



INTERNATIONAL HEALTHCARE PLAN

Contents

YOUR INTERNATIONAL HEALTHCARE PLAN	2
HOW THE HEALTHCARE PLAN OPERATES	3
IMPORTANT NOTES	4
DUTY TO PROVIDE US WITH ACCURATE INFORMATION.....	4
MEDICAL UNDERWRITING TERMS AND CONDITIONS.....	4
RETURN TO HOME COUNTRY.....	5
TRAVEL OUTSIDE THE SPECIFIED GEOGRAPHICAL AREA.....	5
DEFINITIONS	6
BENEFITS.....	12
SECTION 1 - MEDICAL & HOSPITAL BENEFITS	12
1.1 Hospitalisation Costs.....	12
1.2 Outpatient Care	13
1.3 Emergency Outpatient Treatment	13
1.4 – Routine Management of Chronic Conditions	13
1.5 – Nursing at Home	14
1.6 – Maternity Care	14
1.7 Rehabilitation.....	15
1.8 Emergency Dental Treatment	15
SECTION 2 - MEDICAL EVACUATION & ASSISTANCE	16
2.1 – Emergency Medical Evacuation & Assistance	16
2.2 Additional Transportation Benefits.....	16
2.3 Elective Medical Evacuation & Assistance	17
2.4 Travel Assistance Services.....	18
SECTION 3 - BENEFITS FOLLOWING DEATH	19
3.1 – Repatriation of Remains.....	19
3.2 – Cremation	19
3.3 – Local Burial.....	19
SECTION 4 - ROUTINE HEALTHCARE	20
4.1 Wellness Benefit	20
4.2 Dental.....	20
4.3 Optical Care.....	21
SECTION 5 - GENERAL TERMS AND CONDITIONS APPLYING TO WHOLE POLICY	22
SECTION 6 - GENERAL EXCLUSIONS	24
SECTION 7 - PRE-AUTHORISATION AND CLAIMS PROCEDURE.....	28
SECTION 8 - COMPLAINTS PROCEDURE	29
SECTION 9 – DATA PROTECTION NOTICE.....	30

YOUR INTERNATIONAL HEALTHCARE PLAN

This **Policy** of insurance is underwritten by MGEN , SIREN number 775685 399 regulated by the provisions of Tome II of the French mutual insurance companies code-3-7 Square Max Hymans, 75748 Paris Cedex 15.

Swiss Global Insurance (SGI) have arranged this Policy for you and will be the point of contact and the plan administrator for any queries relating to this Policy.

The purpose of this Policy is to provide cover to Individuals or Groups of Insured Persons who are introduced via the Policyholder (SGI).

The **Policy** comprises:

- 1) This **Policy** wording, which contains full details of the benefits, terms, conditions and exclusions of the insurance policy; and
- 2) **Your Membership Certificate**, showing who is covered under the **Policy**; and
- 3) **Your Table of Benefits**, which sets out the benefits and maximum amounts payable under the **Policy**.

These documents should be read fully and carefully by the **Insured Person(s)** to familiarise themselves with the details of the selected **Plan**, and what is and is not covered for each **Insured Person**. Any benefit not included in the **Plan** selected does not apply.

Please note that there are specific conditions and exclusions which apply to specific sections of the **Plan** and there are general conditions and exclusions which apply to the **Plan** as a whole. The **Membership Certificate** is the **Insured Persons** evidence that they have been accepted for cover. This **Plan** is effective from the commencement date specified in the **Membership Certificate**.

We will provide the services and benefits described in this **Policy** during the **Period of Insurance** within the **Geographical Area**, subject to the limits of cover and all other terms, conditions and exclusions contained in this **Policy**, and following payment of the appropriate premium.

This **Policy** is subject to the laws of France.

HOW THE HEALTHCARE PLAN OPERATES

This **Policy** describes the benefits which are available, but the cover which will be provided to each **Insured Person** will be in accordance with the **Policy** set out in the **Membership Certificate** issued to the **Insured Person** and further described in the **Table of Benefits**, both of which attach to and form part of this **Policy**.

Cooling off period: if, when reading this **Policy**, **You** decide that it does not meet **Your** requirements, please return it, together with **Membership Certificate** within 14 days of the **Commencement Date**. On condition that **You** have not already made a **Claim** and accept that **You** cannot make one later, **We** will refund any premium **You** have paid. The contract between **You** and **Us** will be annulled, which means it will be treated as if it had never existed..

Premium payments can be made to **Us** in US Dollars, Swiss Francs or Euros or in any other major currency as **We** agree. Where the currency is other than Swiss Francs, the exchange rate will be set by **Us**.

This **Policy** is effective only after:

- 1) **We** accept the Applicant/s for cover; and
- 2) **We** have received premium; and
- 3) whilst the **Insured Person/s** remains insured in accordance with the terms, provisions, conditions and exclusions laid down in this **Policy**.

There are two kinds of benefit limits shown in **Your Table of Benefits**, namely:

- 1) the maximum plan benefit.
- 2) the specific benefit limit and/or the percentage you can claim.

Where a specific benefit limit applies, the **Claim** is subject to the maximum plan benefit. All limits are per member, per **Period of Insurance**, unless otherwise stated in **Your Table of Benefits**.

In the event of **Your** incapacity or death, **Your** legal personal representative shall have the right to act for **You** or **Your** estate.

IMPORTANT NOTES

DUTY TO PROVIDE US WITH ACCURATE INFORMATION

The **Policy Owner** is under a duty to provide **Us** with a fair presentation of the risk in advance of the **Policy** coming into being. **We** may also ask a potential **Insured Person** questions and request information as part of **Our** assessment of the terms on which **We** offer to provide insurance. If the **Policy Owner** fails to provide **Us** with a fair presentation of risk, and/or if the potential **Insured Person** fails to take reasonable care to ensure that the information provided to **Us** is complete and accurate then:

- 1) if **We** would not have insured **You** on any terms had the information provided been complete and accurate, **We** may void the insurance, refuse all **Claims** and return the premium on a pro-rata basis minus an administration fee;
- 2) if **We** would have entered into the insurance on different terms had **We** known the complete and accurate position, then **We** may treat the insurance as if the different terms were written into the insurance;
- 3) if **We** would have charged a higher premium if **We** had known the complete and accurate position then **We** may reduce proportionately the amount to be paid on any **Claim**;
- 4) if **You** and/or (where different) the **Policy Owner** are deliberate or reckless in failing to ensure that the information is complete and accurate then **We**;
 - (i) may void **Your** insurance and refuse all **Claims**; and
 - (ii) will not return any of the premium paid, except to the extent (if any) that it would be unfair to **You** for **Us** to retain them;
- 5) If **You** have been accepted for cover under this **Policy** under **Full Medical Underwriting** conditions (see below) You must have declared to **Us** on the enrolment form any and all known **Pre-existing Medical Conditions** (as defined).

Such **Pre-existing Medical Conditions** declared by the **Insured Person** are subject to the specific medical underwriting terms and endorsements specified on **Your Membership Certificate**.

MEDICAL UNDERWRITING TERMS AND CONDITIONS

Full Medical Underwriting (FMU): this applies if, at the time of application for this Policy, **You** have completed a Medical Declaration form requiring **You** to declare any **Pre-existing Medical Condition**; no **Claim** arising directly or indirectly from a **Pre-existing Medical Condition** from which the **Insured Person** has suffered will be covered unless declared to **Us** at the time of taking out this insurance and **We** have accepted the condition for insurance in writing.

Continued Personal Medical Exclusions (CPME): this applies if the **Insured Person** joined this Plan as a member of a Group or Company which is transferring from a previous plan which has been fully **Medically Underwritten** by another insurer, and the Group or Company has selected **CPME underwriting terms**. Any exclusions, medical underwriting terms, or waiting periods which applied to the **Insured Person's** previous plan will be carried forward and continued under this Plan, provided there has been no break in cover.

Medical History Disregarded (MHD): this applies if the **Insured Person** has joined this Plan as a member of a Group or Company of more than 30 employees, and the Group or Company has selected **MHD underwriting terms**. No **Pre-existing Medical Conditions** (with the exception of **Chronic** conditions) will be excluded under this Plan. General Exclusion 6.8 will be waived.

Pre-existing Chronic Conditions: none of the above **Medical Underwriting Terms** apply to **Pre-existing**

Chronic conditions. Any **Chronic** condition which existed prior to the **Date of Entry** of an **Insured Person** to this **Policy** is excluded (see Section 1.3 Specific Exclusion), and no benefits for **Related Conditions** can be recovered under this **Policy**.

RETURN TO HOME COUNTRY

If **You** are based outside **Your Home Country**, cover will continue for temporary return to the **Home Country** and visits to the **Home Country** up to a maximum of 90 days during the **Period of Insurance**, provided the appropriate premium to include that **Geographical Area** has been paid.

