



IPH  
Elite Plan  
Plan Rules

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# Welcome

Thank **you** for choosing to be an IPH healthcare member. **We** want to make sure **you** have everything **you** need to fully understand how **your** healthcare **plan** works, and that's what this Plan Rules document is for.

When **your** cover starts, **we** will send **you** a policy pack containing:

- a Certificate of Insurance, also known as a policy certificate
- a Membership card
- this Plan Rules document; and
- an ICMS claim form (see section **4: How to claim** for more information).

**Your** Certificate of Insurance will show the extent and limits of the cover **you** have selected, whereas this document explains the full terms and conditions of the insurance cover being provided. Please carefully read both documents as, in conjunction with **your** application form, these documents form the insurance contract between **you** and **us**. It's important **you** make sure that the cover **you** have purchased meets **your** requirements.

## What do the words in bold mean?

In this document, words and expressions shown in bold type have a specific meaning and these are explained in section **8: Definitions**. This should help **you** understand the cover but if **you** are at all unsure, please contact **our** friendly, experienced customer service team and they will be able to help.

## Keep your details up to date

Remember, even after **you** have paid for **your** policy and received **your** policy documents **you** still have a continuing duty of disclosure. This means that if any of the facts **you** gave **us** during **your** application process change, **you** must tell **us**. This includes changes of address, **country of residence**, occupation, and so on.

## Not sure you want to be a member after all?

**You** may cancel the policy within 30 days (known as a cooling off period) from the day on which **you** receive the original policy documents. If no claims have been made, any premiums **you** have already paid will be fully refunded to **you**. To cancel, **you** should either contact the broker who arranged this contract for **you**, or email **us** at [info@iphinsurance.com](mailto:info@iphinsurance.com).

# Important contact details

## For general questions about your healthcare insurance

[info@iphinsurance.com](mailto:info@iphinsurance.com)

+44 (0)20 8905 2888

Monday to Friday 9am-5pm UK time  
English & Chinese

## For out-patient claims

[icms@iphinsurance.com](mailto:icms@iphinsurance.com)

+44 (0)20 8905 2888

(Ask for the healthcare claims department)  
Monday to Friday 9am-5pm UK time  
English & Chinese

## For emergency medical evacuation and in-patient claims

[AspenAssistance@aspen-insurance.com](mailto:AspenAssistance@aspen-insurance.com)

+44 (0)20 7184 8288

Open 24/7, multilingual

# Important information

This **plan** provides cover for individuals. It is valid for 12 months and is renewable annually.

The **plan** is not intended to replace any state or government-provided health insurance scheme, and **you** should seek appropriate guidance before **you** halt contributions to any state health schemes **you** are subscribed to.

**You** must pay the premium for **your plan** when the premium is due. In return for **you** paying the premium, **we** will provide **you** with the cover set out in **your plan**.

If **you** have chosen to pay **your** premium in instalments and **you** wish to make a claim, **you** must pay **us** the outstanding balance on **your** full annual premium before **we** will settle any claims.

# 1: How your plan works

This section will explain the eligibility criteria and how the different parts of **your plan** fit together.

## 1.1 Eligibility

PLEASE NOTE: this insurance is only available to residents of Asia.

### 1.1.1 Policyholder

**You** must be aged 18 years or over in order to be the **policyholder**. **You** are eligible for this insurance provided that **your** fully completed Application Form has been accepted by the **insurers**.

### 1.1.2 Dependants

Only individuals named on **your** Application Form and accepted by the **insurers** will qualify for cover.

This may include, on the same policy, the **policyholder's** current spouse, civil partner or any person living permanently in a similar relationship with the **policyholder**.

If **you** have included children for cover they must be **your** unmarried natural children, step-children, foster children or legally adopted children, who are dependent on **you** for financial support. Their ages must be from 15 days to 17 years old (inclusive) on **your original inception date**, unless they are under 25 years old and are in full-time education. Proof of full-time education must be provided for children aged 18-24 in order for them to be covered under the same policy.

### 1.1.3 If you reside in Canada or the USA

If **you** become resident in the USA or Canada, **we** cannot offer **you** cover, and **your** cover will cease with effect from the day **you** relocate to either of these countries.

### 1.1.4 If you are a Canadian or USA national

If **you** are a citizen of the USA or Canada and **you** return to those countries for more than 3 months, cover under **your plan** will cease automatically from the date **you** return to those countries. **You** should notify **us** of this date within 30 days of **your** return and **we** will make a proportionate refund of the annual premium if no claims have been made in the **policy period**.

## 1.2 Area of cover

Cover applies worldwide excluding the USA, Canada and the **Caribbean area**.

However **we** have included complimentary cover during short trips to these countries, subject to the following terms:

- each such trip must be originally intended to last less than 14 days
- the trip's purpose must not include medical treatment,
- the total time **you** spend in these countries must not exceed 30 days in any one **policy period**, and
- treatment expenses will be covered for a maximum of 30 days whilst **you** remain in the USA/Canada and the **Caribbean area**, commencing on **you** first day of medical treatment.

An emergency evacuation is not classed as a short trip as above. In the event that **you** suffer a life-threatening condition that cannot be adequately treated locally **hospital** will be evacuated to the nearest **hospital** with suitable treatment services, in a country other than the USA.

**Co-insurance:** in the USA and Canada **you** are liable for 25% of all treatment costs.

Benefit limits may vary for the costs of **hospital room and board** and intensive care units in the USA and Canada. Maximum limit of costs are as stated on **your** Certificate of Insurance.

## 1.3 Eligible clinics and hospitals

As an added benefit, **you** have the freedom to choose when and where **you** receive **your** medical treatment within **your country of residence**. If the Medical Assistance Centre decide that appropriate treatment is not available in **your country of residence**, the **insurers** will pay the cost of travel to and treatment at the nearest **hospital** as approved by the Medical Assistance Centre.

Should **you** elect to be treated in an unapproved **hospital** of **your** choice outside of **your country of residence**, the **insurers** may only pay the equivalent costs of the nearest approved **hospital**. Any travel costs incurred would not be covered in this instance.

## 1.4 Benefit limits

The **insurers** will pay for the costs of the medical treatments and services listed in section **2: The Insurance Protection**, up to the limits stated on **your** Certificate of Insurance, all subject to costs being usual, customary and reasonable for the treatments or services provided. The particular services and treatments **you** qualify for will vary according to the **plan you** have chosen.

Most of the limits on **your** coverage work on an annual basis. For example if **you** reach **your** limit of US\$100 for treatment X this year, **you** cannot claim for any more until **your** next renewal. After renewal the 'counter' on the amount **you** have claimed for resets to US\$0, and **you** can claim up to US\$100 for treatment X within the following **policy period**.

Some limits may apply daily, and these will be stated in the Certificate of Insurance.

Some limits may apply over **your** lifetime, which means **you** can only ever claim up to this amount, regardless of how many times **you** have renewed or if **you** have had any breaks in cover.

Different **levels of cover** will have different overall limits – more information on this can be found in item **2.1 Total Policy Limit per person per policy period**.

## 1.5 Waiting periods

Certain types of treatment that this **plan** covers will have a 'waiting period'.

This means that if **you** would like to claim for any such treatment, it will only be covered if the treatment took place after a continuous specified amount of time has passed since the date **your** cover started under the appropriate **plan** (this amount of time is called the waiting period).

Please note that if **you** change **your level of cover**, the waiting period would start from the date **you** changed to the new **level of cover**.

All waiting periods are as stated on **your** Certificate of Insurance and are also described in section **2: The Insurance Protection** of this document.

## 1.6 Co-insurance

Certain types of treatment that this **plan** covers will have a **co-insurance** applied.

**Co-insurance** means that a certain percentage of a claim **we** agree to settle should be paid by **you**. **We** will cover the remaining amount of the claim, minus any applicable **deductibles**, up to the benefit limit.

