

Flying Colours
Certificate of Insurance



GLOBAL
peace of mind[®]



Welcome to **your** Global Prima Medical Insurance **Policy**.

In return for payment of the **premium** shown in **your Declaration of Insurance**, we agree to provide **you**, subject to the terms and conditions contained in this **policy**, with the cover and benefits described in this policy for **medically necessary** eligible **treatment**.

The **Master Policy** is a legal contract between **SiriusPoint**, the **Assured** and **you**, the **insured person**. This **Certificate of Insurance**, **Application Form** and any **endorsements**, is an outline and evidence of the insurance provided by the **Master Policy**. This **Certificate of Insurance** does not extend or change the coverage provided by the **Master Policy**. The insurance evidenced by this **Certificate of Insurance** is subject to all terms and conditions of the **Master Policy**, including the **application**, and any **endorsements**. Please read the whole **policy** carefully and keep it in a safe place.

Certain words in this **policy** have a specific meaning. Wherever words appear in bold in this **policy**, they will have the meanings shown in the definitions section.

All documentation and correspondence relating to this **policy** will be written in English.

This policy is underwritten by **SiriusPoint**. **SiriusPoint** is authorised by the Prudential Regulation Authority and regulated by both the Prudential Regulation Authority and the Financial Conduct Authority (202912). Establishment offices: Floor 4, 20 Fenchurch Street, London EC3M 3BY, UK. **SiriusPoint** is a UK establishment office (BR002760) of SiriusPoint International Insurance Corporation (Publ) which is registered in Sweden (516401-8136). Authorised and regulated by the Swedish Financial Supervisory Authority (22061). Registered address: Fleminggatan 14, 112 26 Stockholm, Sweden.

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Certificate of Insurance effective 01 April 2024

For **Insured Persons** whose **Country of Residence** is outside of Bermuda, United Kingdom, Gibraltar and the European Economic Area (EEA).

LEVEL OF COVER

This **policy** provides cover for the following benefits in respect of **treatment** of an **insured person** provided during the **period of cover** for an eligible **medical condition**. All benefits, including full refunds, are conditional upon charges being **reasonable and customary**.

Overall policy limit

The overall **policy** limit is the most **we** will pay for each **insured person** in any **period of cover**. The overall **policy** limit and any monetary limits to the benefits will be determined by the currency which **you** have selected for **your policy**.

USA – treatment received

Subject to the appropriate **area of cover**, any eligible medical **treatment** received in the USA must be within the **PPO Network**.

If **treatment** is received outside of the **PPO Network** a 50% **co-insurance** will apply.

THE COVER

In-patient & Day-patient Treatment

(**Treatment** received by an **insured person** when admitted to a **hospital** bed for an overnight stay of one (1) or more nights or as a **day-patient**)

Accommodation

Hospital accommodation in a ward, **semi-private** or **private room**.

Parent Accommodation

Room charges for one parent or legal guardian to stay with an **insured person** who is under 18 years of age whilst admitted to a **hospital** bed for an eligible **medical condition**.

Professional Fees

Specialist, medical practitioner and **qualified nurse** fees (including surgeons' and anaesthetists' fees) associated with providing consultations or administering **treatment**.

Medication

Drugs, medicines and dressings when prescribed by a **specialist** or **medical practitioner**.

Diagnostics

Diagnostic tests and procedures, including x-rays, **pathology**, and brain and body scans, for example, CT (computerised tomography), PET (positron emission tomography) and MRI (magnetic resonance imaging).

Theatre Fees

Operating theatre fees.

Reconstructive Surgery

Reconstructive surgery required following an **accident** or following surgery for an eligible **medical condition** which occurred after **your date of entry** and which is performed within twelve (12) months of the **accident** or surgery. **We** will only cover the initial reconstruction.

Chronic Conditions - Acute

Treatment required to stabilise an **acute** episode of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

Chronic Conditions - Routine Management and Palliative Treatment

Routine management and maintenance of a **chronic** condition or **palliative treatment** of a **chronic** condition, including **medical practitioner** and **specialist** fees, diagnostics and **medication**.

Kidney Dialysis

Acute episode of an eligible **medical condition** which would result in the need for **Kidney Dialysis**.

Routine management, maintenance and **palliative treatment** of a **chronic** condition which requires ongoing **Kidney Dialysis**.

Oncology

All **treatment** aimed to cure cancer, manage and maintain irrecoverable cancer and **palliative treatment** during the end stages of cancer. The benefit includes oncologist and **specialist** fees, diagnostics, **medication**, radiotherapy, chemotherapy and immunotherapy.

HIV/AIDS

Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC).

Cover under this benefit is only available following an occupational **accident** (e.g. needle prick) or blood transfusion and when contracted after **your date of entry**.

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
£1,000,000 €1,000,000 US\$1,000,000	£2,000,000 €2,000,000 US\$2,000,000	£3,000,000 €3,000,000 US\$3,000,000	£4,000,000 €4,000,000 US\$4,000,000	£5,000,000 €5,000,000 US\$5,000,000
50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network	50% co-insurance after your policy excess has been applied for eligible treatment received outside the PPO Network

Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Limited to £10,000: €10,000: US\$10,000	Limited to £50,000: €50,000: US\$50,000	Full Refund
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Limited to £20,000: €20,000: US\$20,000	Limited to £50,000: €50,000: US\$50,000
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Limited to £10,000: €10,000: US\$10,000	Limited to £20,000: €20,000: US\$20,000

In-vitro fertilisation (IVF Treatment) (excluding costs incurred within the first ten (10) months of your date of entry)
Up to three (3) cycles of in-vitro fertilisation (IVF) where there is a medical reason why **you** are unable to conceive naturally and which is diagnosed after **your date of entry**, including **specialist** fees and **medication**. All cover under this benefit is subject to **pre-authorisation** by **us**. If it is not **pre-authorised** by **us**, then **we** reserve the right to decline the claim in full.

Organ Transplants
Costs incurred by an **insured person** to receive a donor organ, including anti-rejection **medication**, and any subsequent **out-patient treatment** and **medication** required as a result of the **organ transplant**. No costs incurred in locating and harvesting a donor organ are covered.

Complications of Pregnancy (excluding costs incurred within the first ten (10) months of your date of entry)
Treatment of new eligible **medical conditions** which arise during the antenatal stages of pregnancy, or which occur during the childbirth/delivery. **We** will cover one follow-up **out-patient** consultation, following an **in-patient** or **day-patient** admission.