TRAVEL OUTSIDE THE SPECIFIED GEOGRAPHICAL AREA

When **You** are travelling outside the countries of the **Geographical Area** specified on **Your Membership Certificate** **We** will pay for **Emergency Treatment** provided on an **Inpatient** basis only. This **Emergency Treatment** will only operate when the **Insured Person** does not travel for more than the number of days in total specified in the **Table of Benefits** in any one **Period of Insurance**.

Non-**Emergency Treatment** is not covered at all outside the **Geographical Area** specified on the **Membership Certificate**.

DEFINITIONS

Wherever the following words and phrases shown below in **bold** appear in this **Policy** (and in the **Membership Certificate** AND **Table of Benefits** attaching to and forming part of the **Policy**) they will always have the meanings defined below.

Accident means a sudden and unforeseen bodily **Injury** caused by violent or external means. The cause and symptoms must be medically and objectively definable, allow for a **Diagnosis** and require **Treatment**.

Act of Terrorism: 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, on behalf of, or in conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons, including the intention to influence any government and/or to put the public or any section of the public in fear.

Acute refers to a sudden onset of a medical condition that requires urgent medical intervention

Chronic is defined as sickness, **illness**, disease or **injury** which has one or more of the following characteristics:

- 1) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- 2) it needs ongoing or long-term control or relief of symptoms
- 3) it requires your **Rehabilitation** or for you to be specially trained to cope with it
- 4) it continues indefinitely.
- 5) it has no known cure
- 6) it comes back or is likely to come back

Claim means **Your** request for payment of benefits under this **Policy**.

Coinsurance means the proportion of costs for which the **Insured Person** remains responsible, when specified in **Your Membership Certificate**. The **Insured Person** must pay the **Coinsurance** in respect of each **Diagnosed** medical condition covered under this **Policy**

Commencement Date means the date on which this **Policy** becomes effective, as specified in the **Membership Certificate**.

Complementary Medicine means a group of **Diagnostic** and therapeutic disciplines used together with conventional registered medicines: Chiropractic, Osteopathy, Homeopathy and Chinese Traditional Medicine (including herbal **Treatments**, acupuncture and bone setting).

Complications of Maternity means the following unforeseen complications of pregnancy as certified by a medical practitioner:

- 1) toxaemia;
- 2) gestational hypertension;
- 3) pre-eclampsia;
- 4) ectopic pregnancy;
- 5) hydatidiform mole (molar pregnancy);
- 6) hyperemesis gravidarum;
- 7) ante partum haemorrhage;
- 8) placental abruption;
- 9) placenta praevia;
- 10) post-partum haemorrhage;
- 11) retained placenta membrane;
- 12) miscarriage;
- 13) stillbirths;
- 14) **Medically Necessary** emergency Caesarean sections;
- 15) **Medically Necessary** termination;
- 16) and any premature births or threatened early labour more than 8 weeks (or 16 weeks in the case of a multiple pregnancy) prior to the expected delivery date.

Congenital Illness means:

- 1) a disease of physical abnormality from birth;
- 2) a person having a particular trait from birth;
- 3) it can be inherited.

Cosmetic Treatment means **Treatment** for cosmetic or psychological reasons to improve **Your** appearance, including but not limited to:

- 1) remodelled nose;
- 2) face lift;
- 3) cosmetic density;
- 4) hair transplants;
- 5) breast transplants;
- 6) fat tissue.

Country of Residence means the country where **You** have **Your** primary and / or secondary **Home**, as stated on the Enrolment Form and specified in the **Membership Certificate**.

Date of Entry means the date that cover first starts for an **Insured Person**.

Day-care means **Treatment** provided in a **Hospital** where an **Insured Person** is admitted but is not required for medical reasons, to stay overnight.

Deductible means the fixed amount per **Insured Person** per **Period of Insurance** which **You** must pay, when specified in **Your** Policy (including the **Table of Benefits** and **Membership Certificate**), before **We** pay **Your Claim/s**.

Dental Check-Up means an annual check-up and hygienist visit to the dentist in each **Period of Insurance**, including de-scaling and polishing **Treatment**, X-rays, scans or moulds, fillings using amalgam or composite materials, and **Treatment** for the relief of an infection

Dental Prosthesis means an intraoral (inside the mouth), prosthesis used to reconstruct missing teeth, parts of missing teeth and missing soft or hard structures of the jaw or palate.

Dental Surgery means a number of medical procedures that involve artificially modifying dentition, in other words surgery of the teeth or jawbone.

Dependant means

- 1) **Your** legal spouse (or partner of the same or opposite sex who, at the time of the **Insured Event**, has been living with the **Insured Person** for more than six continuous months) who is not legally separated from **You**; and
- 2) **Your** unmarried children, (including step-child, foster child or legally adopted child) who are:
 - (i) aged under 19 on the date **You** are first included under this Policy or at any subsequent renewal of the **Policy** (or less than 25 years old if it is evidenced that such child is continuing in full-time education); and
 - (ii) financially **Dependent** on **You** for support.

Development Delays means the child must have been quantitatively measured by **qualified practitioner** and documented as a 12 month delay in cognitive and /or physical development.

Diagnosis means the first **Diagnosis** by a registered **medical practitioner**, supported by clinical radiological, histological and laboratory evidence.

Direct Settlement means when **Your** bill is settled directly by **Us** either because the provider is contracted to **Our Direct Settlement** network or because we have received and agreed to make a onetime **Direct Settlement**.

Durable Medical Equipment (DME) means equipment that provides therapeutic benefits to a patient in need because of medical **injury**/or **illness**, which:

- 1) are primarily and customarily used to serve a medical purpose;

- 2) are not useful to a person in the absence of **illness**, disability, or **injury**;
- 3) are ordered or prescribed by a **Physician**
- 4) can stand repeated use;
- 5) are appropriate for use at **Home**

DME includes, but is not limited to, wheelchairs, traction equipment, canes, crutches, walkers, slings, ventilators, oxygen.

Elected Country means the country within the **Geographical Area** specified in the **Membership Certificate**, pre-selected on the Enrolment form as the country where the **Insured Person** opts to receive any **Major Intervention** for covered medical **Treatment**, or subsequently selected by the **Insured Person** for such **Major Intervention** in the event of a **Claim**. The **Elected Country** must be approved by **Us** as suitable for the provision of the required **Treatment**.

Elective Treatment means planned **Treatment** that is **Medical Necessary**, but which is not required in an emergency.

Emergency Dental Treatment means temporary dental **Treatment** provided at the initial emergency appointment urgently required to stabilise or relieve severe pain, arrest haemorrhaging, control **Acute** infection or a stabilise a condition which causes a severe threat to **Your** general health. For the avoidance of doubt any subsequent **Treatment** required after the initial emergency appointment is specifically excluded.

Emergency Medical Evacuation & Assistance means the emergency transportation when approved by **Our** 24-hour Assistance Centre, and medical care during such transportation, to move an **Insured Person** who suffers a critical medical condition to the nearest suitable **Hospital** where appropriate care and facilities are available, which may not necessarily be in **Your Country of Residence**.

Emergency Outpatient Treatment means **Treatment** necessary as a result of an **Accidental Injury** or sudden **Illness**, received in a Casualty/Emergency room within 48 hours of the **Accident** or onset of the **Illness**, but which does not require admission to **Hospital** as an **In-or Day-care** patient.

Geographical Area means the Area (according to the following list) specified in **Your Membership Certificate** for which the appropriate premium has been paid and to which cover applies:

- Zone A - Worldwide including USA / Canada, excluding Switzerland (limited to emergency treatment in Switzerland)
- Zone B - Worldwide including full Swiss cover, excluding USA / Canada (limited to emergency treatment in USA/Canada)
- Zone C - Worldwide excluding USA, Canada, Switzerland (limited to emergency treatment in USA, Canada, Switzerland)

Hereditary Disorder means it is the passing on of genetic characteristics of one species through the generations. An individual's genetic information is contained in their gene cells.

Healthcare Provider Scale means the scale of benefit provided for each category of **Hospital** as specified in the **Table of Benefits** as shown on **Your Membership Certificate**. Applicable if **You** have chosen a Policy with a defined **Hospital** scale.

Home means the **Insured Person's** primary and / or secondary **Home(s)** within the **Home Country** or Countries of Residence as stated on the Enrolment Form and shown in the **Membership Certificate**.

Home Country means a country which is shown as **Your Home Country** on the Enrolment Form, and recorded as such in the **Membership Certificate**. When a family is covered under this Policy the **Home Country** will be deemed to be the single country stated on the Enrolment Form and shown in the **Membership Certificate**.

Hospital means any institution under the constant supervision of a resident **Physician** which is legally licensed as a medical or surgical **Hospital** in the country where it is located.

Illness means any sickness, disease, disorder or alteration in **Your** medical condition diagnosed by a **Physician**.