For example if the cost of treatment X is US\$4,000 and there is a 25% **co-insurance** applied with no **deductible**, the settlement amount **you** would receive is:

$$\begin{aligned} & \text{US\$4,000} - \text{US\$1,000 (25\% of US\$4,000} \\ & \text{claim)} \\ & = \underline{\text{US\$3,000}} \end{aligned}$$

If a **deductible** was applicable to this treatment, for example a US\$250 **deductible**, the settlement amount would be:

$$\begin{aligned} & \text{US\$3,000} - \text{US\$250 (deductible)} \\ & = \underline{\text{US\$2,750}} \end{aligned}$$

All **co-insurances** are as stated on **your** Certificate of Insurance and also in section **2: The Insurance Protection** of this document.

## 1.7 Deductible

A **deductible**, also known as an **excess**, is a specified amount of money within a claim that **you** will be responsible for paying. **We** will settle the remaining amount of the claim up to the benefit limit.

**We** offer two different types of **deductibles**: one for **in-patient** and **day-patient** claims, and one for **out-patient** claims. All **deductibles** that apply to **your** policy are detailed on **your** Certificate of Insurance.

### 1.7.1 In-patient and day-patient deductible

For **in-patient** and **day-patient** claims, the **deductible** is voluntary and applies to the cost of treatment for every medical condition for which a claim is made within a **policy period**.

This means that if **you** claim multiple times for the same condition in the same **policy period**, **you** will only be required to pay the **deductible** on **your** very first claim, and not the related claims that follow.

However, if **your** first claim was submitted in an earlier **policy period** and **you** claimed again for the same condition later during **your** current **policy period**, **you** would have to pay the **in-patient deductible** again.

For example, Charlie has a US\$250 **in-patient deductible** on his policy. His **policy period** is from 01 January to 31 December. He claims for a broken leg on 01 December, and pays his US\$250 **deductible**. He claims for follow-up surgery on the broken leg on 27 December and does not need to pay the **deductible** this time. He claims for yet another follow-up operation on 23 January, in the renewal **policy period**. For this most recent claim he will have to pay the US\$250 **deductible** again.

**We** offer the following options for a percentage discount on **your** annual premium:

DEDUCTIBLE AMOUNT	DISCOUNT ON PREMIUM
US\$5,000	40%
US\$2,000	30%
US\$1,000	20%
US\$500	12.5%
US\$250	10%
Nil deductible	No discount

### 1.7.2 Out-patient deductible

For all **out-patient** claims, there is a mandatory US\$100 **deductible** per condition.

The **deductible** applies to the cost of treatment for every medical condition for which a claim is made within a **policy period**.

This means that if **you** claim multiple times for the same condition in the same **policy period**, **you** will only be required to pay the **deductible** on **your** very first claim, and not the related claims that follow.

However, if **your** first claim was submitted in an earlier **policy period** and **you** claimed again for the same condition later during **your** current **policy period**, **you** would have to pay the **out-patient deductible** again.

For example, Charlie has a **policy period** from 01 January to 31 December. He claims for an ear infection on 01 December, and pays his US\$100 **deductible**. He claims for follow-up treatment for the ear infection on 27 December and does not need to pay the **deductible** this time. He claims for further follow-up treatment on 23 January, which in the renewal **policy period**. For this most recent claim he is required to pay the US\$100 **deductible** again.

# 2: The Insurance Protection

**Your plan** provides **you** with cover for treating eligible medical conditions which arise from sickness, disease, illness or **accidental** injury within **your area of cover**.

In this section **you'll** find the particular terms and conditions of all the individual benefits provided on **your plan**. The rules detailed here will be subject to other rules in this document – for example in section **3: Standard Exclusions** – as well as the terms outlined on **your Certificate of Insurance**, so **we** remind **you** to fully read this document and the Certificate of Insurance very carefully.

## A NOTE ON PRE-AUTHORISATION

**You** must contact the Medical Assistance Centre in advance for authorisation of:

- any **in-patient** or **day-patient** treatment or care in a **hospital** (other than in an Accident & Emergency Department), and
- any emergency medical evacuation, as described in **2.4.3 Emergency Medical Evacuation\***.

If **you** see the asterisk icon \* next to a benefit described herein, this means **you** must pre-authorise this type of treatment or service before proceeding with it. Further key information on pre-authorisation processes is detailed in section **4.1 Medical Assistance Centre Claims**.

## 2.1 Total Policy Limit per person per policy period

This limit is shown in on **your** Certificate of Insurance. It is the total aggregate benefit that may be claimed by a single person insured on this **plan** in any one **policy period**. This is also known as the 'sum insured', 'annual limit', etc.

Please note that where a benefit limit is stated

as 'Full Refund' on any of our documents, this means a full refund up to the Total Policy Limit.

## 2.2 Core Cover

This section details the core cover that is available on **your plan** and on every **level of cover**.

### 2.2.1 Hospital Services\*

Under this benefit **you** are covered for medical treatment and services which are confirmed by a **doctor** to be **medically necessary**, provided that appropriate diagnostic procedures and/or treatments are not available on an **out-patient** basis. **You** must be admitted as a registered patient to a **hospital**, whether or not **you** need an overnight stay.

Treatment or services that are not **medically necessary** will not be covered.

If **you** are provided treatment on an **in-patient** basis, this means that for the purposes of treating **you** it is **medically necessary** that **you** have to stay in a **hospital** bed overnight or longer.

**Day-patient** treatment is when **you** are admitted into **hospital** and provided a bed but where it is not necessary for **you** to stay overnight.

Included under this section are the costs of:

#### 2.2.1 (i) Hospital room and board\*

**You** are covered for the reasonable and customary costs of a standard single-bed room of a suitable quality. If **your hospital** charges different rates for expats and local nationals the extra cost will be covered to a reasonable degree, at the **insurers'** discretion. The length of **your hospital** stay must also be medically appropriate.

**Our** Medical Assistance Centre will advise if the costs are acceptable.

### 2.2.1 (ii) Intensive care unit\*

**We** will pay for **you** to be treated in intensive care, intensive therapy, a **high dependency facility** or a **coronary care facility** if that facility is the most medically appropriate place for **you** to be treated, and the care provided by that facility is an essential part of **your** treatment.

### 2.2.1 (iii) Parent accommodation\*

**Hospital room and board** for one parent accompanying a child. The child must be aged 12 years or under and is confined to a **hospital**. This benefit does not cover hotel accommodation.

### 2.2.1 (iv) Day-patient treatment\*

Medical treatment provided to **you** after admission into a **hospital** or **day-patient** unit for a medical procedure which for medical reasons could not have been performed on an **out-patient** basis. The treatment will require **you** to occupy a **hospital** bed for a period of medically supervised recovery, but will not require **you** to occupy a bed overnight.

**We** will cover the costs of using a life support machine or similar device for the first 30 days of use. After this period the costs of using the device will not be covered.

As stated in item **1.2 Area of cover**, benefit limits may vary for the costs of **hospital room and board** and intensive care units in the USA and Canada, as seen on **your** Certificate of Insurance.

Please note that even if they require **hospital** admission, the following treatments are subject to special rules:

- Organ transplants
- Childbirth
- Newborn care
- Treatment for injury or illness caused by a terrorist incident sustained as an innocent bystander

Any terms or rules that normally apply to this

section are not applicable to these types of treatment. The cover for these treatments is explained elsewhere in this document. Please note that for these treatments to be covered **you** must still seek pre-authorisation of them with **our** Medical Assistance Centre.

## 2.2.2 In-patient psychiatric treatment\*

**In-patient psychiatric treatment** must be:

- provided in a recognised psychiatric unit of a **hospital**
- authorised by **our** Medical Assistance Centre,
- administered under the direct control of a registered psychiatrist, and
- provided to **you** as a registered **in-patient** to a **hospital** for a period of 24 hours or more.

Cover is limited to 30 days per period of cover. This benefit has a waiting period of 24 months from **your original inception date**.

## 2.2.3 External prosthetic devices\*

The cost of external prosthetic body parts, such as a prosthetic limb, required as part of **your** treatment and fitted at the time of a surgical operation covered by **your plan**.

Details of cover for appliances that assist with short-term recuperation can be found in item 2.4.11 Medical aids.

