mammogram, pap smear, colon, prostate.
- ✓ Emergency medical assistance and evacuation – a 24-hour dedicated emergency telephone and assistance service, in the event of a medical emergency.
- ✓ Expatriate Assistance Programme – assistance with the following (but not limited to) issues: adapt across cultures, work towards life goals, find solution for work related issues, access for crisis and trauma support while on assignment.
- ✓ Life cover – a lump sum is paid in case of death (all causes) of an adult insured person depending on the plan chosen and as listed in your table of benefits.
- ✓ Maternity benefits – applicable to Your Family and Premier Family plans only.



What is not insured?

- ✗ No benefits are payable for health expenses incurred before cover has commenced or when a cover has terminated
- ✗ Exams in any way related to employment or premarital exams
- ✗ Services and supplies which we deem to be unnecessary for the diagnosis, care or treatment of the physical or mental condition involved.
- ✗ Over-the-counter medications and supplies which do not require a physician prescription
- ✗ Charges for or related to services, treatments, education testing or training related to learning disabilities or development delays including but not limited to attention deficit/hyperactivity disorder (ADD/ADHD)
- ✗ Participation in a professional sports or any hazardous sport or activity
- ✗ Dental implants of any type
- ✗ Plastic surgery, reconstructive surgery, cosmetic surgery or other services and supplies which improve, alter or enhance appearance
- ✗ 12 months waiting period applies to all maternity and newborn care benefits – applicable to Your Family and Premier Family plans only
- ✗ 24 months period applies to organ transplant benefits



Are there any restrictions on cover?

- ! Endorsements may apply to your policy. These will be shown in your policy documents



Where am I covered?

- ✓ Cover is provided outside of your home country and within the region you have selected for your plan.



What are my obligations?

- You must give us complete and accurate answers to any questions we may ask
- If anything changes between the time you agreed to join and the start date you must contact us
- You must pay any deductible or coinsurance that applies to your plan
- You must pay your premiums on time
- You must inform us if any of your personal details change
- If you need to make a claim call our claims administrators or the Member Care Team to ensure your claim is covered under the plan



When and how do I pay?

You can pay your premium quarterly, semi-annually or annually by credit card, debit card, bank transfer or cheque.



When does the cover start and end?

Your membership covers a 12-month period and the dates of cover are specified in your policy documents.

In case of distance contract, the insured has a cooling-off period of 14 days, which starts from the day it receives the membership documents (if that date is after the effective date of membership). Cover under the Policy terminates at the first to occur of:

- the date on which you are no longer eligible to be an insured person
- when you fail to make any required payment due to us
- the date you become a resident of the United States of America
- upon completion of any 180 day period living in the United States of America
- the end of the period of insurance in the year in which you attain the age of 69.

In any case, the cover ceases on the termination date of this policy:

- at the request of the insured person with a two months notice before the renewal date
- or upon the next termination date of this policy after the date upon which the Master contract between Integra Global Health Limited and the Insurer is terminated.



How do I cancel the contract?

You can terminate your individual policy by means of a registered letter sent to Integra Global Health Limited at the latest two months before the anniversary date, which is the effective date of termination.