Injury means physical damage or harm caused to the body as a result of an **Accident**.

Inpatient means **Treatment** provided in a **Hospital** where an **Insured Person** is admitted and, out of **Medical Necessity**, occupies a bed for one or more nights but not exceeding 12 months in total for any one **Insured Event**.

Insured Event means an **Accident** or **Illness** occurring during the **Period of Insurance** within the **Geographical Area** which entitles the **Insured Person** to receive benefits under this **Policy**; **Insured Event** is deemed to include **Accident** or **Illness** occurring outside the **Geographical Area** for the purposes of **Emergency Treatment** only within the applicable **Policy Limit**.

Insured Person means any person entitled to benefit under this **Policy** each of whom is named on a **Membership Certificate** or subsequent notification for whom the appropriate premium has been paid, and whom **We** have accepted for cover.

Local Ambulance Services means the necessary medical transportation to or from a local **Hospital**.

Long Term Care refers to care over an extended period of time after the **Acute** treatment has been completed, usually for a **Chronic** condition or disability requiring periodic, intermittent or continuous care. **Long term care** can be provided at **Home**, in the community, in a **Hospital** or on a nursing **Home**.

Major Intervention means scheduled **Treatment**:

- 1) involving surgery under general or rachidian anaesthesia (excluding childbirth) which, according to **Our Medical Advisor**, requires a minimum of 3 nights spent in **Hospital**. OR
- 2) for **Accident** or **Illness** which, according to **Our Medical Advisor**, requires a minimum of 7 nights spent in **Hospital**. OR
- 3) for **Illness** involving chemotherapy or radiotherapy. OR
- 4) involving one or more of the following, subject to submission to **Us** and with **Our** prior approval:
 - (i) exceptionally complicated surgical operations;
 - (ii) high risk childbirth;
 - (iii) examinations involving sophisticated technology and a highly-specialised team;
 - (iv) intensive medical therapies of a lengthy duration.

Medical Advisor means the medical practitioner **We** choose to advise on **Claims** under this **Policy**.

Medical Expenses means expenses incurred for **Treatment** of an **Accident** or **Illness** as a result of an **Insured Event**.

Medically Necessary means services to **diagnose** or treat a patient following **Illness** or **Accident** in keeping with signs and symptoms not required for mere comfort and convenience, and for a medically appropriate duration. The decision of **Our Medical Advisor** on the question whether any **Diagnosis** or **Treatment** is **Medically Necessary** will be final.

Membership Certificate means the document attaching to and forming part of this **Policy**, stating amongst other things, the **Policy Owner**, the **Insured Person**, the **Geographical Area**, the **Period of Insurance**, the Plan selected and any special provisions which apply to this **Policy**.

Newborn means **Treatment** incurred during the first 14 days after birth.

Oncology refers to specialist fees, diagnostic tests, radiotherapy, chemotherapy and **Hospital** charges incurred in relation to the planning and carrying out of treatment for cancer, from the point of **Diagnosis**

Organ Transplant means medical **Treatment** incurred in respect of kidney, heart, heart-lung, liver, pancreas transplants, and does NOT include the implantation of an artificial heart.

Orthodontics means the **Treatment** for irregularities in the teeth and/or jaw. This includes devices (standard

metallic braces and /or standard removable appliances are used) to correct malocclusion and restore teeth to proper alignment and function

Outpatient means medical **Treatment** provided to the **Insured Person** or ordered by a **Physician** when it is not **Medically Necessary** for an **Insured Person** to be admitted as an **Inpatient** or **Day-care** patient in a **Hospital** or any other facility for medical care.

Palliative Treatment means any **Treatment** given, on advice or general advice, for the purpose of offering temporary relief of symptoms. **Palliative Treatment** is not given to treat the underlying medical condition causing the symptoms.

Period of Insurance means the period of 12 consecutive months from the commencement or Renewal Date specified in the **Membership Certificate** for which the appropriate premium has been paid.

Periodontics means the branch of dentistry concerned with the structures surrounding and supporting the teeth. All **Treatment** relates to gum disease.

Physician means a legally licensed medical practitioner who is a doctor recognised by the law of the country where **Treatment** covered under this Policy is provided and who, in rendering such **Treatment** is practising within the scope of his / her licence and training.

Physiotherapy means **Treatment** recommended by a **Physician** for medical reasons following an insured incident and provided by a licensed Physiotherapist.

Policy means this insurance coverage which pays for medical and surgical expenses incurred by **You** and/or **Your Dependent/s**.

Policy Owner means the Company, Corporation, Organisation, Employer or Individual who subscribes to this Plan and pays or undertakes to pay the appropriate premium on behalf of the **Insured Person(s)**.

Policy Limit(s) means the limit of applicable benefit (per **Insured Event**, per year of insurance, or lifetime, as the case may be) shown in the **Table of Benefits**

Pre-authorisation means a prerequisite in the provision of care and **Treatment** to an insured patient. This technique is to determine whether the proposed **Treatment** or procedure is deemed **Medically Necessary** for the health and welfare of the covered party. **Pre-authorisation** confirms that the patient has a **Policy** with **Us** subject to the terms and conditions of the specific **Policy** held. In other words, it does NOT guarantee full payment

Pre-existing Medical Condition means

- 1) **Diagnosed** medical, psychological or **Related Conditions**, from which **You** have suffered, or for which **You** have received medical **Treatment** (including **Prescription Drugs** or medicines); and
- 2) an **Illness** or **Injury** causing symptoms which have manifested themselves during the 24 month period prior to **You** being medically insured by **Us** on an uninterrupted basis.

Prescription Drugs and Dressings means medications whose sale and use are legally restricted to the order of a Physician. Dental **Prescription Drugs** are prescribed by a dentist for the **Treatment** of a dental inflammation or infection. The **Prescription Drugs** must be proven to be effective for the condition and recognised by the pharmaceutical regulator in the country. This does not include mouth washes, fluoride products, antiseptic gels and toothpastes.

Qualified Nurse means ones name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which he/she is resident.

Rehabilitation means **Treatment(s)** designed to facilitate recovery from **Injury, Illness**, or disease so as to regain maximum self-sufficiency, form and function in as near normal manner as possible.

Related Condition(s) means any **Injuries, Illnesses** or diseases if we, on general advice, determine that one is

a result of the other or if each is a result of the same **Injury, Illness** or disease.

Renewal Date means each anniversary of the **Commencement Date**.

Sound Natural Teeth means teeth that were stable, functional, free from decay and advanced Periodontal disease and in good repair at the time of the **Accident**.

Speech therapy refers to **Treatment** carried out by a qualified speech therapist to treat **Diagnosed** physical impairments, including but not limited to, nasal obstruction, neurogenic impairment (lingual paresis, brain injury) or artificial disorders involving the oral structure (eg cleft palate).

Table of Benefits means the document attaching to and forming part of this **Policy**, stating (amongst other things), the benefits provided under each of the available Plans, and the maximum amounts payable in respect of those benefits.

Tissue Transplant means medical **Treatment** incurred in respect of bone marrow and cornea transplants.

Treatment means any **Medically Necessary** surgical procedure or medical intervention which is required to cure an **Injury** or **Illness** or to provide relief of a **Chronic** condition.

Usual, Reasonable and Customary Charge/Allowance Charge means a charge which is the lower of:

- 1) the provider's usual charge for furnishing the **Treatment**, service or supply; or
- 2) the charge which **We** determine to be the general rate charged by others who render or furnish such **Treatments**, services or supplies to persons;
 - (i) who reside in the same area (as determined by **Us**); and
 - (ii) whose **Injury** or **Illness** is comparable in nature and severity. **We** will determine the **Usual, Reasonable and Customary Charge** for any **Treatment**, service or supply that is unusual or not often provided in the area, or that is provided by only a small number of providers in the area. **We** will consider such factors as: complexity; degree of skill needed; type of specialist required; range of services or supplies provided by a facility; and the prevailing charge in other Areas.

In the following cases, the maximum charge must not exceed:

- 1) an assistant surgeon: 20% of the primary surgeon's fee; and
- 2) an anaesthesiologist: 30% of primary surgeon's fee.

Vaccinations refer to all basic immunisations and booster injections required under regulation of the country in which **Treatment** is given, any **Medically Necessary Vaccinations** and malaria prophylaxis. The cost of the consultation for administering the **Vaccine**, as well as the cost of the drug is covered.

We or **Us** / **Our** means Swiss Global Insurance / MGEN

You or **Your** means the **Insured Person** or **Dependents** who has been accepted for cover by **Us** under a Policy, each of whom is named on a valid **Membership Certificate** and for whom the appropriate premium has been paid to **Us**.