## 2.2.4 Daily cash benefit for use of public hospital

An alternative cash benefit of US\$250 per day or equivalent will be paid where treatment covered under this **plan** is provided to **you** in a public **hospital**, provided that no charge for any **hospital** services is made. Benefit will be paid upon receipt of a discharge summary from the **hospital**.

## 2.2.5 In-patient rehabilitation treatment\*

**In-patient rehabilitation** treatment carried out under the control and supervision of a specialist in a recognised **rehabilitation hospital** or unit.

The treatment must:

- Immediately follow **in-patient** treatment covered by **your plan** and subsequent discharge from **hospital**,
- Be on the written recommendation of **your** treating specialist, and
- Require **you** to be admitted as a registered **in-patient** to a **rehabilitation hospital** or unit for a period of 24 hours or more.

## 2.3 Out-patient Cover

**You** are covered for the cost of medical treatments and services, provided they are confirmed by a **doctor** to be **medically necessary**, when **you** are not a registered **in-patient** or **day-patient** in a **hospital**.

**Out-patient** claim **deductible**: **you** will be responsible for the first US\$100 per medical condition per **policy period**.

### 2.3.1 General out-patient services

This includes medical practitioner fees for consultations.

### 2.3.2 Specialist out-patient services

Cover for the cost of specialist **out-patient** services. **You** will have been referred to this specialist by another **doctor**.

### 2.3.3 Pathology, radiology and diagnostic tests

This includes nuclear medicine procedures, X-ray, Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET) and Computerised Tomography (CT) scans.

## 2.3.4 Prescribed drugs and dressings

These must be prescribed for **you** by a **doctor** and not over-the-counter or non-prescription medicine. The drugs must be licensed for or approved by National Institute for Health and Care Excellence (NICE) or equivalent.

## 2.3.5 Post hospitalisation treatment

**You** are covered for **out-patient** medical treatments and services under Section 2.3 provided that they:

- result directly from an illness or injury for which **you** have been treated as an **in-patient**, and
- were provided to **you** within 3 months immediately following discharge from the **hospital** where **you** were treated as an **in-patient**.

The maximum amount covered is specified on **your** Certificate of Insurance.

## 2.3.6 Acupuncture

Acupuncture treatment of medical conditions by needles or laser. The practitioners must be appropriately qualified and registered to practice in the country where treatment is received.

## 2.3.7 Specialist herbal treatment

This includes herbal medicine where a condition is treated with internal and/or external application of herbs. The practitioners must be appropriately qualified and registered to practice in the country where treatment is received.

### 2.3.8 Wellness/medical check-up

If **you** are over 50 years of age, **we** will offer a general medical check-up once every 3 years up to the limits stated on **your** Certificate of Insurance.

Please note that a waiting period of 12 months from **your original inception date** applies to this benefit.

## 2.4 Other Benefits

These are medical treatments or services that have special terms and conditions outside of regular **in-patient**, **day-patient** or **out-patient** treatment.

Treatment or services that are not **medically necessary** will not be covered.

### 2.4.1 Cancer treatment\*

This includes the cost of consultations, diagnosis and any associated tests, chemotherapy, radiotherapy, surgery and other drugs and dressings required as part of eligible treatment.

Pearl Plan: treatment given for cancer after the condition has been diagnosed. **You** are covered for **in-patient** and **day-patient** treatment. Any **out-patient** treatment will only be provided under and complying with item **2.3.5 Post hospitalisation treatment**.

Sapphire and Ruby Plans: treatment given for cancer once the condition has been diagnosed, whether received as an **in-patient**, **day-patient**, or **out-patient**.

### 2.4.2 Organ transplant\*

**You** are covered for medical treatment and services only for heart, lung, kidney, liver or bone marrow transplants. The transplant is only covered if it is a consequence of a medical condition covered under **your plan**.

For example, transplants as a result of a **congenital condition** would not be covered because **congenital conditions** are excluded on this **plan**.

This benefit includes the costs of **hospital room and board** but excludes the costs of acquisition of the organ itself, including any costs incurred by the donor, for example the costs for their travel, **doctor's fees**, or **hospital room and board**. Also excluded under this benefit are the costs of use of a life support machine or similar device beyond the first 30 days of use.

### 2.4.3 Emergency Medical Evacuation\*

In the event that appropriate emergency treatment and facilities are not available near **you**, **we** will cover the costs of **your** necessary transportation to the nearest **hospital** within **your area of cover** where appropriate care and facilities are available. This includes any medical care **you** receive on the way. The **insurers** retain the right to decide the place to which **you** shall be transported.

Also covered are the reasonable transportation costs of one other individual who accompanies **you** on an emergency medical evacuation when this is deemed necessary.

Cover includes the return journey for **you** and **your** companion and **we** will only cover the cost of economy class air fare tickets back to **your country of residence**, or the country from which **you** were evacuated.

Please note:

- **We** are not the provider of the transportation and other services set out in this benefit, but will ask the Medical Assistance Centre to arrange those services on **your** behalf. In some countries they may use service partners to arrange these services locally, but **we** will always be here to support **you**.
- Cover does not apply if the emergency medical evacuation is a result of childbirth, pregnancy or maternity related conditions.
- The Medical Assistance Centre will not approve a transfer which in their reasonable opinion is inappropriate based on established clinical and medical practice, and they are entitled to conduct a

review of **your** case, when it is reasonable for them to do so.

- The Medical Assistance Centre will not arrange evacuation in cases where the local physical, political or social situation, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Any evacuation must remain within the scope of national and international law and regulations.
- The Medical Assistance Centre cannot be held liable for any delays in or restrictions of the transportation arrangements caused by: natural disasters, weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot, or any other condition outside of their control.

The **insurers** retain the right to decide the place to which **you** shall be transported.

#### 2.4.3 (i) Accommodation expenses for companion\*

Accommodation expenses of a companion required to stay with **you** for the duration of **your in-patient** treatment in a **hospital** after emergency medical evacuation.

### 2.4.4 Nursing at home

The medical services of a qualified nurse in **your** home, provided they are confirmed to be necessary by a **doctor** and the services relate directly to a medical condition or injury for which **you** have received and are receiving treatment, and which is covered under **your plan**. The treatment must be for medical care and not personal assistance. Cover will be limited to the period stated on **your** Certificate of Insurance.

### 2.4.5 Hospice & palliative care

In the unfortunate circumstance of **your** terminal diagnosis, **we** will ensure **you** get the support **you** need by covering the costs of the hospice and palliative care, provided that the medical condition is covered by **your plan**.

These costs include:

- **hospital** or hospice room and board
- nursing care, whether at home or in a hospice or **hospital**
- surgery for pain relief and management and symptoms, and
- prescribed drugs and dressings.

### 2.4.6 HIV & AIDS treatment

Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/ or HIV-related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) is covered for a maximum period of 6 years, provided the HIV virus was contracted after **your original inception date** and, apart from the exception specified below, was not contracted as a result of an occupational accident. This benefit has a waiting period of 24 months from **your original inception date**.

**We** will cover the costs of treatment if the condition was contracted as a result of an occupational **accident** for members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility, provided that:

- **you** provide evidence that **you** contracted the HIV infection **accidentally** while carrying out normal duties of **your** occupation
- the incident from which **you** contracted the HIV infection was reported, investigated and documented according to normal procedures for **your** occupation
- a test showing **you** did not have HIV or antibodies to such a virus was made within five days of the incident, and
- a positive HIV test for **you** occurred within 12 months of the reported occupational **accident**.

## 2.4.7 Local road ambulance services

**Your medically necessary** medical transportation by local road ambulance to a private local **hospital**. The condition for which **you** are being transported to **hospital** for must be eligible for cover under this **plan**.

## 2.4.8 Complications of childbirth\*

Medical treatment and services including **hospital room and board** in respect of a complicated childbirth only.

“Complicated childbirth” means childbirth which requires surgical procedures where natural childbirth without surgical intervention might endanger the life of the mother and/or child(ren), for example a Caesarean section.

Complications that arise during **your** pregnancy are not covered unless **your plan** includes the **2.4.9 Routine maternity care and childbirth\*** benefit.