Newborn Cover - Premature Births
Cover in respect of a premature baby (i.e. where birth is prior to thirty-seven (37) weeks gestation) in respect of an **acute** or **chronic medical condition** requiring **in-patient treatment**. The mother named on the birth certificate must have been insured with **us** for at least ten (10) months prior to the birth. All cover is subject to the **newborn** being added to the **policy** from birth and within thirty (30) days of birth.

Newborn Cover - Congenital
Cover in respect of a **newborn** baby requiring **treatment** or **palliative treatment** of a **congenital anomaly** which is diagnosed within twelve (12) months of birth. All cover is subject to the **newborn** being added to the **policy** from birth and within thirty (30) days of birth.

Physiotherapy
Physiotherapy when such **treatment** is recommended by a **specialist** and **treatment** is carried out by a **physiotherapist** and is administered during the period of stay in **hospital**.

Rehabilitation
Rehabilitation when it is considered an integral part of **treatment**, is supervised by a **specialist** and is undertaken in a recognised **rehabilitation** unit.

Psychiatric Illness
Treatment administered by a clinical psychiatrist or psychologist, including **specialist** consultations, assessments, diagnostics and **medications** and given in a recognised psychiatric unit of a **hospital**. All **treatment** under this benefit is subject to **pre-authorisation** by **us**. If **treatment** is not **pre-authorised** by **us**, then **we** reserve the right to decline the claim in full.

Ancillary Charges
The purchase or rental of crutches or wheelchairs following **treatment** as an **in-patient** or **day-patient**.

Provision of **external prostheses** following **treatment** of an eligible **medical condition**.

Home Nursing
Home nursing provided by a **qualified nurse**, when **medically necessary**, recommended by a **specialist** and required as a vital part of **treatment** to aid recovery from an eligible **medical condition**, immediately following release from a **hospital in-patient** or **day-patient** stay.

Transportation
Charges for a road ambulance, or costs associated with another form of transport if a road ambulance is inappropriate, for transportation to the nearest appropriate **hospital** when the **medical practitioner** advises it is **medically necessary**.

Cash Benefit
Where **hospital** accommodation and all **treatment** costs are provided in a State or Charitable **Hospital** and no claim is submitted under this **policy** for **reimbursement** of any **in-patient** costs, and providing that the **medical condition** suffered would be eligible for benefit.

Emergency Treatment Outside Area of Cover
Treatment (through a **medical practitioner** or **specialist** commencing within twenty-four (24) hours of the **emergency** event), when admitted to a **hospital** bed as an **in-patient** or **day-patient**, required as a result of an **accident** or the sudden beginning or worsening of an eligible **medical condition** where failure to seek immediate medical attention would result in death or serious damage to bodily functions.

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Not Covered	Not Covered	Not Covered	Not Covered	Limited to £2,000: €2,000: US\$2,000 per cycle and a maximum of 3 cycles per lifetime . This benefit is subject to 50% co-insurance
£100,000: €100,000: US\$100,000 Lifetime Limit	£100,000: €100,000: US\$100,000 Lifetime Limit	£250,000: €250,000: US\$250,000 Lifetime Limit	£250,000: €250,000: US\$250,000 Lifetime Limit	£500,000: €500,000: US\$500,000 Lifetime Limit
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Cover for the first 30 days from birth is limited to a maximum sum insured of £10,000: €10,000: US\$10,000 for each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.	Cover for the first 30 days from birth is limited to a maximum sum insured of £15,000: €15,000: US\$15,000 for each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.	Cover for the first 30 days from birth is limited to a maximum sum insured of £20,000: €20,000: US\$20,000 for each baby. Thereafter, cover will exclude any medical conditions which exists at the end of the first 30 day period.
Not Covered	Not Covered	£50,000: €50,000: US\$50,000 Lifetime Limit	£75,000: €75,000: US\$75,000 Lifetime Limit	£100,000: €100,000: US\$100,000 Lifetime Limit
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Full Refund	Full Refund
Not Covered	Limited to 15 days each year	Limited to 30 days each year	Limited to 30 days each year	Limited to 45 days each year
Limited to £200: €200: US\$200	Limited to £200: €200: US\$200	Limited to £300: €300: US\$300	Limited to £300: €300: US\$300	Limited to £500: €500: US\$500
Not Covered	Not Covered	Not Covered	Not Covered	Limited to £2,000: €2,000: US\$2,000
Maximum 30 days each year , limited to £100: €100: US\$100 per visit	Maximum 30 days each year , limited to £100: €100: US\$100 per visit	Maximum 60 days each year , limited to £100: €100: US\$100 per visit	Maximum 60 days each year , limited to £100: €100: US\$100 per visit	Maximum 90 days each year , limited to £100: €100: US\$100 per visit
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
£100: €100: US\$100 each night up to a maximum of 30 nights	£100: €100: US\$100 each night up to a maximum of 30 nights	£200: €200: US\$200 each night up to a maximum of 45 nights	£200: €200: US\$200 each night up to a maximum of 45 nights	£300: €300: US\$300 each night up to a maximum of 60 nights
Maximum 30 nights each year Maximum sum insured of £20,000: €20,000: US\$20,000 Limited to trips of under 30 days.	Maximum 30 nights each year Maximum sum insured of £20,000: €20,000: US\$20,000 Limited to trips of under 30 days.	Maximum 30 nights each year Maximum sum insured of £30,000: €30,000: US\$30,000 Limited to trips of under 30 days.	Maximum 30 nights each year Maximum sum insured of £40,000: €40,000: US\$40,000 Limited to trips of under 30 days.	Maximum 30 nights each year Maximum sum insured of £50,000: €50,000: US\$50,000 Limited to trips of under 30 days.