BENEFITS

Following payment of the appropriate premium, subject to the Specific Exclusions in each Section and to the General Conditions and Exclusions **We** will arrange and / or pay for the benefits and services shown in this **Policy**, for **Treatment** following an **Insured Event** in the **Geographical Area**. We will pay the **Usual reasonable, and customary costs**, up to the **Policy Limits** for each **Insured Person**, in each **Period of Insurance**

We will not pay more than the amount specified in the **Table of Benefits** in respect of any single **Insured Person**, throughout the entire lifetime of that single **Insured Person**, regardless of how many **Periods of Insurance** that person is insured by **Us**.

Our liability is limited to the amount specified in the **Table of Benefits** in total for any **New-born** child who was not a named **Insured Person** at the commencement of the **Period of Insurance**.

Our liability for any **Claim** for an **Insured Person** will cease immediately on the date of their deletion from this **Policy** or when this **Policy** terminates.

Benefits are payable on behalf of the **Insured Person** to the licensed providers of the medical and / or dental care for services insured under this **Policy**, or alternatively at **Our** discretion are reimbursable to the **Insured Person**.

Benefit payments shall be processed by **Claims** administrators, specialised in the handling of medical **Claims**, who are appointed by **Us**.

SECTION 1 - MEDICAL & HOSPITAL BENEFITS

1.1 Hospitalisation Costs

We will arrange and pay for the **Insured Person's Inpatient or Day-care** admission to the **Hospital** and for the following Medical Expenses and services when recommended and / or approved by **Our Medical Advisor**:

- 1) Accommodation in a single-bedded room, meals, all **Hospital** medical facilities, medical **Treatment** and services ordered by a **Physician** for **Inpatient or Day-care** admission, including Surgeon's and Anaesthetist's charges, **Physician's** charges, consultations, diagnostic procedures (including CT, MRI and PET scans), surgical appliances and prostheses which are required intra-operatively, Physiotherapy, and **Prescription Drugs**.
- 2) Intensive care unit accommodation when **Medically Necessary**.
- 3) If the **Insured Person** is a child aged under 12 who requires **Hospitalisation**, this benefit includes necessary overnight accommodation for one parent in the same **Hospital**, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel up to the limits in the benefit table.
- 4) **Emergency Dental Treatment** as a result of an **Accident** needing **Inpatient Hospitalisation**.
- 5) Chinese traditional medicine, including herbal **Treatments**, acupuncture, and bone setting, when medically recommended and administered by a qualified practitioner, and subject to receipt of certification of the **Diagnosis** and of the **Medical Necessity** for the **Treatment**.
- 6) **Oncology Treatment** where cancer is **Diagnosed** after the **Date of Entry**;
- 7) **Day-care** surgery/and or **Treatment** carried out on an **Inpatient** basis, as medically approved by **Us**.
- 8) During the three month period immediately following the **Insured Person's** discharge from an **Inpatient** admission in a **Hospital**, post-hospitalisation **Treatment** received on an **Outpatient** basis

provided the **Insured Person** remains under the control and supervision of the treating **Physician** or specialist consultant or such **Treatment** has been ordered by the **Physician** and for which **Treatments** are directly resulting from the **Accident** or **Illness** for which the **Insured Person** was **Hospitalised**.

- 9) **Treatment** of mental illness, psychiatric and psychological disorders on an **Inpatient** basis only and for a maximum period of 30 days during any **Period of Insurance**.
- 10) **Medically Necessary** transportation costs to the **Hospital** which includes private ambulance costs where a **Local Ambulance Service** is not available.
- 11) Consultation costs for a second opinion where **Our Medical Advisor** advises this is necessary.

SPECIFIC CONDITIONS APPLYING TO SECTION 1.1

In the case of what **Our Medical Advisor** considers to be an unreasonable length of stay or unreasonable **Hospital** charges, **We** reserve the right to limit payment to what **Our Medical Advisor** considers to be **Usual, Reasonable and Customary** Costs.

1.2 Outpatient Care

We will pay **Medically Necessary** costs agreed by **Us** up to the **Policy Limits** for **Outpatient** services, including:

- 1) **Physicians** fees, and **Prescription Drugs** and Dressings;
- 2) laboratory and X-Ray;
- 3) **Complementary Medicine** when referred and recommended by **Physician**;
- 4) in the case of **Medical Necessity**, as agreed by our **Physicians**, **We** will pay up to the amount specified in the **Table of Benefits** for **Durable Medical Equipment (DME)**, including wheelchairs, traction equipment, canes, crutches, walkers, slings, ventilators, oxygen.
- 5) Costs for a second opinion where **Our Medical Advisor** advises this is necessary.

1.3 Emergency Outpatient Treatment

We will pay **Medically Necessary** for emergency Treatment received as a result of an Injury or sudden **Acute Illness** received in a casualty/emergency room within 48 hours of the **Accident** or onset of the **Illness**.

1.4 – Routine Management of Chronic Conditions

From the date that **Our Medical Advisor** considers a new **Injury** or **Illness** to have become **Chronic**, all and any subsequent cover for **Chronic** episodes of that condition shall be limited to the **Policy** Limit specified in the **Table of Benefits** for each **Chronic** condition in each **Period of Insurance** in respect of all **Usual, Reasonable and Customary Treatment** costs.

The first onset, or an **Acute** exacerbation of a **Chronic** condition will be covered under Section 1.1 of this **Policy**, subject to the **Policy** terms and conditions, to expedite a full recovery or return to previous state of health.

SPECIFIC EXCLUSION TO SECTION 1.4

Treatment for a **Chronic** condition which existed prior to the **Date of Entry** of an **Insured Person** under this **Policy**.

1.5 – Nursing at Home

Following a valid **Claim** for **Inpatient Treatment** under this Section and on discharge, **We** will pay up to the **Policy Limits** for **Necessary Medical** services of a licensed nurse in the **Insured Person's Home** when prescribed by a **Physician** and directly related to such **Treatment**.

SPECIFIC EXCLUSION TO SECTION 1.5

Treatments at Home for Mental Illness, psychiatric or psychological disorders.

1.6 – Maternity Care

We will pay up to the **Policy Limits** in total for each pregnancy for the **Medically Necessary** and **Usual Reasonable and Customary Charges** for:

- 1) pre-natal examinations by a **Physician**;
- 2) all costs of normal childbirth or C-section (elected or non-elected);
- 3) post-natal examinations by a **Physician**;
- 4) **Home** Delivery.

If however any **Complications of Maternity** arise in connection with pregnancy or childbirth, the cover under Section 1.1 of this **Policy** will apply instead, and the **Insured Person** will be covered up to the **Policy Limit** for **Hospitalisation** costs in respect of any **Necessary Medical Expenses** arising from such medical complications. The limit in the **Table of Benefits** for each **Newborn** child applies to **Medically Necessary** and **Usual Reasonable and Customary Charges** incurred by the child during the first 14 days after birth without notification.

Inpatient treatment of an **Acute** medical condition being suffered by an infant, and which manifests itself within 14 days following birth, is covered under the **Newborn** benefit and not under the **Inpatient** benefits of the **Policy**.

Subject to written notification within 14 days of birth and all premiums being paid in full within 14 days of the premium due date, the member's Dependent will be eligible for cover under the full benefits of the **Policy**.

The underwriting terms for an infant will be on a **Full Medical Underwriting (FMU)** basis. **We** do not guarantee that cover will be offered.

SPECIFIC CONDITION APPLYING TO SECTION 1.6

All **Maternity care Claims** have a 10 month waiting period from the **Date of Entry**.

SPECIFIC EXCLUSIONS TO SECTION 1.6

- 1) Terminations of pregnancy, other than miscarriage, ectopic pregnancy and stillbirth;
- 2) Caesarean section deliveries not pre-authorized by **Us** or not agreed by **Our Medical Advisor** as being **Medically Necessary Treatment** consequent of such deliveries;
- 3) Ante-natal classes, mid-wife costs when not directly associated with the delivery;
- 4) Complications which may arise during or as a result of a Planned **Home** birth delivery;
- 5) The transfer of a pregnant woman to **Hospital** to give routine childbirth, unless **Our Medical Advisor** considers it is necessary due to medical complications;
- 6) Amniocentesis for women aged 35 and under unless agreed in advance.

1.7 Rehabilitation

We will pay for **Treatment** in a **Rehabilitation** centre following **Your** discharge from **Hospital** after an **Insured Event**.

SPECIFIC CONDITION APPLYING TO SECTION 1.7

Our Pre-authorisation for any such **Claim** is required in accordance with section 8 of this **Policy**, and the **Rehabilitation Treatment** must commence within 28 days of discharge from **Hospital**.

SPECIFIC EXCLUSIONS TO SECTION 1.7

Cover does not cover claims arising from:

- 1) mental illness; and
- 2) psychiatric or psychological disorders.