This benefit has a waiting period of 12 months from **your original inception date** or from the date at which you became covered for it. This will be later than **your original inception date** if your original policy choice did not include this benefit.

For multiple births at the same time (twins, triplets etc) a single limit as shown on **your** Certificate of Insurance applies. A separate limit of the same amount applies on the same basis to any subsequent birth within the same **policy period**.

There is a 25% **co-insurance** against the cost of all treatment under this benefit.

## 2.4.9 Routine maternity care and childbirth\*

Medical treatment and services including **hospital room and board** in respect of a normal childbirth. This shall include pre and postnatal treatment and tests of the mother only.

“Normal childbirth” is one which does not require any special obstetric procedure.

This benefit has a waiting period of 12 months, from the date at which you became covered for it. This will be later than **your original inception date** if your original policy choice did not include this benefit.

Cover for multiple births will be covered up to the same limits shown. There is a 25% **co-insurance** against all costs of treatment under this benefit.

## 2.4.10 Newborn care\*

Cover in respect of a child born to **you** for the following **in-patient** treatment costs in the first 14 days of life only:

- Routine **hospital room and board** charges
- A physical examination
- Vitamin K
- Hepatitis B vaccine
- BCG vaccine
- A hearing test
- Blood tests for PKU, congenital hypothyroidism and G6PD

After 14 days this cover will cease. This benefit has a waiting period of 12 months from the date at which you became covered for it. This will be later than **your original inception date** if your original policy choice did not include this benefit.

For guidance on how to add a baby as a dependant on **your** policy, please see section **5.2 Adding a new member or baby**.

## 2.4.11 Medical aids

The cost of supplying, fitting or hiring instruments, apparatus or devices which are medically prescribed as an essential aid to **your** function or capacity, such as: crutches, wheelchairs, orthopaedic supports/braces, stoma supplies and compression stockings.

This must immediately follow **in-patient** or accident & emergency department treatment covered by **your plan** in order to be covered.

Costs for replacement aids, or medical aids that form part of the care of a **chronic** condition, are not covered under this benefit.

## 2.4.12 Emergency dental treatment

Emergency treatment necessary to restore or replace sound natural teeth lost or damaged in an **accident** caused by extra-oral impact, and for which a consultation is provided within 48 hours following such **accident**. Please note the maximum limit of costs as stated on **your** Certificate of Insurance.

No cover is provided if:

- the condition was caused by eating or drinking anything
- the condition was directly or indirectly related to normal wear and tear
- the condition was caused by tooth-brushing or any other oral hygiene procedure, or
- the condition was caused by any means other than extra-oral impact.

In addition there is no cover for:

- the cost of precious metals in any dental procedure
- orthodontic treatment.

## 2.4.13 Accident & emergency department

Services performed for an acute medical condition(s) up to 24 hours in a **your** if **you** are admitted to an accident & emergency department or unit, also known as casualty department or emergency ward/room. The symptoms should be severe enough that it is reasonable for **you** to believe that without emergency care **your** health or bodily functions would be at risk of permanent damage.

## 2.4.14 Innocent bystander in terrorist incident

Treatment for **bodily injury** or illness caused by an **act of terrorism** where such injury/illness

is sustained by **you** as an innocent bystander, meaning **you** have not aided, abetted, counselled or procured the **act of terrorism** in any way.

There is no cover for any medical condition sustained as an innocent bystander by any **act of terrorism** involving the use of nuclear weapons or devices, chemical or biological agents.

## 2.4.15 Compassionate home visit

In the event that a **close family member** dies during **your** period of cover, **we** will pay for **your** return economy airfare to attend the funeral. Travel must take place within 28 days of the date of death. **We** will cover **you** for one return journey in each **policy period**.

In order to claim for this particular benefit, please submit the following within 60 days of **your close family member's** death:

- a copy of **your close family member's** death certificate/proof of death, and
- a copy of the invoice for **your** return airfare.

## 2.4.16 Local burial or cremation

In the event of **your** death as a direct result of an **accident** or a medical condition covered under **your plan**, **you** are covered for the preparation for and local burial of **your** mortal remains in the place where **you** died.

This benefit is not available if a claim is made under item **2.4.17 Repatriation of mortal remains**.

## 2.4.17 Repatriation of mortal remains

In the event of **your** death:

- as a direct result of an **accident** or a medical condition covered under **your plan**, and
- occurring outside **your country of origin** or **country of residence**

**we** will cover the costs of the preparation for and air transportation of **your** mortal remains from the place of death to either **your country of origin** or **country of residence**.

This benefit is not available if a claim is made under item **2.4.16 Local burial or cremation**.

## 2.5 Optional Extras

Optional add-on protection is available only if **you** have selected it as an optional additional cover on **your** Application Form, and paid the appropriate extra premium.

### 2.5.1 Personal Accident option

Cover applies only to those individuals named on **your** Application Form who are aged 18 years or older but not dependant children.

If **you** sustain **bodily injury** the **insurers** will pay the amount shown on **your** Certificate of Insurance if within 12 months of the **accident** such **bodily injury** results in:

- **your** death, or **your disappearance** as defined in section **8: Definitions**,
- **loss of limb(s)**, or
- total and irrecoverable loss of sight of one or both eyes.

In respect of any one **accident**, **we** will not pay **you** more than one of the above benefits.

Upon payment to **you** of a claim under this benefit, all cover for each member named on **your** Application Form in respect of this Personal Accident protection will automatically cease for life.

If **you** are aged 65 years or over all benefit under the Personal Accident option shall be limited to one-half of the relevant amount stated on **your** Certificate of Insurance.

# 3: Standard Exclusions

This section outlines what is not covered under **your plan**. These standard exclusions apply in addition to and alongside:

- the terms and conditions pertaining to each benefit as described in section **2: The Insurance Protection** where some benefit-specific exclusions may be present, and
- any personal exclusions or special terms on **your plan**, which will be stated clearly on **your** Certificate of Insurance.

No benefit or reimbursement shall be paid by the **insurers** in respect of claims arising directly or indirectly from:

## 3.1

Any medical, physical or mental condition (including **chronic** or recurring conditions) not disclosed on **your** Application Form for which **you** suffered any symptoms whether a **doctor** has been consulted or not, received treatment, or sought **advice** for, prior to **your original inception date** or, if later, the date cover started under **your** current **plan**.

## 3.2

Any medical, physical or mental condition or treatment or service which is specifically excluded on **your** Certificate of Insurance. After 12 months any medical or related condition so excluded may be eligible for cover provided:

- the condition(s) has not recurred,
- **you** have not received or needed treatment or medication, or
- **you** have not sought **advice** for such condition(s).

It is **your** responsibility to apply at the plan renewal date to have the condition(s) reviewed by **insurers**.

## 3.3

Deliberate self-inflicted injury, needless self-exposure to peril (except in an attempt to save

human life), suicide, attempted suicide, or self-harm.

## 3.4

Medical treatment for alcoholism, drug and substance abuse/dependency, or any medical condition and/or **bodily injury** which **we** reasonably believe is directly or indirectly related.

## 3.5

Any illness or injury suffered while **you** are under military authority or performing duties as a serving member of a military or police force or unit.

## 3.6

Any routine medical examinations or wellness benefits outside of those permitted within the scope of benefit **2.3.8 Wellness/medical check-up**. This includes vaccinations, the issue of medical certificates and attestations, general check-ups, health screenings, and any examinations as to suitability for employment or travel.

Also excluded are any routine eye and ear examinations and any associated medical hardware such as spectacles, contact lenses and hearing aids.

## 3.7

Any treatment to correct **your** eyesight, such as laser treatment, LASIK, refractive keratotomy and photorefractive keratotomy.

## 3.8

Any and all dental treatment which is not emergency dental treatment as described in item **2.4.12 Emergency dental treatment**.

### 3.9

Any treatment relating to hereditary conditions, genetic deformities/diseases, birth injuries, birth defects, or **congenital conditions**.

### 3.10

Genetic testing, when such tests are performed to determine whether or not **you** may be genetically predisposed to develop a medical condition.

