



SWISS GLOBAL INSURANCE

Worldwide coverage
Expatriate Benefits Healthcare Guide
Hospi Plan

NO DEDUCTIBLE



**Worldwide coverage excluding Singapore, China, Japan,
Switzerland, UK, USA and Canada**

The present plan subscribed with SWISS GLOBAL INSURANCE limited to emergency treatment in Singapore, China, Japan, Switzerland, UK, USA and Canada.

This documentation is valid as of 01 April 2019; it replaces and cancels all previous issues.

When and for how long are you covered ?

Coverage for members and dependents begins upon enrollment into the SGI plan (a complete signed application form must be submitted and accepted). Enrollment is subject to acceptance by SWISS GLOBAL INSURANCE (SGI). Coverage is automatically renewed **with no limit in time**. SGI offers lifetime healthcare cover provided you take out a policy before the age of 65.

You are insured, the moment SGI approves your application and premium is paid

- ✓ Immediately for medical attention and/or hospitalization following an accident or the onset of an infectious disease

The medical coverage terminates at the request of the member by sending to Swiss Global Insurance a written notice minimum 60 days for the end of the year or, it can be terminated at anytime by Swiss Global Insurance for non-payment of premium.



Who is eligible for cover?

- ❖ **ANYONE**, as a member of SWISS GLOBAL INSURANCE, under the age of 65 at the time of enrolment, and **their dependents** :
- ❖ **Your spouse**, provided you are not divorced or living apart under an implied or expressly written separation agreement. SGI recognizes **common law** and « **Pacte Civil de Solidarité** » « P.A.C.S. » agreements; proof of status must be supplied by policyholder at the time of enrolment.
- ❖ **Your children**, and/or those of your spouse (or, if you are not married, those of your common law spouse or partner), **under the age of 21**, provided that they are financially dependent on you.

Between 21 and 26 years of age, children enrolled in full time secondary or higher education (written proof of enrolment at an educational establishment is required) are eligible for coverage as dependents under the SGI policy. They may take on paid employment provided they do not work for more than three months per year.

Dependents are eligible for cover only if the policyholder is covered under the healthcare program.



Your Healthcare Program

SWISS GLOBAL INSURANCE reimburses all of your medical fees worldwide, incurred between your enrolment date and your termination date. These medical services must be provided by recognized medical providers in the country where they were performed and must be medically necessary for the treatment of an illness or of an accident. Treatment must be provided by officially recognized physicians. In all cases, reimbursements will be handled depending on the basis of the healthcare program described in the following benefit schedules.

NB: Medical expenses are reimbursed after deduction of all potential reimbursements made by a social security system for which the member is eligible and any deductibles or co-insurances.



HOSPI PLAN

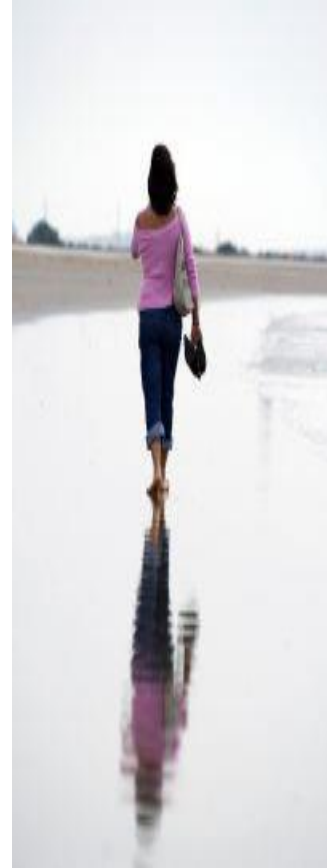
Benefits and Limits are per beneficiary and per year
They are expressed on a usual, customary, and reasonable basis.
Amounts expressed in below table are in EUR.