1.8 Emergency Dental Treatment

We will arrange and pay up to the **Policy Limits** for **Outpatient Emergency Dental Treatment** necessary as a result of an extra-oral impact (impact from outside the mouth) and received within 48 hours from the date and time of the **Accident** for the immediate relief of pain the **Insured Person** suffers as the direct result of an **Accident** occurring during the **Period of Insurance**.

SPECIFIC EXCLUSIONS TO SECTION 1.8

- 1) **Treatment** made necessary by the **Accident** if:
 - (i) the **Injury** was caused by eating or drinking , even if it contains a foreign body;
 - (ii) not the result of **Accidental Injury** of a **Sound Natural Tooth** sustained while covered under this **Policy**
 - (iii) the damage was caused by:
 - a) normal wear and tear.
 - b) tooth brushing or any other oral hygiene procedure.
 - c) any means other than extra oral impact (impact from outside the mouth)
- 2) **Emergency Dental Treatment** shall not include restorative or remedial work, the use of any precious metals, and **Orthodontic Treatment** of any kind or **Dental Surgery** performed in a **Hospital**, unless **Dental Surgery** is the only **Treatment** available to alleviate the pain.
- 3) Any **Emergency Dental treatment** resulting from or related to an **Injury** sustained whilst participating in a physical contact sport such as rugby or boxing.

SECTION 2 - MEDICAL EVACUATION & ASSISTANCE

2.1 – Emergency Medical Evacuation & Assistance

If during the **Period of Insurance** an **Insured Event** occurs either inside or outside the **Country of Residence** and which, in **Our Medical Advisor's** opinion requires **Your Emergency Medical Evacuation & Assistance**:

- 1) **We** will arrange and pay all necessary costs for **Your** medical transportation to the nearest suitable and appropriate **Hospital**, which may be in a country other than the one where the **Insured Event** occurs;
- 2) if **You** have been **Hospitalised** as the result of the **Insured Event**, **We** may arrange for the **Insured Person's** medical transfer to a **Hospital** which is more suitably equipped or more suitably specialised to treat **Your** condition;
- 3) if **Our Medical Advisor** agrees that the **Insured Person's** best interests will be served by arranging for **Emergency Medical Evacuation & Assistance** to a country outside the **Geographical Area** then **We** will meet all subsequent medical costs of necessary **Treatment** agreed by **Our Medical Advisor** in such country;
- 4) the most appropriate means of transport available locally will be used. If by air **We** will employ a regular scheduled or charter airline, or, if **Medically Necessary** in the opinion of **Our Medical Advisor**, a specially chartered air ambulance. If **You** had been travelling by plane, transport will be in the same class as the original airline ticket (unless medical needs prescribe otherwise), but if they were not, transport will be by the airline's economy / tourist class (unless medical needs prescribe otherwise);
- 5) if **You** are travelling with relatives or friends at the time of an **Insured Event**, **We** will arrange and pay the reasonable travel costs of one of those people to accompany **You** during transportation. **We** will also pay for that person's overnight accommodation to stay near **You** while **You** are **Hospitalised**, up to EUR 75 and USD 100 each night for a maximum of 10 nights. **We** will also arrange and pay the reasonable travel costs of that person to return to their nearest place of residence
- 6) once (and no more than three days after) **Our Medical Advisor** has pronounced **You** fit to travel after the transfer, **We** will arrange and pay all necessary costs for **You** to return to their nearest place of residence (or to a suitable **Hospital** nearby) by the same mode and class of travel as above;
- 7) when **Our Medical Advisor** considers it necessary, **We** will arrange and pay for a medical escort to accompany **You**.

SPECIFIC CONDITIONS APPLYING TO SECTION 2.1

- 1) **Our Medical Advisor's** decision is final and **We** are entitled to refuse any request which is incompatible with their opinion of the **Insured Person's** medical condition and safety;
- 2) **Our Medical Advisor** will set up the medical team and resources to be used as and when appropriate, to ensure the **Insured Person's** safety during the **Emergency Medical Evacuation**;
- 3) if **You** reject the **Emergency Medical Evacuation & Assistance** procedures **We** propose then **We** shall be released from **Our** obligations under this **Policy**.

SPECIFIC EXCLUSION APPLYING TO SECTION 2.1

Any subsequent **Emergency Medical Evacuation & Assistance** costs arising out of the same **Insured Event** once **We** have returned **You** to **Your** place of residence.

2.2 Additional Transportation Benefits

If, following an **Insured Event**, **We** have carried out an **Emergency Medical Evacuation & Assistance** under this section, or the **Insured Person** has been **Hospitalised** within the terms of Section 1, **We** will provide the following benefits.

2.2.i – Care of Unaccompanied Children

- 1) If any one or more of the **Insured Person's** children is left at home unsupervised, **We** will arrange and

pay for them to travel to a destination specified by the **Insured Person** within the **Geographical Area**, by first class rail or economy / tourist class air travel. Alternatively, **We** will arrange and pay for one return ticket by first class rail or economy / tourist air travel for a person nominated by the **Insured Person** to travel to the **home** to care for the child / children.

- 2) If any one or more of the **Insured Person's** children was accompanying them on a journey, **We** will arrange and pay necessary additional travel costs, by the same means and class as their original ticket, for the child or children to return **Home** or continue to a destination specified by the **Insured Person** within the **Geographical Area**.
- 3) In either case **We** will also pay the travel costs of one adult to accompany the child or children. When the **Insured Person** cannot nominate this adult, **We** will arrange and pay for a suitable escort.

2.2.ii – Visit of Relative or Friend

If no travelling companion is available to accompany the **Insured Person** during the **Emergency Medical Evacuation & Assistance** and the **Insured Person** is **Hospitalised** more than 400 km (250 miles) from their nearest place of residence:

- 1) **We** will arrange and pay for one return trip, by first class rail or by economy/tourist class air travel, for a nominated relative or friend to travel to the location where the **Insured Person** is **Hospitalised**.
- 2) **We** will pay for necessary overnight accommodation for the **Insured Person's** nominated relative or friend while the **Insured Person** remains **Hospitalised**, up to EUR 75 or USD 100 each night for a maximum of 10 nights.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 2.2

- 1) any additional travelling costs incurred by the nominated relative or friend if it is necessary for **Us** subsequently to arrange for **Your** transfer to a second **Hospital** inside the same country;
- 2) **Emergency Medical Evacuation & Assistance** costs where **You** have not been admitted to a **Hospital** for medical **Treatment** or where **We** have not approved the costs of either **You** or their nominated relative or friend prior to travel.

2.3 Elective Medical Evacuation & Assistance

If **We** agree that it is necessary for **You** to undergo a scheduled **Major Intervention**, **We** will arrange and pay for **Your** evacuation, by regular scheduled or charter airline (and with medical escort if necessary), to their **Elected Country** as shown in the **Membership Certificate**, as soon as their medical condition permits, and on condition that:

- 1) there is a suitable **Hospital** available in the **Elected Country**, which accepts **You** for admission, and which **We** approve;
- 2) **Our Medical Advisor** is of the opinion that the transfer does not present any unacceptable medical risks;
- 3) **Our Medical Advisor** agrees that such **evacuation** can safely be made by regular scheduled or charter airline;
- 4) the airline company accepts **You** as a passenger;
- 5) Suitable flight is available within a time appropriate to their condition.

In an **Emergency**, **We** will only agree to **Your** evacuation to the **Elected Country** if such election does not significantly delay the **Emergency Medical Evacuation & Assistance**.

Once (and no more than three days after) **Physicians** have pronounced **You** fit to travel after the **evacuation**, **We** will arrange and pay all necessary costs for **You** to return to **Your Home** (or to a suitable **Hospital** nearby) by the same mode of travel as above. When **Our Medical Advisor** considers necessary, **We** will arrange and pay for a medical escort to accompany **You**.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 2.3

- 1) **Your** election of **evacuation** to a country which would significantly delay their **Emergency Medical Evacuation & Assistance**;
- 2) **evacuation** to any **Elected Country** which is not approved by **Our Medical Advisor** for any reason;
- 3) any payment in respect of care of an unaccompanied child under Section 2.2 (i) in the event of a scheduled **Major Intervention** which does not involve **Your Emergency Medical Evacuation & Assistance**.

2.4 Travel Assistance Services

You may contact our 24-hour assistance provider to obtain the following travel information and services before starting or during your trip:

- 1) 24 hour Assistance Call Centre
- 2) Pre Travel Medical Advice
- 3) Hotel Reservation
- 4) Taxi Reservation
- 5) Air Ticket Reservation
- 6) Visa and Embassies information
- 7) Cash advance
- 8) Lost Passport Assistance
- 9) Legal Assistance
- 10) Ambulance Transfer
- 11) Dispatch of Drugs

Telephone: +41 22 310 37 88

SPECIFIC CONDITIONS APPLYING TO SECTION 2.4

These services are purely provided on a referral or arrangement basis. Neither **We** nor our service producer shall be responsible for any third party expenses, which shall be solely **Your** responsibility.