### 3.11

Any tests and treatment directly or indirectly in connection with male and female birth control, infertility, fertility, sterilisations or its reversal, invitro fertilisation, or assisted reproduction. This includes treatment to prevent future miscarriage and investigations into miscarriage.

### 3.12

Treatment or medical services related to impotence or sexual dysfunctions.

### 3.13

Venereal diseases or any other sexually transmitted diseases.

### 3.14

Any sex change, gender reassignment or gender confirmation.

### 3.15

Any abortion and its consequences unless it has been confirmed by a **doctor** to be medically or surgically necessary.

### 3.16

Treatment of mental illness, stress, psychiatric or psychological disorders, except **in-patient psychiatric treatment** as detailed on **your** Certificate of Insurance and item **2.2.2 in-patient psychiatric treatment\***.

### 3.17

Treatment for permanent neurological damage or if **you** are in a persistent vegetative state/unresponsive wakefulness syndrome while staying in **hospital** for more than 8 continuous weeks.

### 3.18

Prostheses, corrective devices and medical appliances which are not required intra-operatively, except as detailed on **your** Certificate of Insurance.

### 3.19

The acquisition and implantation of artificial heart and mono or bi-ventricular devices.

### 3.20

Treatment performed by:

- anyone with the same residence,
- family members,
- any medical services provider, medical practitioner or specialist where the **insured person** has a financial interest and/or a professional interest including but not limited to employees, employers, consultants and owners, or
- **you**; in other words self-therapy or self-treatment.

### 3.21

Treatment or drugs which **we** deem to be experimental or unproven, based on whether or not they are recognised by various scientific and governmental institutions.

### 3.22

Elective or cosmetic surgery, and any treatment related to previous cosmetic surgery to alter **your** appearance, whether or not this has been medically prescribed.

However if the treatment is for the purposes of correcting a functional problem **your** claim may

be eligible for cover and **you** should contact the Medical Assistance Centre.

### 3.23

Treatment received in nursing homes, convalescence homes, health hydros, nature cure **clinics** or similar establishments. **You** are not covered for convalescence or where **you** are in **hospital** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **hospital** has effectively become **your** home or permanent abode.

### 3.24

Travelling specifically to obtain medical treatment unless agreed by the **insurers**. **We** reserve the right to decline to cover any medical expenses for treatment **you** have specifically travelled outside of **your country of residence** to obtain.

### 3.25

Failure to seek or follow medical **advice** and any prescribed treatment; this includes claims arising from a delay in seeking or following medical **advice** as well as travelling against medical **advice**.

### 3.26

Administration and/or registration costs or fees, including those for completing a claim form, bank charges when **we** transfer **you** money, losses incurred as a result of fluctuating exchange rates, and so on.

### 3.27

The performance, practice and training of any sport or activity:

- for which **you** are paid (including where **you** are being given a grant or scholarship),
- where **you** take part as a professional, or
- where **you** are competing for prize money.

## 3.28

The following sports and activities:

- SCUBA diving to a depth of more than 10 metres unless otherwise specified on **your** Certificate of Insurance;
- shark feeding/cage diving, yachting outside territorial waters, tombstoning;
- white water canoeing, white water or black water rafting at class V and VI as per the American Whitewater International Scale of River Difficulty;
- martial arts, boxing, wrestling, weight lifting, hurling, stunting, motor sports;
- all kinds of racing other than on foot;
- tombstoning;
- 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;
- Hang-gliding/para-gliding; BASE jumping; high diving; micro-lighting; 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.

## 3.29

Flying other than as a passenger on a scheduled regular carrier (this applies only to the optional Personal Accident Benefits)

## 3.30

Any treatment for or arising from any **epidemic** disease and/or **pandemic** disease. **We** do not pay for vaccinations, medicines or preventive treatment for or related to any **epidemic** disease and/or **pandemic** disease.

### 3.31

Any **cyber event**.

### 3.32

**Your** participation in any fraudulent, illegal, or criminal act, whether as the principal offender or as an accessory in aiding or abetting the criminal activity.

### 3.33

**Your** active participation in war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, or any **act of terrorism**.

### 3.34

Any losses directly or indirectly arising out of **contamination** due to an **act of terrorism**, regardless of any contributory causes. If the **insurer** alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the insured.

### 3.35

Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with the actual or threatened malicious use of pathogenic or poisonous biological or chemical materials regardless of any other cause or event contributing concurrently or in any other sequence thereto.

### 3.36

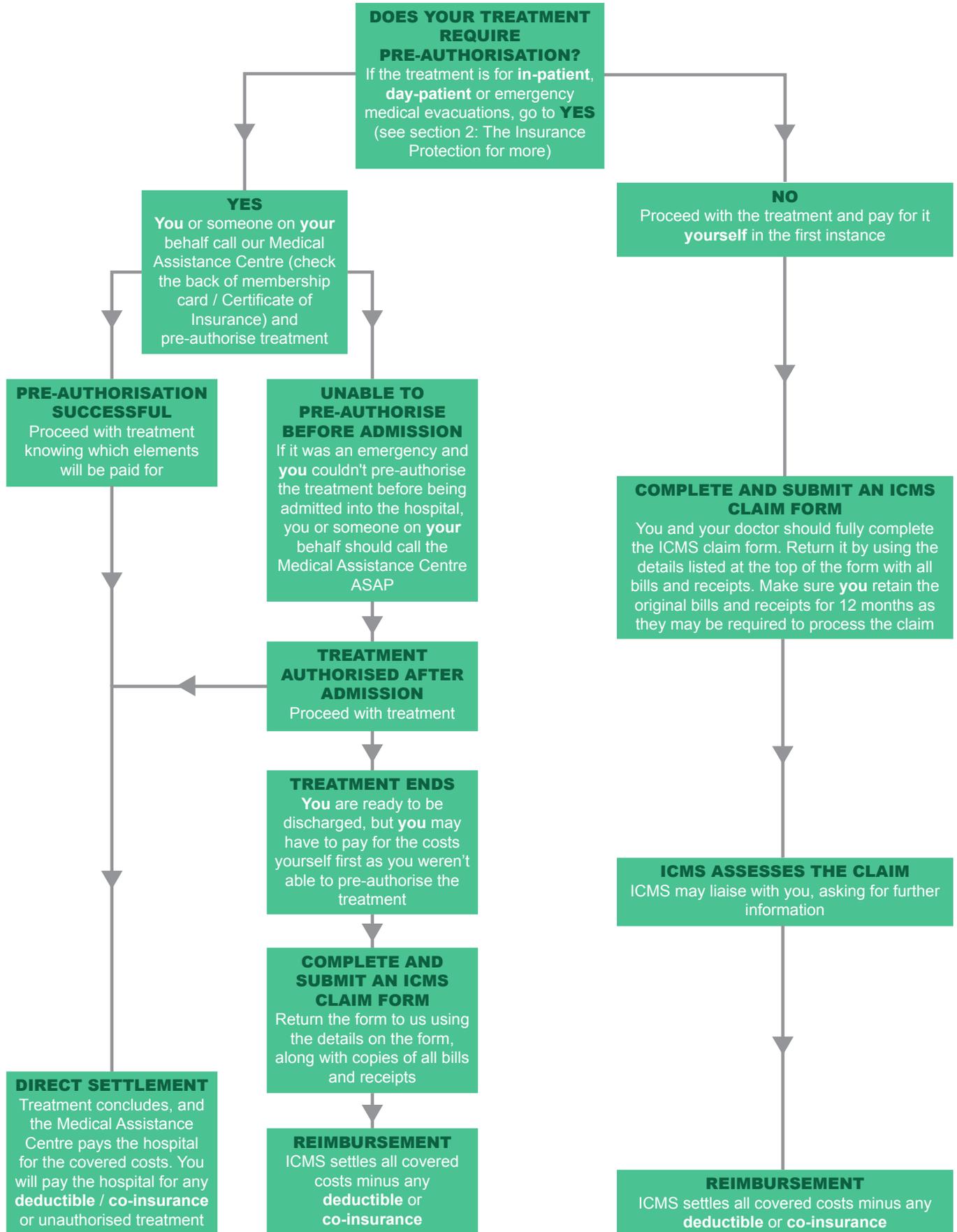
Ionising radiation or **contamination** by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

### 3.37

Treatment that is not **medically necessary** or treatment of an optional nature.