Out-patient Treatment

(Treatment received but without admission to a hospital bed)

Overall Out-patient Limit
Professional Fees Medical practitioner, specialist and qualified nurse fees incurred for consultations and examinations. If you are unable to attend your medical practitioner's office for medical reasons, the consultation can be done by telephone or video conference with your medical practitioner.
Diagnostic Diagnostic procedures, including x-rays, pathology, computerised tomography and magnetic resonance imaging (brain and body scans).
Surgical Treatment Minor surgical procedures when carried out by a medical practitioner or specialist.
Medication Drugs, medicines and dressings when prescribed by a specialist or medical practitioner, unless specified elsewhere in 'The Cover'.
Transportation We will pay for medically necessary travel by road ambulance to the nearest appropriate hospital accident and emergency department for eligible treatment.
Chronic Conditions - Acute Treatment Treatment required to stabilise an acute episode of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication.
Chronic Conditions - Routine Management and Palliative Treatment Routine management and maintenance of a chronic condition, or palliative treatment of a chronic condition, including medical practitioner and specialist fees, diagnostics and medication.
Kidney Dialysis Acute episode of an eligible medical condition which would result in the need for Kidney Dialysis. Routine management, maintenance and palliative treatment of a chronic condition which requires ongoing Kidney Dialysis.

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Out-patient limit of £2,500: €2,500: US\$2,500 within overall policy limit of £1,000,000: €1,000,000: US\$1,000,000	Out-patient limit of £5,000: €5,000: US\$5,000 within overall policy limit of £2,000,000: €2,000,000: US\$2,000,000	Out-patient limit of £10,000: €10,000: US\$10,000 within overall policy limit of £3,000,000: €3,000,000: US\$3,000,000	Limited to the overall policy limit of £4,000,000: €4,000,000: US\$4,000,000	Limited to the overall policy limit of £5,000,000: €5,000,000: US\$5,000,000
Medical practitioner and qualified nurse fees - Not Covered Pre & post-operative specialist fees prior to or following eligible in-patient/day-patient or out-patient surgery, received within 30 days of surgery. Limited to £250: €250: US\$250 each year within the overall out-patient limit	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Limited to £250: €250: US\$250 per diagnostic procedure within overall out-patient limit	Limited to £500: €500: US\$500 per diagnostic procedure within overall out-patient limit	Full Refund within the overall out-patient limit	Full Refund	Full Refund
Full Refund within the overall policy limit £1,000,000: €1,000,000: US\$1,000,000	Full Refund within the overall policy limit £2,000,000: €2,000,000: US\$2,000,000	Full Refund within the overall policy limit of £3,000,000: €3,000,000: US\$3,000,000	Full Refund	Full Refund
Limited to £500: €500: US\$500 each year within overall out-patient limit and following eligible in-patient/day-patient or out-patient surgery, received within 30 days of surgery.	Limited to £1,000: €1,000: US\$1,000 each year within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Not Covered	Limited to £1,000: €1,000: US\$1,000 each year within overall out-patient limit	Limited to £5,000: €5,000: US\$5,000 each year	Limited to £10,000: €10,000: US\$10,000 each year
Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Limited to £5,000: €5,000: US\$5,000 each year	Limited to £10,000: €10,000: US\$10,000 each year

Oncology
All **treatment** aimed to cure cancer, manage and maintain irrecoverable cancer and **palliative treatment** during the end stages of cancer. The benefit includes oncologist and **specialist** fees, diagnostics, **medication**, radiotherapy, chemotherapy and immunotherapy. Includes road ambulance costs for transportation to and from the **out-patient** unit of a **hospital** for the administering of this specific **treatment**.

Purchase of wigs during active **treatment** of cancer which is covered under **your policy**.

HIV/AIDS
Treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC).

Cover under this benefit is only available following an occupational **accident** (e.g. needle prick) or blood transfusion and when contracted after **your date of entry**.

Physiotherapy
Physiotherapy on recommendation by a **medical practitioner** or **specialist** and where **treatment** is carried out by a **physiotherapist**. A referral from **your medical practitioner** or **specialist** is valid for six (6) months only, after which time a new referral letter would be required. If during this six (6) month period **you** require physiotherapy for a different **medical condition**, then a new referral will be required. A **treatment** plan from **your physiotherapist** will be required for review and after each ten (10) sessions. **Treatments** are recorded and, if required, additional information may be requested.

Chiropody or Podiatry
Treatment by a **Chiropodist** or **Podiatrist** without referral from a **medical practitioner**.

Complementary Treatment
Treatment administered by and **medication** prescribed by chiropractors, osteopaths, homeopaths, acupuncturists, Chinese herbalists or Chinese practitioners.

Dietician (limited to one (1) visit **each year**).

Recommendation by a **medical practitioner** or **specialist** is required for all **complementary treatments**. A referral from **your medical practitioner** or **specialist** is valid for six (6) months only, after which time a new referral letter would be required. If during this six (6) month period **you** require **complementary treatment** for a different **medical condition**, then a new referral will be required. A **treatment** plan from **your therapist** will be required for review and after each ten (10) sessions.

Psychiatric Illness
Treatment administered by a clinical psychiatrist or psychologist, including **specialist** consultations, assessments, diagnostics and **medications**. All **treatment** under this benefit is subject to **pre-authorisation** by **us**. If **treatment** is not **pre-authorised** by **us**, then **we** reserve the right to decline the claim in full. A **treatment** plan from **your** psychiatrist or psychologist will be required for review and after every three (3) months. If **you** are unable to attend **your** consultation for medical reasons it can be done via telephone or video conference provided **your** clinical psychiatrist or psychologist believes this will still be effective **treatment** for **your medical condition**.

Hormone Replacement Therapy (HRT)
Medical practitioner or **specialist** consultations and prescribed **treatment** when administered for the sole purpose of treating the menopause and which is diagnosed after **your date of entry**.

Optical
Standard eye examination to check **your** vision when carried out by an optometrist or ophthalmologist.

Prescribed glasses and contact lenses to correct vision when **your** prescription has changed.