SECTION 3 - BENEFITS FOLLOWING DEATH

If **You** die outside the **Home Country** during the **Period of Insurance** as the result of an **Insured Event**, **We** will provide one of the three following benefits according to your wishes expressed prior to death or those of the next-of-kin. **We** will arrange and pay:

3.1 – Repatriation of Remains

- 1) for preparation and repatriation (by air) of the mortal remains of the **Insured Person** from the country where death occurs to the place of the funeral in the **Home Country** or in the **Country of Residence**. **We** will make all necessary arrangements as required under international regulations and will pay up to EUR 225 or USD 300 towards the cost of the coffin.
- 2) the additional travel costs of one other person (who was accompanying the deceased at the time of death) to return by first class train or economy / tourist class air travel to attend the funeral.

3.2 – Cremation

- 1) up to EUR 225 or USD 300 towards the cost of cremation in the country where death occurs; and
- 2) for transportation of the funeral urn to the **Home Country** or to the **Country of Residence**.

3.3 – Local Burial

Up to USD 1,000 for burial in the country where death occurs.

SPECIFIC EXCLUSIONS APPLYING TO SECTION 3

Cover does not extend to the costs of a religious practitioner or floral tributes.

SECTION 4 - ROUTINE HEALTHCARE

4.1 Wellness Benefit

We will pay up to the **Policy Limits** for the cost of examination of the **Insured Person** (having regard to their age) to ascertain the potential presence of **Illness** or disease; these include, but are not limited to;

- 1) vital signs, including blood pressure, cholesterol, pulse respiration, temperature;
- 2) cardiovascular and neurological examinations;
- 3) **Medically Necessary Vaccinations**;
- 4) **cancer** screening including mammogram, PAP smear, colon prostate;
- 5) Child wellness and routine examinations.

SPECIFIC CONDITION APPLYING TO SECTION 4.1

- 1) Payment is subject to receipt of a fully completed **Claim** form, together with supporting bills, the medical results and reports of the examinations.

4.2 Dental

We will arrange and pay up to the **Policy Limits** and subject to any **Coinsurance/Deductible** and / or waiting periods) the cost of:

- 1) **Dental Check-Up**;
- 2) **Dental Surgery**;
- 3) **Periodontics**;

SPECIFIC CONDITION APPLYING TO SECTION 4.2

- 1) Dental has a 9 month waiting period.
- 2) Any **Claim** for dental care if the **Insured Persons** has not undergone all necessary **Treatment** recommended by a dental practitioner prior to their **Date of Entry** to this **Policy**.
- 3) Oral cancer **Treatment** which will form part of the **Oncology** benefit

SPECIFIC EXCLUSIONS APPLYING TO SECTION 4.2

- 1) any dental **Treatment** which was prescribed, planned, **diagnosed** as necessary or is currently taking place at the **Commencement date**;
- 2) any **Treatment** not deemed to be clinically necessary. For the avoidance of doubt, this means any **Treatment** which is solely to improve the appearance of the teeth;
- 3) dental **Injury** caused in the consumption of food (including foreign bodies contained within the food) or any other intra oral dental **Injury**;
- 4) damage caused by tooth brushing or other oral hygiene procedures;
- 5) dental **Injury** caused whilst participating in contact sports (including training) unless appropriate mouth protection is worn;
- 6) loss of, or damage to dentures, other than whilst being worn;
- 7) **Orthodontic Treatment** which is not clinically necessary. Only **Orthodontic** work classified as scale 4 or 5 on the Community Periodontal Index of **Treatment** Needs (CPITN) classification will be considered for reimbursement, up to the relevant benefit limits as stated in the **Table of Benefits**. **Orthodontic** work is limited to children only who are named on a family **Policy**, and only **Treatment** completed before the child's 18th birthday will be considered;
- 8) reimbursement for travelling expenses or telephone calls (unless to the emergency helpline from overseas);
- 9) **Treatment**, care or repair to teeth, gums, mouth or tongue in connection with mouth jewellery;
- 10) self-inflicted dental **Injury**;
- 11) all types of mouth guards, gum shields or any dental appliances;
- 12) dental implants and all costs associated with the preparation, fitting or removal of dental implants;
- 13) wisdom teeth extraction, other than those extracted at the dentist's surgery;

- 14) dental **Injury** caused by laparoscopic procedures.

4.3 Optical Care

We will pay up to the **Policy Limits** for the cost of:

- 1) One annual vision test in each **Period of Insurance**.
- 2) Glasses or contact lenses prescribed by an ophthalmologist, subject to an overall maximum per **Insured Person** in total in any one **Period of Insurance**.

Removed waiting period

SPECIFIC EXCLUSIONS APPLYING TO SECTION 4.3

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

SECTION 5 - GENERAL TERMS AND CONDITIONS APPLYING TO WHOLE POLICY

The following conditions apply to all parts of this **Policy**:

- 1) **You** must inform **Us** immediately of any change in the information given on the **Enrolment Form**, in particular, relating to **Your** address or **Country of Residence**, the birth or adoption of a child or any other change involving the **Your** Dependent(s). **Newborns** can be added to the **Policy** from the date of birth provided notification of birth is received within 14 days and **We** are covering the mother for the birth; otherwise the addition will take effect from the date of notification.
- 2) In all cases **We** require a completed **Claim** form, within 90 days of the **Insured Event** together with full original supporting evidence to substantiate the expense, such as receipts and reports. **We** will accept the original medical report to determine eligibility of **Your Claim** and on the basis of an appeal **We** will consider any new information that comes to light but **We** will not accept changes to the original report received.
- 3) **You** must take all reasonable steps to avoid or minimise any **Claim**.
- 4) The provision of benefits and services under this **Policy** is subject to local availability, national and international law, regulation and authorisations.
- 5) Recovery of Benefits Paid

As a condition to payment of benefits under this **Policy** for expenses incurred by **You** due to **Injury** or **Illness** for which a third party may be liable;

- (i) **We** shall, to the extent of benefits **We** have paid, be subrogated to (have the right to pursue) all **Your** rights of recovery against;
 - a) such third party; or
 - b) a person's insurance carrier in the event of a **Claim** under the uninsured auto cover provision of an auto insurance Policy.
 - (ii) **We** may recover from **You** amounts received by judgement, settlement, or otherwise from:
 - a) such third party or **Your** insurance carrier; or
 - b) any other person or entity, which includes the auto insurance carrier which provides **Your** uninsured or underinsured auto insurance cover.
 - (iii) **You** (or a person authorized by law to represent **You** if **You** are not legally capable) shall (at **Your** own expense);
 - a) execute and deliver any documents that are required;
 - b) do whatever else is necessary to enable **Us** to secure such rights. This includes assigning **Your** rights against the third party where **We** request **You** to do so.
- 6) Recovery of Overpayment

If a benefit payment is made by **Us**, to or on behalf of any **Insured Person**, which exceeds the benefit amount such person is entitled to receive in accordance with the terms of the **Policy**, **We** have the right:
 - (i) to require the return of the overpayment on request; or
 - (ii) to reduce the amount of the overpayment, any future benefit payment made to or on behalf of that **Insured Person** or **Dependant**.
 - 7) **We** may, at any time, pay to **You** **Our** full liability under this **Policy** after which, **We** shall have no further liability in any respect.
 - 8) If another insurance company or a state scheme pays part of **Your Claim**, **You** must send **Us** the original bill which clearly shows the amount paid by the insurer or scheme.

- 9) If any fraudulent means or devices are used by **You** to obtain any benefit under this **Policy**;
- (i) **We** will not be liable to pay the **Claim**;
 - (ii) **We** may recover from **You** any sums paid in request of that **Claim**; and
 - (iii) **We** may give notice to **You**, treating the **Policy** as having been terminated, with affect from the time of any fraudulent act.

If **We** treat the insurance as terminated under this clause, **We** have no liability to return any of the premiums paid under the **Policy**.

- 10) **We** shall not cancel this **Policy** for medical reasons during the **Period of insurance**. **We** may, however, decide not to continue to underwrite this type of insurance in the **Insured Person's Country of Residence**. If this does occur, **We** shall give the **Policy Owner** no less than 60 days' notice in writing prior to the next annual Renewal Date.
- 11) The **Policy Owner** must advise **Us** immediately of any **Insured Person** leaving or joining the **Policy** in the course of the current **Period of Insurance**. Joiners and Leavers may be added / deleted from the **Policy** from the date of notification or from such later date notified. Premiums due in respect of such **Insured Persons** shall be charged on a pro-rata basis. No refund will be paid if the unexpired portion of the **Period of Insurance** is less than 2 complete months.
- 12) The **Policy Owner** may apply to terminate this **Policy** with referral to **Us**:
- (i) after an initial period of 6 months following its **Commencement Date**; or
 - (ii) following any subsequent renewal, within 30 days of renewal.