# 4: How to claim

As an IPH member, there are two ways to make a claim for any covered medical expenses.



## 4.1 Medical Assistance Centre Claims

For any acute or serious conditions that require **hospital** admission, or an emergency evacuation, **our** Medical Assistance Centre can help **you** arrange **your** treatment.

**We** have appointed Healix as the Medical Assistance Centre for this **plan**. With offices all around the world and a dedicated medical team of fully qualified doctors and nurses, they have extensive experience in international medicine, aviation medical care and emergency evacuations. Healix has been providing healthcare solutions to clients around the world since 1992.

The Medical Assistance Centre will:

- provide emergency and medical assistance worldwide, whether directly or through a network of trusted agents
- find the **hospital** that is best suited to **your** medical condition if **you're** not sure where to go for treatment
- monitor **your in-patient** treatment to ensure **you** are being given the best possible service, and
- directly settle the costs of **your** treatment with the **hospital**, ensuring **you** are never out of pocket while **you're** still on the road to recovery.

### Having a medical emergency? Call +44 (0)20 7184 8288 first.

Our Medical Assistance Centre's team of experts is available 24/7, 365 days a year. Call them to pre-authorise any **in-patient** treatment or emergency evacuation. They will advise **you** of their claims procedure and any necessary paperwork.

### 4.1.1 Prior Authorisation

**We** require all **insured persons** to obtain prior approval (pre-authorisation) from the Medical Assistance Centre before commencing the following treatments:

- Planned treatments under **2.2 Core Cover**
- Services under **2.4.3 Emergency Medical Evacuation\***
- **In-patient** services under **2.4.8 Complications of childbirth\***, **2.4.9 Routine maternity care and childbirth\***, or **2.4.10 Newborn care\***
- **In-patient** treatment under **2.4.1 Cancer treatment\***
- **In-patient** treatment under **2.4.2 Organ transplant\***

In order to allow them to directly settle **your** claim with the **hospital**, **we** would advise **you** contact the Medical Assistance Centre for pre-authorisation as early as a week in advance if possible. If **you** contact them less than 48 hours in advance of **your hospital** admission or evacuation they may be unable to authorise **your** treatment in time and **you** may have to pay for the treatment **yourself** first and then submit a claim for reimbursement.

If **you** are admitted to **hospital** or evacuated in an emergency and it was not reasonably possible for **you** to contact the Medical Assistance Centre in advance, **we** will consider **your** claim if **you** or a person on **your** behalf contacts the Medical Assistance Centre within 72 hours of **your** admission. If **you** do not contact them within 72 hours, **we** reserve the right to decline or only pay part of **your** claim.

### Membership card

Please note that **your** membership card has all **your** policy details required for the pre-authorisation process and **we** would advise **you** keep this with **you** at all times when **you** are abroad or travelling.

This card is for information purposes only and should not be handed over to **your hospital** or benefits provider when **you** arrive for treatment.

## 4.2 ICMS Claims

Any claims not requiring pre-authorisation as detailed in **4.1.1 Prior Authorisation** will be handled by **our** in-house claims administrators, International Claims Management Services (ICMS). In general, all **out-patient** claims should be submitted to ICMS. Their contact details are:

**Email**            [icms@iphinsurance.com](mailto:icms@iphinsurance.com)

**Telephone**    +44 (0)208 8905 2888

**Address**        ICMS  
IPH House, Stirling Way  
Borehamwood  
Hertfordshire  
WD6 2BT  
United Kingdom

ICMS will be in charge of processing **your** claim and making any claim payments. **You** must contact ICMS within 90 days of any occurrence covered by this insurance.

For all ICMS claims, simply:

1. Take **our** claim form along with **you** when **you see your treating doctor** as they will need to complete and sign a section of the form.
2. Once **you** have fully completed the claim form and gathered any supplementary documents **you** should submit them all to ICMS by post or email to:  
[icms@iphinsurance.com](mailto:icms@iphinsurance.com)
3. ICMS will process **your** claim and potentially ask **you** to provide further information.  
Note: **we** reserve the right to require **you** (or **your** legal representative, if appropriate) to furnish, at **your** own expense, all original documents with regard to the claim and to instruct any **doctor, hospital** etc. presently or previously treating **you** to release such information to them, including **your** previous medical history.
4. If approved, reimbursement shall be made in the local currency of **your** treatment or the currency of **your plan**, whichever is most suitable.

# 5: Managing **your** membership

## 5.1 Renewals

Once **your** cover begins, **your** policy is renewable for successive one-year periods every year afterwards, regardless of age, health or claims history, unless the entire insurance scheme is cancelled by the current **insurers**, or if **we** are entitled to cancel **your plan** as detailed in section **7.1 our right to cancel**.

Should the **insurer** choose to cancel the insurance scheme **you** are on, **you** will receive at least thirty days' notice.

A month before **your** policy is due to expire (this can be found on **your** Certificate of Insurance), **we** will write to **you** to see if **you** wish to renew. **Your insurers** have the right to amend the:

- Premiums
- Definitions
- Benefits
- General terms and conditions, and
- Terms of cover

that apply to **your plan** at renewal. This will all be detailed in the renewal invitation when **we** write to **you** 30 days in advance. Should **you** accept these amendments, they will take effect from **your** renewal date.

All premiums will be payable in advance of **your** renewal date. If payment is not made on or before this date **your** cover will be terminated with effect from the expiry of the last **policy period**.

For what happens if **you** wish to apply again after **your** policy has expired, please see section **5.6 Break in cover**.

### 5.1.1 Members 70+ years of age

Members aged 70 and over will be required to complete a new application form at each annual renewal before **we** can offer renewal terms. Acceptance terms may be amended, subject to 30 days' written notice.

### 5.1.2 Children turning 18 years of age

When any dependant children:

- turn 18 years of age, and
- are no longer in full-time education

they will be required to begin paying adult premiums and be moved onto their own individual **plan**. **We** will require them to complete, sign and return their own application form to **us**.

If dependants are between the ages of 18 and 24 and are still enrolled in full-time education, they will be eligible for **our** student discount, meaning they may continue paying the child premium and will not be required to move onto their own policy yet.

## 5.2 Adding a new member or baby

**You** may add a new dependant to **your plan** at any time, provided they are eligible under item **1.1.2 Dependants**. They will be required to complete an application form and submit this to **us**. Please apply as a dependant rather than a main applicant: the form must still be signed by the main applicant.

Newborn babies can be added to the **plan** 15 days after the date of birth or date of discharge from **hospital** of birth, whichever is later. If **you** intend to add **your** baby to **your** policy, please contact **us** before the date of discharge.

If the new member is joining **your plan** in the middle of **your policy period**, **we** will calculate a pro-rata premium for them based on the annual rate. If **you** wish for them to be added at renewal, the full year's premium will be charged.

Please contact **us** if **you** would like to add a new member or baby and **we** will help **you** with this process.

## 5.3 Changing your level of cover

**You** may only apply to change **your level of cover** to take effect from **your** renewal date. Please contact **us** if **you** would like to request such a change; **we** will refer **your** request to **your insurer**, who will make the final decision on whether or not to offer terms as per **your** request.

If **we** accept **your** application, **we** reserve the right to apply new terms of cover, meaning **you** may be subject to personal exclusions **you** did not have before.

## 5.4 Change of address/ country of residence

**You** should inform **us** immediately of any change in address or **country of residence**. This is to make sure any postal correspondence **we** send out reaches **you**, and to make sure **you** are still eligible for cover.

If **you** become resident in the US or Canada **we** will be unable to cover **you** and **your** cover will cease with effect from the day **you** relocate to either of these countries. **Your** cover will similarly cease if **you** become resident in any country where **we** are not licensed to insure **you**.

## 5.5 Your right to cancel

### 5.5.1 Cooling-off period

**We** hope **you** are happy with **our** services but if **you** decide that the insurance no longer meets **your** requirements, **you** are entitled to cancel **your** policy within 30 days from the date **your** cover starts. If **you're** thinking about cancelling **your** policy, please contact **us** or **your** Broker to discuss **your** options.