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Full Refund within the overall policy limit £1,000,000: €1,000,000: US\$1,000,000	Full Refund within the overall policy limit £2,000,000: €2,000,000: US\$2,000,000	Full Refund within the overall policy limit £3,000,000: €3,000,000: US\$3,000,000	Full Refund	Full Refund
£250: €250: US\$250 per lifetime	£250: €250: US\$250 per lifetime	£500: €500: US\$500 per lifetime	£500: €500: US\$500 per lifetime	£1,000: €1,000: US\$1,000 per lifetime
Not Covered	Not Covered	Not Covered	Limited to £10,000: €10,000: US\$10,000 each year within overall in-patient/day-patient HIV/AIDS benefit limit	Limited to £20,000: €20,000: US\$20,000 each year within overall in-patient/day-patient HIV/AIDS benefit limit
£50: €50: US\$50 per visit limited to 10 visits each year within overall out-patient limit following eligible in-patient/day-patient or out-patient surgery, received within 60 days of surgery	£50: €50: US\$50 per visit limited to 10 visits each year within overall out-patient limit	£75: €75: US\$75 per visit limited to 20 visits each year within overall out-patient limit	£75: €75: US\$75 per visit limited to 20 visits each year	£100: €100: US\$100 per visit limited to 30 visits each year
Not Covered	Not Covered	Limited to £250: €250: US\$250 each year within overall out-patient limit	Limited to £250: €250: US\$250 each year	Limited to £500: €500: US\$500 each year
Not Covered	Not Covered	£75: €75: US\$75 per visit limited to 10 visits each year within overall out-patient limit (Dietician limited to one (1) visit each year)	£75: €75: US\$75 per visit limited to 20 visits each year (Dietician limited to one (1) visit each year)	£100: €100: US\$100 per visit limited to 30 visits each year (Dietician limited to one (1) visit each year)
Not Covered	Not Covered	Not Covered	Limited to £5,000: €5,000: US\$5,000 each year	Limited to £10,000: €10,000: US\$10,000 each year
Not Covered	Not Covered	Not Covered	Full Refund Limited to 18 months cover from date of diagnosis	Full Refund
Not Covered	Not Covered	Full Refund limited to one examination each year within overall out-patient limit	Full Refund limited to one examination each year	Full Refund limited to one examination each year
Not Covered	Not Covered	Limited to £150: €150: US\$150 each year within overall out-patient limit	Limited to £250: €250: US\$250 each year	Limited to £500: €500: US\$500 each year

<p>Well-being Benefit (excluding costs incurred within the first ten (10) months from your date of entry).</p>
<p>Hearing Test Annual Hearing Test carried out by a medical practitioner.</p>
<p>Routine Health Checks Tests/screenings when performed by a medical practitioner, that are undertaken without any clinical symptoms being present including the following examinations performed at an appropriate age interval for the early detection of illness or disease:</p> <ul style="list-style-type: none"> • Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc) • Cardiovascular examination • Neurological examination • Cancer screening • Well child test

<p>Vaccinations Cost of drugs and consultations to administer all basic immunisations and booster injections required under regulation of the country in which treatment is being given and any medically necessary travel vaccinations and malaria prophylaxis.</p>

<p>Emergency Dental Treatment – Accidental Damage to Teeth Emergency out-patient dental treatment received in a dental surgery or hospital emergency room to repair damage caused to sound natural teeth following an accident, such as a cracked or broken tooth. The treatment must be received within five (5) days of the emergency event. This does not include any form of dental prosthesis, root canal treatment or damage caused by eating.</p>
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<p>Emergency Dental Treatment – Pain Relief Emergency out-patient dental treatment received in a dental surgery or hospital emergency room for the immediate relief of dental pain, being treatment of an abscess, infection or loose or broken filling. The treatment must be received within forty-eight (48) hours of the emergency event and can include up to three (3) temporary fillings per period of cover. This does not include any form of dental prosthesis or root canal treatment or damage caused by eating.</p>
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Evacuation or Repatriation

(for eligible **medical conditions** requiring immediate **emergency hospital in-patient** or **day-patient** admission only)

<p>Evacuation The cost of transporting an insured person (and one (1) other relative/colleague to travel as escort) to the nearest appropriate medical facility for in-patient or day-patient treatment of an accident or medical condition within the insured persons area of cover which, in the opinion of the appointed medical practitioner, cannot be treated adequately locally or at the place of incident.</p> <p>The method of transportation shall be the decision of the assistance company we have appointed to act for us.</p>
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<p>Following Evacuation Hotel accommodation for escort and insured person when required pre and post hospital admission.</p> <p>Return airlight (economy class) for the insured person and their escort.</p>
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BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Not Covered	Not Covered	The total of the benefits available within the Well-being benefit is limited to £250: €250: US\$250 each year within the overall out-patient limit	The total of the benefits available within the Well-being benefit is limited to £500: €500: US\$500 each year	The total of the benefits available within the Well-being benefit is limited to £1,000: €1,000: US\$1,000 each year
Not Covered	Not Covered	One test each year Full Refund within Well-being limit	One test each year Full Refund within Well-being limit	One test each year Full Refund within Well-being limit
Not Covered	Not Covered	Full Refund within Well-being limit	Full Refund within Well-being limit	Full Refund within Well-being limit
Not Covered	Not Covered	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit	Children up to the age of 6 years, limited to 15 visits per lifetime Full Refund within Well-being limit
Not Covered	Not Covered	Not Covered	Limited to £250: €250: US\$250 each year	Limited to £500: €500: US\$500 each year
Not Covered	Not Covered	Full Refund within overall out-patient limit	Full Refund	Full Refund
Not Covered	Not Covered	Not Covered	Not Covered	Limited to £250: €250: US\$250 each year
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Not Covered	Not Covered	Limited to £250: €250: US\$250 each night, for each person	Limited to £250: €250: US\$250 each night, for each person	Limited to £500: €500: US\$500 each night, for each person
Not Covered	Not Covered	Full Refund	Full Refund	Full Refund

Repatriation
 The cost of transporting an **insured person** (and one (1) other relative/colleague to travel as escort) to their **country of nationality** or **country of residence** for **in-patient** or **day-patient treatment** of an **accident** or **medical condition** which cannot be treated adequately locally or at the place of incident. The method of transportation shall be the decision of the assistance company **we** have appointed to act for **us**. (If the **country of nationality** or **country of residence** falls outside the geographical area covered under **your policy, treatment** and transportation costs will not be considered.)

Mortal Remains
 Burial or cremation costs in the country of death
 or
 transportation of body or ashes to **country of nationality** or **country of residence**.
 (If the country of death, **country of nationality** or **country of residence** falls outside the geographical area covered under **your policy** costs will not be considered.)

Other Benefits

24/7 Medical Helpline

Access to MyALC
 Within 'MyALC' **our** online member area **you** will be able to:

- **Pre-authorise your treatment**
- Easily submit **your** claims
- Download a copy of **your Declaration of Insurance**
- Read secure messages from **our** claims team
- Search for a medical facility
- Obtain useful travel and security information
- Start a web chat
- Access the secure **premium** payment area

Support Programme
 Offers support via a confidential helpline available 24/7; whether **you** have a question about handling stress at work or home, parenting, managing money or health issues.
 Coverage under these support programme services is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this **policy**. **We** reserve the right to decline future claims relating to or arising from any condition discussed, raised or identified whilst using the support programme where the condition is not eligible for cover within the terms and conditions of the **policy**. Any **policy excess** does not apply to the support programme.