Termination shall take effect from the date the notice is received or on any later date specified in the notice.

If premium has been paid for any period beyond the date of termination under this clause, then subject to there being no **Claims** from any **Insured Person** against the **Policy** bought by the **Policy Owner**, a pro rata refund will be made, less twenty five per cent (25%) deduction for administration costs.

- 13) **We** may refuse to renew this **Policy**, but if **We** offer renewal terms in writing and no notice of termination or unwillingness to renew on such terms has been received in writing within 14 days of **Our** offer, this **Policy** shall automatically renew for a further 12 months on those renewal terms.
- 14) At the renewal of this **Policy** any **Pre-existing Medical Conditions** that existed prior to the **Date of Entry** of an **Insured Person** will continue to be excluded subject to:
- (i) special terms shown on the **Membership Certificate**; or
 - (ii) special terms endorsed on this **Policy** during the whole of the following **Period of Insurance**.
- 15) If **We** authorise **Treatment** or payment for it, which proves to be the **Insured Person's** responsibility, whether because it is subject to an exclusion, **Deductible, Co-insurance** or otherwise, the **Insured Person** shall pay **Us** all sums (or the appropriate proportion, as the case may be) **We** have paid or incurred.
- 16) **We** are not obliged to accept premium payments which are not in CHF, Euros or US Dollars, but if **We** do, **We** shall determine the exchange rate. All benefits shown are in Euros or US Dollars.

SECTION 6 - GENERAL EXCLUSIONS

You are not insured and **We** will not pay under any part of this **Policy** for:

- 1) any sum in excess of EUR 400 or US 400 where **We** have not given prior approval.
- 2) any expense, **Treatment**, medical or dental condition or procedure relating thereto not specifically stated in this **Policy** as being insured.
- 3) sums in excess of the **Policy Limits**.
- 4) any expense which **We** and / or **Our Medical Advisor** considers not to be a **Usual, Reasonable and Customary Charge**.
- 5) costs which would have been incurred if the **Insured Event** had not occurred.
- 6) any **Treatment** that is not **Medically Necessary**.
- 7) the **Deductible and / or Coinsurance** (where applicable) specified in this **Policy**, the **Table of Benefit** and **Your Membership Certificate**.
- 8) **Pre-existing Medical Condition(s)** and **Related Conditions** unless such conditions have been disclosed to and accepted for insurance by **Us**.
- 9) any **Claim** arising from a medical condition which, under **CPME underwriting**, would be excluded by the previous insurer.
- 10) any **Claim** or enrolment involving fraud, illegal act, misrepresentation or concealment.
- 11) 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.
- 12) **Treatment** for drug and substance abuse (including, tobacco and alcohol) or dependency or other addictive condition/s and any condition arising directly or indirectly consequent upon this.
- 13) any **Claim** arising from:
 - (i) contraception;
 - (ii) sterilisation (or its reversal);
 - (iii) fertilisation and subsequent pregnancy;
 - (iv) investigations and /or **Treatment** for infertility and any related condition or form of assisted reproductive and subsequent pregnancy;
 - (v) vasectomy;
 - (vi) venereal disease;
 - (vii) sexually transmitted infections;
 - (viii) gender reassignment; and
 - (ix) any other sexual related condition.
- 14) **Chronic** or end-stage kidney failure which has required regular or long-term dialysis.
- 15) **Treatment** required to relieve symptoms caused by ageing or any physiological cause.
- 16) travel outside the **Geographical Area** specified on the **Membership Certificate** for more than the daily limit shown in the **Table of Benefits** in any one **Period of Insurance**, or **Your** permanent return to **Your Home Country**.
- 17) **Claims** arising more than two months following birth from:
 - (i) birth injuries or defects;
 - (ii) **Hereditary conditions**;
 - (iii) **Congenital illness** or;
 - (iv) Anomalies.
- 18) any **Claim** for artificial heart implantation and the costs of providing and/or fitting any external prosthesis appliance.
- 19) **Treatment** arising after expiry of the current **Period of Insurance**.

- 20) the costs associated with locating a replacement organ or any costs incurred for the removal of the organ from donor, transportation costs of the organ and all associated administration costs. All costs associated with organs not specified within the meaning of words of **Organ Transplant**.
- 21) where there is insufficient outcome data available from controlled clinical trials published in the peer reviewed literature to substantiate its safety and effectiveness for the disease or injury involved; or
 - (i) if required by the FDA, approval has not been granted for marketing; or
 - (ii) a recognized national medical or dental society or regulatory agency has;
 - (iii) the written protocol or protocols used by treating facility or the protocol or protocols of any other facility studying substantially the same drug, device, procedure or **Treatment** or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure or **Treatment** states that it is experimental, investigational or for research purposes;
- 22) **Treatment** not recognized by the medical community as potentially safe and efficacious for the care and **Treatment** of the **Injury** or **Illness**.
- 23) any **Claims** for:
 - (i) plastic surgery;
 - (ii) reconstructive surgery;
 - (iii) cosmetic surgery;
 - (iv) other services and supplies which improve, alter, or enhance appearance,
 - (v) Where or not for psychological or emotional reasons, unless required because of a non-occupational injury that occurs while covered under the **Policy**.

The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring **Accident**, or as a result of surgery for cancer, if the **Accident** or surgery occurs during the membership.

- 24) **Treatment** for:
 - (i) obesity (including morbid obesity); and
 - (ii) any other weight control programs, services, or supplies including but not in any way limited to pharmaceutical weight reduction regimens.
- 25) surgery to correct short or long sight or any other eye defect, unless caused as a result of an **Accident** or illness occurring during the **Period of Insurance**.
- 26) investigations into or **Treatment** of:
 - (i) sleep apnoea,
 - (ii) snoring, or
 - (iii) other sleep-related breathing problems.
- 27) Radial Keratotomy procedures (myopia surgery), Lasik, or eye surgery to correct refractive error or deficiencies.
- 28) **Treatment** associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether autologous or provided by a donor, other than for Tissue Transplants as defined, and not exceeding the **Policy Limits**.
- 29) Participation in a professional sport (not including recreational or amateur participation) or any hazardous sport activity such as (but not limited to) the following:
 - (i) motor sports;
 - (ii) aerial sports;
 - (iii) mountaineering activities;
 - (iv) violent sports (such as judo, boxing and wrestling);
 - (v) scuba diving below 30 meters or where a PADI Certificate is not held;
 - (vi) any sport involving animals;
 - (vii) speed competition;
 - (viii) skiing off-piste;
 - (ix) racing of any form (other than on foot).

If a hazardous sport or activity is not specified in this list, the **Insured Person** must contact **Us** to ascertain if it could be acceptable for cover.

- 30) Any **Claim** arising when **You** are under military authority or engaged in activities involving the use of firearms or physical combat or in an area of military conflict.

- 31) Any **Claim** for:
- (i) medical **Treatment** performed by a **Physician** or consultant who is related to **You**, unless previously approved by **Us**;
 - (ii) charges made by a member of **Your** family to look after **You**.
- 32) Any expense where **We** are not satisfied with the documents submitted and/or where **We** do not receive the original documents within 90 days of the **Insured Event**, unless **We** agree otherwise.
- 33) Accommodation and **Treatment** costs where the establishment concerned has, effectively, become **Your Home** or permanent residence and the admission is arranged wholly or partly for domestic reasons in a:
- (i) nursing home;
 - (ii) hydro;
 - (iii) spa;
 - (iv) nature clinic;
 - (v) health farm or similar establishment;
 - (vi) **Hospital**.
- 34) Any expenses relating to search and rescue operating to find **You** in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.
- 35) **Treatment** for:
- (i) hyperactivity;
 - (ii) attention deficit disorder (ADD) (ADHD);
 - (iii) **Speech Therapy**;
 - (iv) visual therapy;
 - (v) behavioural problems;
 - (vi) child development;
 - (vii) autism spectrum disorder;
 - (viii) obsessive-compulsive disorders;
 - (ix) phobic disorders.
- 36) **Treatment** for:
- (i) mental or nervous disorders;
 - (ii) psychiatric **Treatment** and the costs of a psychotherapist;
 - (iii) psychologist, family therapist or bereavement counsellor;
- other than 30 days **Inpatient** stay.
- 37) **Rehabilitation** unless it forms an integral part of medical **Treatment** received as an **Inpatient** and is under the control or supervision of a specialist and is undertaken in a recognised **Rehabilitation** unit.
- 38) Any **Claim** whatsoever resulting from:
- (i) war;
 - (ii) invasion;
 - (iii) act of foreign enemy;
 - (iv) hostilities (whether war declared or not);
 - (v) **Act of Terrorism**;
 - (vi) civil war;
 - (vii) rebellion;
 - (viii) revolution;
 - (ix) insurrection;
 - (x) military or usurped power; and
 - (xi) or taking part in civil commotion or riot of any kind.