If **you** do cancel in this period and no claims have been made in this time **we** will refund the full premium to **you**. However if any claims have been made in these 30 days **we** reserve the right to refund only part or none of the premium to **you**.

A new cooling-off period applies every year from the renewal date of **your plan**.

### 5.5.2 Mid-term cancellations / lapsing

**You** may also cancel **your** policy at any time outside of the cooling off period by emailing or writing to **us**. If **you** cancel the policy at any date other than at the expiry of the current **policy period**, a proportionate refund of the annual premium will be paid provided no claims have been paid during that **policy period**, minus an administration charge of US\$30.

If **you** decide to cancel or not to renew **your** policy, the **insurers** will only pay benefit for treatment which takes place before the date of cancellation or non-renewal.

**You** may simply choose not to renew **your** policy at the end of the **policy period**. **We** refer to this as non-renewal or 'lapsing' **your** policy.

## 5.6 Break in cover

A break in cover is when for whatever reason **you** cancel **your** policy or allow it to lapse but then wish to be covered again at any point afterwards.

In such circumstances, **you** would have to go through the application process once more, and the **insurers** reserve the right to reapply exclusion **3.1** in respect of pre-existing medical conditions.

## 5.7 Policyholder re-assignment

If there is more than one insured person over age 18 and the dependant wishes to become the **policyholder**, the latter should complete and sign the application form. This is for administration purposes only and no additional underwriting is required.

If there is more than one insured person over the age of 18 and the **policyholder** sadly passes away, this policy will automatically be

transferred to the oldest insured person over 18 years old. They shall become the **policyholder** and be responsible for paying the premium, with effect from the date of the **policyholder's** death.

Should a dependant be left on the policy under the age of 18 a guardian will need to apply for the insurance and become the **policyholder**.

# 6: Complaints

Our team will always strive to provide a considerate, friendly and professional service. **We** hope **you** never feel as though **we** have let **you** down – but **we'd** like to give **you** a few ways of solving any issues that may crop up.

## 6.1 Procedure for resolution of disagreements

If **you** have any questions or concerns about **your** policy or the handling of a claim **you** should, in the first instance, contact International Private Healthcare Limited, addressed to:

The Customer Services Manager  
IPH Ltd  
IPH House  
Stirling Way  
Borehamwood  
Hertfordshire  
WD6 2BT  
United Kingdom

## 6.2 Complaints procedures

In the event that **you** remain dissatisfied and wish to make a complaint, **you** can do so at any time by referring the matter to the Complaints team at Lloyd's. The address of the Complaints team at Lloyd's is:

Complaints  
Fidentia House  
Walter Burke Way  
Chatham Maritime  
Chatham  
Kent  
ME4 4RN  
United Kingdom

Email: [complaints@lloyds.com](mailto:complaints@lloyds.com)  
Tel: +44 (0)20 7327 5693  
Web: <https://www.lloyds.com/policyholder/policyholder-complaint/complaints-by-lloyds-uk-policyholders>

Details of Lloyd's complaints procedures are set out in a leaflet "Your Complaint – How We Can Help" available at <https://www.lloyds.com/policyholder/policyholder-complaint/complaints-by-lloyds-uk-policyholders> and are also available from the above address. If **you** remain dissatisfied after Lloyd's has considered **your** complaint, **you** may have the right to refer **your** complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service is an independent service in the UK for settling disputes between consumers and businesses providing financial services. **You** can find more information on the Financial Ombudsman Service at:  
<http://www.financial-ombudsman.org.uk>

# 7: Legal information

## 7.1 Our right to cancel

It's very important that **you** familiarise yourself with **our** Plan Rules, as the **insurers** would be entitled to cancel and void **your plan** immediately without refunding **your** premium if:

### 7.1.1

Any pertinent fact was not disclosed or was misrepresented on **your** Application Form.

### 7.1.2

**Your** premium or any other charges such as insurance premium tax are not paid within 30 days of any premium due date.

### 7.1.3

**You** are no longer eligible to be included in the **plan**, or **you** move to a country where **we** are unable to offer **you** cover under the **plan**.

### 7.1.4

**You** have not fully repaid to **us** any ineligible claim payments **we** have made to **you**.

### 7.1.5

**You**, or any person acting on **your** behalf has made any threatening or abusive comment, or used any unacceptable language towards **us** or any member of **our** staff, or any service provider acting on **our** behalf, whether verbally (including any telephone conversation) or in writing (including any electronic communication).

### 7.1.6

Any claim is in any respect false, unfounded, or fraudulent, or if fraudulent means or devices are used to obtain benefit. All benefits already paid shall be recoverable to the **insurers**.

### 7.1.7

**You** attempt to claim for an incident where some or all of the claim costs have already been paid for by another party or **insurer**.

### 7.1.8

**You** break the terms of **your plan** as laid out in this Plan Rules document, **your** application form and Certificate of Insurance.

### 7.1.9

**You** are directly or indirectly subject to economic sanctions, including sanctions against **your country of residence**, regardless of any permission given to **you** by a relevant authority to continue cover. These sanctions include those enforced by the laws, regulations and sanctions lists of the European Union, the United Kingdom, the United States, and any United Nations resolution.

## 7.2 Medical examinations

The **insurers** shall have the right and opportunity through their medical representatives to examine **you** whenever and as often as they may reasonably require within the duration of any claim, at the **insurers'** expense. In addition the **insurer** shall have the right to require an autopsy in the case of death, where this is not forbidden by law.

## 7.3 Arbitration

Any differences in respect of medical opinion in connection with the treatment of an **accident** or illness shall be settled between two medical experts appointed in writing by the parties to the dispute.

Any difference of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing at the outset.

Should the two medical experts fail to agree despite the mediation of the umpire then the decision of the umpire shall be final and binding.

## 7.4 Subrogation

The **insurers**, or any person or company that they nominate, have full subrogated rights of recovery of the **policyholder** or any family members in the event of a claim. This means that the **insurers** will assume the rights of the **policyholder** or any family members to recover any amount **you** are entitled to that **we** have already covered under this **plan**.

For example, the **insurers** may recover amounts from someone who caused injury or illness, or from another **insurer** or a state healthcare provider.

The **policyholder** must provide **us** with all documents, including medical records, and any reasonable assistance needed to exercise these subrogated rights. The **policyholder** must not do anything to prejudice these subrogated rights.

**We** reserve the right to deduct from any claims payment otherwise due to **you** an amount that will be recovered from a third party or state healthcare provider.

## 7.5 Contribution of benefits

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**. As per item **7.1.7** **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.

## 7.6 The Financial Services Compensation Scheme (FSCS)

**You** may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) in the unlikely event that the underwriters cannot meet their liabilities under this policy. The FSCS will meet the first US\$2,000 of **your** claim in full plus 90% of the balance without any upper limit. Further details can be obtained from [www.fscs.org.uk](http://www.fscs.org.uk)

## 7.7 Law applying to your plan

Notice to the Proposer: This Insurance Contract shall be governed by and construed in accordance with the law of England and Wales and each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales unless you and we agree otherwise.

## 7.8 Legal Proceedings

No action at law or in equity shall be brought to recover under the **plan** prior to the expiration of sixty days after proof of claim has been furnished in accordance with the requirement of these Plan Rules. Nor shall any such action be brought at all unless commenced within six years from the date of claim.

Our authorisation and regulation details are as below:

International Private Healthcare Ltd is authorised and regulated by the Financial Conduct Authority.

The FCA sets out regulations for the sale and administration of general insurance. **We** must follow these regulations when **we** deal with **you**.

Our company registration number is 2658761 and **you** can find more information about **us** on the UK Companies House website.

## 7.9 Data Protection

International Private Healthcare Limited, and any intermediaries or reinsurers involved in your plan will deal with all personal information you supply in the strictest confidence. We will comply with all the provisions of the Data Protection Act (1998) and the EU General Data Protection Regulation (GDPR).