Telemedicine Services
 Telemedicine services available 24/7 to discuss a new, **acute medical condition**. **Pre-existing medical conditions** and **psychiatric illnesses** are not covered. Any **policy excess** does not apply to these telemedicine services.
 Coverage under these telemedicine services is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this **policy**. **We** reserve the right to decline future claims relating to or arising from any condition discussed, raised or identified whilst using these telemedicine services where the condition is not eligible for cover within the terms and conditions of the **policy**.

Travel Intelligence
 The IMG Travel Intelligence mobile app is a vital travel companion that provides access to dynamic alerts and country intelligence to help **you** prepare for and stay safe while away from home. Receive alert notifications of high-risk events, including health, terrorism, civil unrest, severe weather risks, in or near **your** current location or travel destination.

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Full Refund	Full Refund	Full Refund	Full Refund	Full Refund
Limited to £5,000: €5,000: US\$5,000	Limited to £5,000: €5,000: US\$5,000	Limited to £5,000: €5,000: US\$5,000	Limited to £5,000: €5,000: US\$5,000	Limited to £5,000: €5,000: US\$5,000
Included	Included	Included	Included	Included
Included	Included	Included	Included	Included
Not Covered	Not Covered	Not Covered	Included	Included
Not Covered	Included	Included	Included	Included
Included	Included	Included	Included	Included

Routine Pregnancy & Childbirth (OPTIONAL BENEFIT – Subject to an additional premium)

(excluding costs incurred within the first ten (10) months of purchase date of this benefit or **your date of entry**, whichever is the latter)

<p>Routine pregnancy and childbirth costs, including pre and postnatal check-ups (maximum twelve (12) check-ups), scans (maximum of three (3), one (1) per trimester) and delivery costs for a routine pregnancy.</p>
<p>Well Baby Examination Paediatrician costs for the first examination or check-up of a newborn baby, provided the examination is made within seventy-two (72) hours of delivery.</p>
<p>Newborn Accommodation Cot and nursing charges for newborn baby/babies (up to six (6) months of age) to stay with a mother who is admitted to hospital as an in-patient.</p>
<p>Cash Benefit Where hospital accommodation and all costs relating to the birth of the child are provided in a State or Charitable Hospital and no claim is submitted for reimbursement of any of these costs.</p>

Dental Treatment (OPTIONAL BENEFIT – Subject to an additional premium)

Dental **treatment** as shown in the table of benefits below when performed by a **dental practitioner** (excluding costs incurred within the first six (6) months of purchase date of this benefit or **your date of entry**, whichever is the latter other than **Accidental Damage** caused to **sound natural teeth**, which is covered immediately).

The procedures below are limited to the amounts shown and are subject to an overall maximum limit **each year** for dental **treatment**.

<p>Overall Dental Treatment Limit</p>
<p>Class 1</p> <ul style="list-style-type: none"> • Routine examination, including check-up and routine x-rays. • Cleaning and polishing (whether performed by a dental practitioner or hygienist). • Fillings (amalgam or composite). • Extractions of teeth other than wisdom teeth.
<p>Class 2</p> <ul style="list-style-type: none"> • Diagnostics tests and procedures. • Wisdom tooth extraction when performed in a dental surgery. • New porcelain crown/inlay. • Repair of crown/inlay. • Root canal treatment. • New bridge. All costs relating to fitting a new bridge, including extractions of teeth and any crowns required to support the new bridge. • Repair of bridge. All costs relating to repairing a bridge, including extractions of teeth and any crowns required to support the bridge. • New dentures.
<p>Class 3</p> <ul style="list-style-type: none"> • Orthodontic treatment (to move teeth or adjust underlying bone) when medically necessary for oral health. • Dental implants to restore function or appearance following an accident. Notification of treatment must be received within five (5) days from the date of the accident occurring. • Dental surgery undertaken in a hospital or dental surgery by an oral and maxillofacial surgeon or surgical dentist: <ul style="list-style-type: none"> • Surgical removal of impacted or buried wisdom teeth and extractions of complicated buried roots. • Apicectomy.
<p>Emergency dental treatment for the relief of pain, being treatment of an abscess, infection or a loose or broken tooth. The treatment must be received within forty-eight (48) hours of the emergency event.</p>
<p>Accidental Damage caused to sound natural teeth lost or damaged in an accident, such as a cracked or broken tooth. Treatment must be received within five (5) days from the date of the accident occurring. This does not include damage caused by eating.</p>

BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Optional pregnancy limits (for each pregnancy) • £5,000: €5,000: US\$5,000 • £10,000: €10,000: US\$10,000 • £20,000: €20,000: US\$20,000	Optional pregnancy limits (for each pregnancy) • £5,000: €5,000: US\$5,000 • £10,000: €10,000: US\$10,000 • £20,000: €20,000: US\$20,000	Optional pregnancy limits (for each pregnancy) • £5,000: €5,000: US\$5,000 • £10,000: €10,000: US\$10,000 • £20,000: €20,000: US\$20,000	Optional pregnancy limits (for each pregnancy) • £5,000: €5,000: US\$5,000 • £10,000: €10,000: US\$10,000 • £20,000: €20,000: US\$20,000	Optional pregnancy limits (for each pregnancy) • £5,000: €5,000: US\$5,000 • £10,000: €10,000: US\$10,000 • £20,000: €20,000: US\$20,000
Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit
Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit	Full Refund within the applicable pregnancy limit
Limited to £100: €100: US\$100 each night up to a maximum of 30 nights	Limited to £100: €100: US\$100 each night up to a maximum of 30 nights	Limited to £100: €100: US\$100 each night up to a maximum of 30 nights	Limited to £100: €100: US\$100 each night up to a maximum of 30 nights	Limited to £100: €100: US\$100 each night up to a maximum of 30 nights