Benefits	Refund & Limits
In-patient Treatment	
Any private Hospital or Clinic accommodation in semi-private room	100%
Surgical operations	100%
Surgical appliances and prosthetic implants	100%
Prescription drugs and materials, including surgical dressings	100%
Physician and therapist fees	100%
Theatre charges & Anesthesia	100%
Intensive & Critical Care, Intensive Treatment & Therapy	100%
Coronary care and High Dependency Unit	100%
Pathology X-rays, Diagnostics test	100%
Advanced diagnostic tests (CT, MRI scans)	100%
Advanced diagnostic tests (PET and CT-PET scans)	100%
Reconstructive surgeries to restore appearance after an accident	100%
Reconstructive surgeries to restore appearance after a surgery	100%
Accommodation cost for one parent staying in hospital with an insured child under 12 years old	100%
Cancer and Oncology Therapy	
Inpatient treatment	100%
Organ, Bone marrow, Tissue transplants	
Inpatient treatment	100%
Further Benefits	
Local Road Ambulance in case of hospitalization	100%
In-patient cash benefit (per night)	EUR 110 per night, up to 20 nights per year
Convalescence cash benefit (per week) for each complete week of confinement to home (excluding the first week)	EUR 250 each week, up to 3 weeks
Preventive Medicine	
Health check up including analysis and screening for early detection of illness or disease	100%, up to EUR 250 once every 3 years after 2 years of admission
Emergency Evacuation	
Medical evacuation	100%
Emergency treatment outside area of cover	100%, up to 30 days per year
Return airfare to country of residence	100%
Expenses for one person accompanying an evacuated person	100%
Travel costs of one insured family member in the event of an evacuation	100%
Travel costs of one insured family member for the repatriation of mortal remains	100%
Repatriation of mortal remains	100%
Local burial or cremation	100%
Treatment arising directly or indirectly as a consequence of war or terrorism, provided you are an innocent bystander	100%, up to USD 5'000
Accidental death (Costs of repatriation or burial of remains only)	100%
The annual refund limit per beneficiary per year is 200'000 EUR	

Exclusions

Depending on the healthcare program chosen by the policyholder, please see below the list of the main exclusions:

- treatment performed by any person who is not legally licensed to carry out the said treatment;
- any/all medical treatment that are not ordered by a doctor or that are not a medical necessity;
- medical care that is not up to the professional standards of the country where they were provided;
- treatment for which the insured did not obtain prior approval or for which such approval was denied;
- aesthetic treatment and cosmetic surgery of any type or nature, except following an accident (that occurs while this policy is in effect), with prior approval from the insurer and according to the terms, conditions and limitations as stipulated by the contract;
- non emergency surgery for which no prior approval was given;
- charges for services or supplies ordered or received prior to the effective date of coverage or after the termination of coverage;
- para-pharmaceutical items such as cotton, rubbing alcohol, sunscreen....
- in the event of hospitalization, personal expenses such as telephone calls and television rental;
- expenses considered as unusual and excessive with respect to the country in which they were incurred;
- treatment against obesity or anorexia;
- treatment for infertility (IVF);
- travel and accommodation expenses in relation with medical care;
- laser refractive surgery / radial keratotomy (myopia surgery);
- periodontics;
- dental prostheses;
- orthodontic treatment;
- alternative medicine treatment when unrelated to an illness or accident;
- Spas ;
- in-patient prescribed psychiatric treatment ;
- detoxification treatment;
- all other psychiatric treatment, prescribed or non-prescribed;
- pre operative care;
- surgical prostheses not required intra - operatively;
- chronic or end-stage kidney failure which has required regular or long-term dialysis;
- expenses reimbursed or likely to be reimbursed by any other health plan or accident coverage;
- medical care given in nursing homes or old-age homes or resulting from help provided to people in their everyday life, even if those people are suffering from permanent or temporary disability;
- treatment considered as experimental;
- room & board, treatment in a specialized establishment after a spa;
- room & board, treatment in a physical therapy or rehabilitation facility;
- all type of genetic testing;
- speech or oculomotor or occupational therapies;
- inoculations or travel related inoculations;
- preexisting conditions are not covered or limited refund as stated in plan details and general conditions;
- chronic conditions are not covered or limited refund as stated in plan details and general conditions;
- hormone replacement therapy when considered as not a medical necessity or for gender re-alignment;
- long term care for chronic conditions & for disability are covered up to the maximum of the chronic conditions benefit;
- Any Claim arising from: (i) self-inflicted Injury (including suicide or attempted suicide); (ii) needless self-exposure to peril (except in an attempt to save human life); (iii) travel undertaken against medical advice.