Exception: we will pay up to a maximum of EUR 40,000 or USD 50,000 per each **Insured Event** provided that **You** are an innocent bystander and are not an active participant, and have not acted recklessly or put yourself in danger by entering a known area of conflict.

- 39) Any expenses which at the time of happening is covered by, or would be covered, but for the existence of this **Policy**:
- (i) covered by any other existing insurance certificate, **Policy**, or state scheme.
 - (ii) expenses covered by a government program such as social security, whether or not an **Insured Person** applies for reimbursement from the program.
 - (iii) if there is any other cover in force which may pay in respect of the event for which **You** are

Claiming.

- 40) Charges for, or **Related** to learning disabilities or **Development Delays** in respect of:
 - (i) Services and / or **Treatment**;
 - (ii) education testing;
 - (iii) training;
 - (iv) **Physical Developmental Delay** costs
- 41) Any **Claim** in any way caused or contributed to by the use or release or the threat thereof of any nuclear contamination or device or chemical or biological agent.
- 42) **Treatment** for, or in connection with, pregnancy or childbirth or **Newborn** during the first 10 months a person is insured.
- 43) Anything not ordered by a **Physician** or not necessary for medical care, as well as medical and **dental** services that do not meet professional recognized standards or are not considered as being necessary for proper **Treatment**.
- 44) **Treatment** not approved for reimbursement under national medical programs.
- 45) Care provided in a government **Hospital** or medical facility for which an individual would not pay charged for in the absence of this cover
- 46) Any **Claim** arising from:
 - (i) routine podiatry or other foot **Treatment** not resulting from an **illness** or **injury**;
 - (ii) orthotics including all equipment, devices, foot inserts, arch supports, lifts and correct shoes.
- 47) **Diagnostic** examinations or laboratory tests performed as a **Hospital Inpatient** for inconvenience or observation when these services can be safely performed as an **Outpatient**.
- 48) Any **Complementary Medicine** not listed with the definition.
- 49) **Claims** arising from an **Injury** or **Illness** occurring in a country or region which the E.U and or British and Commonwealth Office have given a red (Against All Travel) or amber (Advise against all but essential travel) warning. Information available at: www.gov.uk/foreign-travel-advice.
- 50) **Treatment** required as a result of failure to follow medical advice and any **Claim** due to a missed appointment.
- 51) Any **Claim** for growth hormone therapy.
- 52) Allergy testing and desensitization (except testing for allergy towards medications and supplies used in **Treatment**); any physical, psychiatric or psychological examinations or investigations during these examinations.
- 53) Services supplies which any school system is required under any law.
- 54) Any **Claim** for:
 - (i) over the counter drugs or supplies, which do not require a **physician** prescription;
 - (ii) smoking cessation drugs;
 - (iii) appetite suppressant;
 - (iv) hair regenerative drugs;
 - (v) anti-photo aging drugs;
 - (vi) cosmetic and beauty aids;
 - (vii) hearing aids not prescribed by a Physician;
 - (viii) acne drugs (Retin A for cosmetic purposes);
 - (ix) vitamin/s;
 - (x) prenatal vitamins prescribed OR not prescribed;
 - (xi) nutritional supplements;
 - (xii) services and associated expenses for the **Treatment** of alopecia, baldness, hair falling, dandruff or wigs;
 - (xiii) personal or comfort item such as radio, television, barber or beauty services or supplies, personal phone calls;
 - (xiv) the costs of providing or fitting any prosthesis or appliance;
 - (xv) surrogacy.
- 55) **Durable Medical Equipment (DME)** which forms part of **Palliative Care** or **Long Term Care**.

SECTION 7 - PRE-AUTHORISATION AND CLAIMS PROCEDURE

The following explains what to do if a **Medical Transfer** or medical **Treatment** is needed.

To ensure the most appropriate care possible the **Insured Person** should contact **Us** on the telephone number shown below, giving **Us** a telephone, fax or telex number where **We** can contact the **Insured Person** or leave messages at any time of day or night.

Swiss Global Insurance

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

Telephone

Medical Emergency: +41 22 310 37 88
Claim assistance, Management, Sales : +41 22 819 18 67

Email

Management, Sales : info@swissglobalinsurance.com
Contacts & Services Claim assistance: claims@swissglobalinsurance.com

You must bear in mind that to comply with the terms and conditions of this **Policy**, **We** must be contacted for **Our Pre-authorisation** before **You** incur costs for **Treatment** of any kind which may exceed €400 on completion of **Treatment**. This sum includes **Inpatient, Day-care and Outpatient Treatment**, as well as transportation and ancillary costs.

If **You** fail to follow the **Pre-authorisation & Claims Procedure** conditions **You** will be liable to pay a **Coinsurance** share of 50 per cent (50%) of the cost of **Treatment** and **Hospital** services incurred.

If the **Treatment** scheduled is eligible for cover, **We** can confirm the level of benefit applicable to the medical provider/s and authorise **Treatment**, subject to the terms and conditions of the **Policy**. When the **Claim** is subsequently fully validated, **We** will arrange **Direct Settlement** to the medical provider(s).

It is important to note that if **We** authorise **Treatment** which ultimately transpires to have been related to a condition excluded by the **Policy**, for example, **Treatment** for an undeclared and unaccepted **Pre-existing Medical Condition**, **You** will be responsible for all costs, including those settled by **Us**. In such cases, **You** must repay **Us** all costs **We** have paid.

SECTION 8 - COMPLAINTS PROCEDURE

We aim to provide a first class service at all times. However, if **You** have any complaint the following procedure is available to **You** to resolve the situation.

The person who sold **You** the policy should be able to answer any questions and deal with any problems regarding the interpretation, application or operation of the **Policy** and its coverage.

If **You** have a complaint regarding the standard of service **You** have received under the **Policy**, in the first instance please contact:

Swiss Global Insurance
c/o SHI-Swiss Health International Ltd
Rue du Rhone 14
1204 Geneva, Switzerland
Tel : +4122 819 18 67

Please ensure **You** provide **Us** with all the relevant correspondence, documentation, evidence and situation details when **You** lodge **Your** complaint.

We will acknowledge **Your** complaint promptly in writing. **Your** complaint will be thoroughly considered and investigated, and **We** will keep you informed of any appropriate developments. **We** aim to give **You** a decision within four weeks.* If **We** are unable to reach this target **We** will write to **You** explaining why and advising when **We** hope to reach a decision. It may take up to a maximum of eight weeks to provide a final decision.

If a complainant remains dissatisfied and believes that (s) he has a case for being compensated financially, this must be pursued through the France Law Courts.

You will normally have six months from receiving SGI / MGEN final decision (or six months from SGI / MGEN eight week* window expiring) within which to refer **your** complaint. This referral service is additional to **Your** contractual rights under the insurance.

*Note: The timescales given above are **Dependent** upon **You** responding promptly to any correspondence **We** send **You**.

SECTION 9 – DATA PROTECTION NOTICE

We collect and maintain **Your** personal information in order to:

- 1) underwrite and administer the policies of insurance that **We** issue;
- 2) provide **You** with information, products or services which **We** feel may interest **You**;
- 3) verify **Your** identity;
- 4) use **Your** information for statistical purposes;
- 5) use **Your** information for research purposes; and
- 6) carry out **Our** obligations rising from **Your Policy**.

All personal information is treated with the utmost confidentiality and with appropriate levels of security in accordance with the Data Protection Act. **We** will not keep **Your** information longer than is necessary. **Your** information will be protected from **Accidental** or unauthorised disclosure. **We** will only reveal **Your** information if it is allowed by law, authorised by **You**, to prevent fraud or in order that **We** can liaise with **Our** agents in the administration of this **Policy**. **You** have the right to ask for a copy of any information **We** hold on **You** upon payment of an administrative fee and to require a correction of any incorrect information held. Any inaccurate or misleading data will be corrected as soon as possible

Your personal information may be sent securely and in confidence to other companies in **Our** group (or companies acting on **Our** instructions), including those outside the European Economic Area (EEA) and **We** may transfer it to **Our** agents and subcontractors within the EEA who help **Us** administer **Your Policy**. **We** may disclose **Your** personal information to any member of **Our** group, which means **Our** subsidiaries and parent company. In the event that **We** buy or sell any business or assets, **We** may disclose **Your** personal information to the prospective buyer or seller of such business assets.

The above principles apply whether **We** hold **Your** information on paper or electronic form.

By entering into this **Policy**, **You** agree to such information being processed by **Our** agents, subcontractors or companies with **Our** group.

Enquiries in relation to data held by the data controller SGI / MGEN should be directed to:

Data Protection,
Swiss Global Insurance
c/o Swiss Health International
Rue du Rhone 14,
1204 Geneva, Switzerland