Optional dental treatment limits • £1,000: €1,000: US\$1,000 • £2,000: €2,000: US\$2,000	Optional dental treatment limits • £1,000: €1,000: US\$1,000 • £2,000: €2,000: US\$2,000	Optional dental treatment limits • £1,000: €1,000: US\$1,000 • £2,000: €2,000: US\$2,000	Optional dental treatment limits • £1,000: €1,000: US\$1,000 • £2,000: €2,000: US\$2,000	Optional dental treatment limits • £1,000: €1,000: US\$1,000 • £2,000: €2,000: US\$2,000
Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance	Limited to the overall dental limit and subject to a 10% co-insurance
Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance	Limited to the overall dental limit and subject to a 30% co-insurance
Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance	Limited to the overall dental limit and subject to a 50% co-insurance
Limited to £250: €250: US\$250 within the overall dental treatment limit	Limited to £250: €250: US\$250 within the overall dental treatment limit	Limited to £250: €250: US\$250 within the overall dental treatment limit	Limited to £250: €250: US\$250 within the overall dental treatment limit	Limited to £250: €250: US\$250 within the overall dental treatment limit
Full Refund within overall policy limit £1,000,000: €1,000,000: US\$1,000,000	Full Refund within overall policy limit £2,000,000: €2,000,000: US\$2,000,000	Full Refund within overall policy limit £3,000,000: €3,000,000: US\$3,000,000	Full Refund up to the overall policy limit	Full Refund up to the overall policy limit

DEFINITIONS

The following words or phrases have the meanings given below wherever they appear in this document, **Declaration of Insurance** and **Endorsements**.

ACCIDENT

A sudden, unexpected or unforeseen event resulting in an identifiable physical injury to an **insured person**.

ACCIDENTAL DAMAGE TO TEETH

An accidental injury to **sound natural teeth** which have been lost, damaged or dislodged.

ACUTE

A **medical condition** that is likely to respond quickly to **treatment** which aims to return **you** to the state of health **you** were in immediately before suffering the disease, illness or **accident**, or which leads to **your** full recovery.

ADVICE

Any consultation or discussion with a **medical practitioner** or **specialist**, including check-ups and the issue of any prescriptions (including repeat prescriptions).

APPLIANCE

Prosthetic or surgical appliance required as an integral, vital part of **treatment**. **We** will pay for a spinal support, knee brace or air cast or any other similar **appliance** when confirmed as **medically necessary** and an essential part of a surgical operation or **treatment**.

AFFECTED AREA(s)

Any and all countries, states, provinces, territories, cities or other areas experiencing ongoing transmission of an **epidemic, pandemic** or other disease outbreak, or **natural disaster**.

APPLICATION/APPLICATION FORM

The document submitted to **us** by the **policyholder** that forms part of the application process for acceptance onto this **policy**, including any amendments and accompanying information.

APPOINTED MEDICAL PRACTITIONER

A **medical practitioner** chosen by **us** to advise **us** on **your medical condition** and need for the **evacuation or repatriation** service.

AREA OF COVER

The area to which **your** cover is restricted. The available areas are as defined below and **your** selection will be specified on **your Declaration of Insurance**.

Area 1 - Europe - (see back page)

Area 2 - Worldwide excluding United States of America and any USA territories

Area 3 - Worldwide - If **you** select this area, **your** cover in the USA will be restricted to the first one hundred and eighty (180) days in aggregate spent there during any one (1) **period of cover**

ASSURED

Means Conyers Trust Company (Bermuda) Limited, as Trustee of the Global Medical Services Group Insurance Trust, Richmond House, 12 Par-La-Ville Road, Hamilton HM 08, Bermuda.

BIRTH INJURY

A deformity or **medical condition** which is caused during childbirth.

CERTIFICATE OF INSURANCE

Means this document as issued to **you**, that describes and provides an outline and evidence of eligible coverages and benefits payable to, or for the benefit of **you** under the insurance contract, which includes the **Master Policy, application, Declaration of Insurance** and any **Endorsements**.

CHIROPODIST

A person who is legally registered and licensed to practise chiropody in the country where **treatment** is provided.

CHRONIC

A **medical condition** which has at least one (1) of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- **You** need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, check-ups, examinations or tests
- It needs ongoing or long-term control or relief of symptoms

COMMENCEMENT DATE

The date shown on the **Declaration of Insurance** on which the cover provided by this **policy** starts.

COMPLEMENTARY TREATMENT

Therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught. Such medicine includes chiropractic **treatment**, osteopathy, homeopathy, dietician, traditional Chinese medicine and acupuncture **treatment** as practiced by approved therapists.

COMPLICATIONS OF PREGNANCY

Complications of pregnancy covered under this **policy** are: pre-eclampsia, miscarriage, threatened miscarriage, gestational diabetes, when the foetus has died and remains with the placenta in the womb, stillbirth, heavy bleeding in the hours and days immediately after childbirth (postpartum haemorrhage), afterbirth left in the womb after delivery of the baby (retained placental membranes) and complications following any of the above conditions.

CO-INSURANCE

The percentage of the total value of incurred expenses for which the **insured person** is responsible. Any **policy excess** must be satisfied before the **co-insurance** becomes effective / is applied.

CONGENITAL ANOMALY (Birth Defects)

An intra-uterine development of an organ or structure that is abnormal with reference to form, structure or position.

CORRECTIVE DEVICE

A device for treating a **medical condition**, for example a CPAP machine or a wearable defibrillator such as a life vest

COUNTRY OF NATIONALITY

The country for which **you** are a passport holder.

COUNTRY OF RESIDENCE

At the **commencement date** and at each subsequent **renewal date**, the country in which **you** expect to live and spend the majority of **your** time during that **period of cover**.

DATE OF ENTRY

The date shown on the **Declaration of Insurance** on which an **insured person** was first covered under this **policy**.

DAY-PATIENT

An **insured person** who is admitted to a **hospital** bed in a ward, **semi-private** or **private room** because they need a period of medical supervision but does not need to remain in **hospital** overnight.

DECLARATION OF INSURANCE

The document giving details of the **policyholder**, the **insured persons**, the **period of cover**, the **date of entry** and the level of cover and any **endorsements** that may apply.

DENTAL PRACTITIONER

A person who is registered and is legally licensed to practise dentistry in the country where **treatment** is provided.

DEFINITIONS (continued)

DEPENDANTS

A spouse or adult partner and/or unmarried children, step-children, legally adopted children and foster children who are under 25 years of age, permanently living with **you** or in full-time education. Children will be accepted from birth, provided that **we** receive notification of their arrival within thirty (30) days from birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

ELECTIVE CAESAREAN

A caesarean section operation for delivery of a baby, which is not as a result of medical intervention, necessity or recommendation.