For any further information please refer to the General Conditions or contact the Plan Administrator

SWISS GLOBAL INSURANCE competitive edges

Our goal is to offer quality service, including:

- A **multilingual team** in contact with physicians and hospitals/clinics worldwide.
- A **unique contact** to follow up your files, with a dedicated team of administrators for all members of SWISS GLOBAL INSURANCE.
- A **call center** ensuring 24/7 Pre-certification services, 365 day per year.
- **Personalized insurance ID card** for you and your dependents to facilitate admission to a hospital and direct billing.
- A simple phone call triggers a **direct settlement in case of hospitalization anywhere in the world**, to avoid having to make any advance payment (Pre-certification).
- **Consulting Physicians** is available for a second medical opinion.
- **Confidentiality** of medical information.



Administrative Procedures

❖ HOSPITALIZATION FOR MEDICAL OR SURGICAL REASONS

For a planned hospitalization

Simply contact SWISS GLOBAL INSURANCE, 10 days before admission, to ensure preparation of a Pre-certification agreement which will be sent by SGI to the medical provider.

You will therefore benefit from a direct payment without any advance payment from you.

You will only pay charges that are not covered by your plan such as your personal expenses (telephone and television rental, etc...)

In order to facilitate any admission or any administrative procedures between SWISS GLOBAL INSURANCE and medical facilities, simply show your insurance card to the admission desk.

The medical facility will then contact directly SGI.

In case of emergency

Just go directly to the hospital, show your insurance card to the admission desk and ask to the person in charge to contact directly **SWISS GLOBAL INSURANCE, within the next 72 hours after your admission.**

SGI will provide the medical facility with a pre-certification agreement.

For Pre-certification and Emergency, please use the following telephone number : +41 22 310 38 94

Prior approval

As certain medical expenses have reimbursement limits, please contact us to know the reimbursement ceilings.

SGL prior approval is required for hospitalization

- Medical prosthesis,
- Stays in medical facilities.

In order to obtain prior approval, have your doctor send to SWISS GLOBAL INSURANCE a treatment plan with a medical report, including medical prescription, X-rays and detailed cost estimate.

Prior approval given by SGI is then valid for the specified medical services within the limits indicated in the text of the approval.

Reimbursements may be reduced by 50% if you do not request SGI prior approval for hospitalization.

For prior approval and for information on reimbursement ceilings, please contact us on the following telephone number : +41 22 819 18 67



Emergency Evacuation

a) Scope of coverage

Insured Persons have access to the following services.
For certain services, specifically evacuation, medically supervised repatriation and repatriation of mortal remains, reimbursement is subject to the schedule of benefits.



The following services are provided by our 24-hour assistance.

b) Benefits

The Insured Person may contact SWISS GLOBAL ASSISTANCE to obtain the following travel information and services before starting or during his journey:

- 24 hour Assistance Call Centre
- Pre Travel Medical Advice
- Hotel Reservation
- Taxi Reservation
- Air Ticket Reservation
- Visa and Embassies information
- Cash advance
- Lost Passport Assistance
- Legal Assistance
- Ambulance Transfer
- Dispatch of Drugs

To comply with the terms and conditions of the Policy, the Insured Person needs to contact Swiss Global Assistance for pre-authorization before any evacuation and assistance costs are incurred. If the Insured Person fails to follow this condition, he will be liable to pay full costs of any transportation. Our contact information is on your membership card.

Contact:

Swiss Global Assistance
Tel.: +41 22 310 37 88

Contacts & Services

SWISS GLOBAL INSURANCE remains at your disposal for all queries or information pertaining to your medical benefits and claims.

*In order to access our services, **do not hesitate to contact us:***

Swiss Global Insurance

c/o Swiss Health International
Rue du Rhône 14
CH – 1204 Geneva - Switzerland

Management, Sales :
Email: info@swissglobalinsurance.com

Medical Emergency: +41 22 310 38 94

Management, Sales: +41 22 819 18 67