We use other companies to do some of our work for us and to run and improve our computer systems. We take steps to ensure that any companies and intermediaries that we use give an appropriate level of protection.

For further details on how we protect your information, please refer to our data protection and privacy policy on our website at:

<https://www.iphinsurance.com/privacy-policy/>

## 7.10 Several Liability Notice/Clause

The subscribing **insurers'** obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions.

The subscribing **insurers** are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

## 7.11 Sanctions Limitation and Exclusion Clause

No (re)**insurer** shall be deemed to provide cover and no (re)**insurer** shall 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 that (re)**insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

# 8: Definitions

The following definitions apply where the words in question appear in bold:

## 8.1 Accident

A sudden, unexpected or unforeseen event caused by external violent and visible means.

## 8.2 Advice

Any consultation from a medical practitioner or specialist including over the phone or any electronic means, and the issue of any prescriptions or repeat prescriptions.

## 8.3 Area of cover

The area in which **you** are eligible for cover under this policy as selected by **you** on the application form and also stated on **your** Certificate of Insurance.

## 8.4 Bodily injury

An identifiable physical injury which is caused by an **accident** and solely and independently of any other cause occasions any event for which **you** are covered under item **2.5.1 Personal Accident option** within 12 months of such **accident**.

## 8.5 Caribbean area

For the purposes of this insurance the following regions are deemed to be in the Caribbean area: Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Belize, Bermudas, Bonaire, Cayman Islands, Costa Rica, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadeloupe, Guatemala, Haiti, Honduras, Jamaica, Martinique, Montserrat, Mexico, Nicaragua, Panama, Puerto Rico, Saint Kitts and Nevis, Saint Martin, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Trinidad & Tobago, Venezuela, Turks and Caicos Islands, United States Virgin Islands.

## 8.6 Chronic

A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, checkups examinations or tests.

## 8.7 Clinic

Any institution or **hospital** department that is legally licensed or recognised in the country in which it is located as a facility giving outpatients medical treatment or **advice**. Also known as an outpatient or ambulatory care **clinic**.

## 8.8 Co-insurance

A portion of a claim for which **you** are responsible for covering, where we will cover the remaining settlement balance. Please see **1.6 Co-insurance** for further explanation.

## 8.9 Close family member

**Your** spouse, civil partner, a co-habiting partner, parent, brother, sister, child or grand-child.

## 8.10 Congenital condition

A medical condition that is present at birth or is believed to have been present since birth, whether it is inherited or caused by environmental factors, diagnosed, caused by antenatal stages of pregnancy or caused during childbirth.

## 8.11 Contamination

For the purposes of the exclusion under this insurance, '**contamination**' means the **contamination** or poisoning of people by nuclear and/or chemical and/or biological substances which cause illness and/or death.

## 8.12 Coronary care facility

A care unit that provides a higher level of cardiac monitoring.

## 8.13 Country of origin/nationality

The country of **nationality** specified by **you** on **your** application form or as advised to **us** in writing, whichever occurs later. This should be the country for which **you** hold a current passport.

## 8.14 Country of residence

The **country of residence** specified by **you** on **your** application form and shown on **your** Certificate of Insurance, or as advised to **us** in writing, whichever is later. This should be the country for which **you** hold a current visa and are physically resident for 6 or more months of each 12 month period. If the period of insurance is less than 12 months, then **you** must be physically resident for at least 50% of that period.

## 8.15 Cyber event

An unauthorised or malicious act or series of related unauthorised or malicious acts or the threat or hoax thereof involving access to, processing of, use of or operation of any Information Technology System or any electronic data by any person or groups(s) of persons.

## 8.16 Day-patient

Treatment which for which it is **medically necessary** that **you** stay in a bed in **hospital** during the day only, and not overnight. Also known as day-care.

## 8.17 Deductible

The amount payable by **you** in any **policy period** before we will pay for any covered benefits as specified on **your** policy certificate. Also known as an **excess**. Please see **1.7 Deductible** for further explanation.

## 8.18 Disappearance

If following the disappearance, forced landing, sinking or wrecking of any public transport on which **you** were travelling as a fare paying passenger **your** body is not found within one year it will be presumed that **you** have died by reason of **bodily injury**.

## 8.19 Doctor

Any legally licensed **doctor** of medicine recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of their licensing and training.

## 8.20 Epidemic

The occurrence of widespread cases of an infectious health condition in a given area or among a specific cohort during a particular period. Usually, the cases are presumed to have a common cause or to be related to one another in some way.

## 8.21 Excess

The amount payable by **you** in any **policy period** before we will pay for any covered benefits as specified on your policy certificate. Also known as a **deductible**. Please see **1.7 Deductible** for further explanation.

## 8.22 High dependency facility

A unit that provides a higher level of medical care and monitoring, for example post-surgery or after a single organ failure.

## 8.23 Hospital

Any institution which is legally licensed as a medical or surgical **hospital** in the country in which it is located and whose main activities are not those of a **rehabilitation** centre, spa, hydro **clinic**, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident **doctor**.

## 8.24 Hospital room and board

The provision to **you** by a **hospital** of a room, bed and food.

## 8.25 Information technology system

Any computer hardware, software, information technology or communication system or electronic device, including any associated input, output or data storage device, networking equipment or back up facility

## 8.26 In-patient

Treatment for which it is **medically necessary** that **you** have to stay in a **hospital** bed overnight or longer.

## 8.27 Insured person

A **policyholder** and their dependants, if any, who has been accepted by the **insurers** for cover. Also referred to as **you/your**.

## 8.28 Insurers

Certain Underwriters at Lloyd's of London whose names will be supplied on application.

## 8.29 Level of cover

The **level of cover** (Pearl, Sapphire or Ruby) **you** have chosen to be covered under as specified by **you** on **your** application form, or as advised to **us** in writing, whichever occurs later.

## 8.30 Loss of limb

Either:

### 8.30.1

The loss by permanent physical separation of a hand at or above the wrist or of a foot at or above the ankle, or

### 8.30.2

The total and irrecoverable loss of use of hand, arm or leg.

## 8.31 Medically necessary

A medical service or treatment, which in the opinion of the Medical Assistance Centre is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting **your** condition or the quality of medical care rendered.

## 8.32 Original inception date

This date is shown on **your** Certificate of Insurance and is the date you first became insured under **your plan**.

## 8.33 Out-patient

Treatment given at a **hospital**, consulting room, **doctor's** office or **out-patient clinic** where **you** do not stay overnight or as a **day-patient** to receive treatment.

## 8.34 Pandemic

An epidemic occurring over a widespread area (multiple countries or continents) and usually affecting a substantial proportion of the population.

## 8.35 Plan

The insurance contract between **you** and us. The word '**plan**' may be used interchangeable with 'policy'.

The full terms of **your plan** are set out in the latest versions of:

- the application form **you** have signed and completed
- this Plan Rules document, and
- **your** Certificate of Insurance.

## 8.36 Policy period

The annual period of insurance shown on **your** current Certificate of Insurance. This will generally be for the duration of one year unless **you** were added as a dependant onto a policy mid-term.

## 8.37 Policyholder

The main applicant set out in the application form and with whom we will generally correspond about the insurance policy.

## 8.38 Psychiatric treatment

Treatment of mental health conditions, including eating disorders.

## 8.39 Rehabilitation

Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.

## 8.40 Terrorism, an act of

For the purposes of the exclusion under this insurance **plan** '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 or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

## 8.41 We/our/us

International Private Healthcare Limited and / or the **insurers**.

## 8.42 You/your

A **policyholder** and their dependants, if any, who has been accepted by the **insurers** for cover. Also referred to as an **insured person**.

## **Please save these numbers/emails to your mobile phone**

### **For out-patient claims**

[icms@iphinsurance.com](mailto:icms@iphinsurance.com)

+44 (0)20 8905 2888

(Ask for the healthcare claims department)

Monday to Friday 9am-5pm UK time  
English & Chinese

### **For emergency medical evacuation and in-patient claims**

[AspenAssistance@aspen-insurance.com](mailto:AspenAssistance@aspen-insurance.com)

+44 (0)20 7184 8288

Open 24/7, multilingual

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