EMERGENCY

The sudden onset of a serious and unexpected **acute medical condition** or injury requiring immediate **medical treatment**, that without **treatment** commencing within 24 hours of the **emergency** event could result in death or serious damage to bodily function.

ENDORSEMENT

Any change to terms and conditions agreed by **us** that can extend or restrict cover.

EPIDEMIC

The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

EVACUATION OR REPATRIATION

Moving **you** to another **hospital** which has the necessary medical facilities either in the country where **you** are taken ill or in another nearby country (evacuation) or bringing **you** back to **your** principal **country of residence** or **your** home country (repatriation). The service includes any **medically necessary treatment** administered by the international assistance company appointed by **us** whilst they are moving **you**.

EXPERIMENTAL

Any **treatment** that includes completely new and/or untested drugs, procedures or services, or the use of which is for a purpose other than the use for which they have previously been approved by the regulatory body in the country where **you** are receiving **treatment**; new drug procedures or service combinations; and/or alternative therapies which are not internationally accepted standards of current medical practice. In the absence of demonstrable regulatory approval of a drug, procedure or service in the country where **treatment** is being obtained, the drug, procedure or service must have been approved by the U.S. Food and Drug Administration (FDA).

EXTERNAL PROSTHESIS

An artificial device that replaces a missing body part and is worn externally.

FOETAL SURGERY

Treatment given or undertaken on a foetus whilst in the womb.

GLOBAL TRAVEL WARNING

A published statement, warning or advisory, including any website document, issued by Public Health England, European Centre for Disease Prevention & Control, United States Centers for Disease Control & Prevention (CDC), United States Department of State, or United States Bureau of Consular Affairs or similar government or non-governmental agency in the **insured person's country of residence** or **host country**, warning that any global travel (travel anywhere) should be reconsidered or avoided as it poses serious risks to health, safety and security or exposes the **insured person** to a greater likelihood of life-threatening risks. When multiple government or non-government agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the **insured person's country of residence** or **host country** will apply. For the avoidance of doubt, a **global travel warning** covers all **affected areas**.

GUARANTEE OF PAYMENT

A formal notice to guarantee the payment of an agreed invoice cost to a **medical practitioner, specialist** or **hospital** subject to any **policy** terms and conditions specified.

HOSPICE

An establishment which is legally licensed as a **hospice** or **hospital** under the laws of the country in which it is located where palliative end of life care is provided.

HOSPITAL

An establishment which is legally licensed as a medical or surgical **hospital** under the laws of the country in which it is located.

HOST COUNTRY

The country or countries other than the **country of residence** that the **insured person** is travelling to/in.

HORMONE REPLACEMENT THERAPY (HRT)

Treatment prescribed for the sole purpose of treating the menopause.

IN-PATIENT

An **insured person** who is admitted to a **hospital** bed in a ward, **semi-private** or **private room** and out of **medical necessity** is required to stay for one (1) or more nights.

INSURED PERSON/YOU/YOUR

You and/or the **dependants** named on the **Declaration of Insurance** who are covered under this **policy**.

INTENSIVE CARE

Treatment in a defined **intensive care** unit, intensive therapy unit, high dependency unit or coronary care unit, which provides constant monitoring after surgical operation or illness.

IVF

In-vitro fertilisation. A cycle is the removal of the egg, fertilisation and then the implantation of the embryo into the womb of an **insured person**.

LIFE EVENT

Any of the following:

- The birth of a baby
- A new spouse/adult partner living with **you**
- A child of the new spouse/adult partner
- A step-child living with **you**
- Legal adoption of a child
- Fostering of a child

LIFETIME

For the duration of **your** life, whilst **you** are an **insured person** with **us**.

KIDNEY DIALYSIS (Haemodialysis)

Treatment that filters and purifies the blood using a dialysis machine.

MASTER POLICY

The **policy** issued by **us** to the **assured** which details the level of cover provided by us to the **insured person** as detailed in this **Certificate of Insurance**.

MEDICAL CONDITION

Any **accident**, injury, illness or disease, including **psychiatric illness**.

MEDICAL PRACTITIONER

A legally licensed doctor, physician or **specialist** recognised by the law of the country where **treatment** is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training, and who holds primary degrees in medicine or surgery as recognised by the World Health Organisation.

MEDICALLY NECESSARY/MEDICAL NECESSITY

Treatment prescribed by a **medical practitioner** or **specialist** necessary to evaluate, diagnose or treat a **medical condition** or its symptoms which is deemed to be appropriate for **your medical condition** and is not considered to be **experimental**, unlicensed or unproven, which as determined by **us** is:

- in accordance with generally accepted and published standards of medical practice, as determined by **us** where necessary
- clinically appropriate, in terms of type, frequency, extent, site and duration and thought to be effective for the patient's **medical condition**
- not primarily for the patient's or **specialist's** convenience
- no more costly than an alternative service(s), at least as likely to produce the same therapeutic or diagnostic results
- received through an appropriate medical facility and admission type, for example, **in-patient**, **day-patient** or **out-patient**

We do not pay for **treatment**, which in **our** view, does not fall within this definition or is being undertaken solely at **your** request.

MEDICATION

Drugs, medicines and dressings (including prostheses when used as an integral part of a surgical procedure) prescribed by a **medical practitioner** or **specialist** and used in accordance with the prescription. This also includes consumables used in an operating theatre and/or **hospital** admission.

NATURAL DISASTER

Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the human population for its safety. The occurrence must be a disaster that is due entirely to the forces of nature and could not reasonably have been prevented.

NEWBORN

A **newborn** infant, or neonate, is a child under the age of thirty (30) days.

NON-DISCLOSURE/MISREPRESENTATION

Any **pre-existing medical condition** misrepresented or not disclosed, revealed, listed or otherwise made known on the **application** or any subsequent claim form.

ONCOLOGY

The field of medicine devoted to cancer **treatment** including the use of medicines (immunotherapy/chemotherapy), surgery and radiation (radiotherapy).

ORGAN TRANSPLANT

The surgical procedures to perform a transplant of a human organ.

ORTHODONTIC

Affecting structure, function, development or appearance of teeth, upper or lower jaw or oral cavity.

OUT-PATIENT

An **insured person** who receives **treatment** but who is not required to be admitted to a **hospital** bed.

PALLIATIVE TREATMENT

Treatment given to an **insured person**, the primary purpose of which is only to offer temporary relief of symptoms, rather than to cure, stop, reverse or delay progression of the **medical condition** causing the symptoms.

PATHOLOGY

Tests carried out to help determine or assess the nature of disease and the changes in structure and functions brought about by disease.

PANDEMIC

A global outbreak of a disease and declared as such by the World Health Organization (WHO).

PERIOD OF COVER/EACH YEAR

The period of time for which cover is provided. This is specified on the **Declaration of Insurance**. This will normally be a twelve (12) month period starting from the **commencement date** or **renewal date**.

PHYSIOTHERAPIST

A person who is qualified to practice physiotherapy, has full registration under the Medical Acts specialising in physiotherapy and is registered and legally licensed in the country where **treatment** is provided.

PODIATRIST

A person who is legally registered and licensed to practice podiatry in the country where **treatment** is provided.

POLICY

The contract which details the level of cover provided. The **Application Form**, **Declaration of Insurance** and this **Certificate of Insurance** incorporating the **policy** terms and conditions form the contract.

POLICY EXCESS

The specified monetary amount payable by an **insured person** in respect of expenses incurred before any benefit is paid under this **policy**. The **policy excess** applies per person per **policy** year and is applied to **in-patient**, **day-patient** and **out-patient** medical and associated expenses only. The **policy excess** does not apply to **'Evacuation or Repatriation'** benefit, well-being, vaccinations, optical or the optional benefits 'Routine Pregnancy & Childbirth' and 'Dental Treatment' when selected.

POLICYHOLDER

The person or company with whom **we** have contracted this **policy** and who is principally responsible for payment of the **premiums**.

PRE-AUTHORISATION/PRE-AUTHORISED

A service provided to a claimant to confirm **policy** cover before committing to any costs or **treatment**.

PREMIUM

The payment due to activate and maintain **your policy** during **your period of cover**. **Premiums** can either be payable monthly, quarterly or annually and are due to be paid on or before the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole year's **premium** even if **we** have agreed that **you** may pay by a monthly or quarterly **premium**. Failure to make payment may result in suspension of cover or termination of the **policy** without notice.

PRIVATE ROOM

A standard single room in a **hospital** with a private bathroom and for the exclusive use of a patient. Cover is for a standard **private room** only. Suites, VIP, premium, deluxe, executive **private rooms** (or similar) are not covered.

PRE-EXISTING

Any **medical condition** for which, within the five (5) years prior to your **date of entry** as shown on **your Declaration of Insurance**, **you**:

- had experienced and or suffered from any signs or symptoms, whether investigated or not;
- had sought or received **advice**;
- had been recommended to have or had received medical **treatment**, including lifestyle changes and special diets, drugs, medication and injections; or
- to the best of **your** knowledge, **you** were aware **you** had.

PREFERRED PROVIDER ORGANISATION (PPO) NETWORK

An independent organisation, who **we** maintain a contractual arrangement with, that have established and maintained networks of USA based **medical practitioners**, **hospitals** and other healthcare and health service providers who are contracted separately and directly with the **PPO Network** and who may provide re-pricings, discounts or reduced charges for **treatment** or supplies provided to **you**. Refer to **your** membership card which references the **PPO Network**.

PROFESSIONAL SPORTS

Engaging in or training in any sport or activity for which a salary or monetary payment is received, including grants or sponsorship (unless these are travel costs only). This includes players, trainers and coaches.

PSYCHIATRIC ILLNESS

Treatment of a mental disorder carried out by a clinical psychologist/psychiatrist. A disorder which affects the mind, mental function or emotions associated with present distress, or substantial impairment of the individual's ability to function in a major life activity (e.g. employment). The aforementioned condition must be clinically significant and not merely an expected response to a particular event such as bereavement, relationship or academic problems and acculturation. The disorder must meet the criteria for classification under an international classification system such as Diagnostic and Statistical Manual (DSM-IV) or the International Classification of Diseases (ICD-10).

QUALIFIED NURSE

A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body, within the country where **treatment** is provided.

PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

A formal declaration by the World Health Organization (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, **epidemic**, **pandemic** and potentially requires a coordinated international response.

REASONABLE AND CUSTOMARY

Charges which are, based upon all the information and data available to **us**, not excessive for the type of **treatment** provided, in the location received and given by the specific treating **medical practitioner**.

Note that, in certain circumstances, **we** will have agreed charges with specific **hospitals** or medical facilities for particular procedures and accommodation and that this data will be considered by **us** as part of determining what is a **reasonable and customary** charge.

We may verify the fees with a government health department or other independent third party if necessary.

RECONSTRUCTIVE SURGERY

Surgery that is **medically necessary** to restore function or appearance after a disfiguring **accident** or as a result of an eligible **medical condition**.

REHABILITATION

Treatment given with the aim of restoring health and mobility after injury or illness to a state in which an **insured person** can be self-sufficient.

REIMBURSEMENT

A process provided to repay to claimants any sums paid by them in respect of eligible claims under this **policy**.

RENEWAL DATE

Twelve (12) calendar months from the **commencement date** or from the previous **renewal date**.

RESIDENTIAL CARE

Care provided for people who may need assistance with day-to-day tasks such as washing or dressing but don't require more specialist nursing care or support; also described as assisted living facilities, board and care homes, or rest homes.

ROUTINE PREGNANCY

A healthy, uncomplicated pregnancy, followed by a routine vaginal delivery, assisted vaginal delivery or an **elective caesarean**.

SEMI-PRIVATE ROOM

A standard room in a **hospital** which is not exclusive and which may be shared with other patients. Suites, VIP, premium, deluxe, executive rooms (or similar) are not covered.

SIRIUSPOINT

SiriusPoint International Insurance Corporation. Authorised by the Prudential Regulation Authority and regulated by both the Prudential Regulation Authority and the Financial Conduct Authority (202912). Establishment offices: Floor 4, 20 Fenchurch Street, London EC3M 3BY, UK. SiriusPoint International Insurance Corporation is a UK establishment office (BR002760) of SiriusPoint International Insurance Corporation (Publ) which is registered in Sweden (516401-8136). Authorised and regulated by the Swedish Financial Supervisory Authority (22061). Registered address: Fleminggatan 14, 112 26 Stockholm, Sweden.

SOUND NATURAL TEETH

A **sound natural tooth** that is free of active clinical decay, has no gum disease associated with bone loss, no caps, crowns, or veneers, that is not a dental implant and that functions normally.

SPECIALIST

A **medical practitioner** who (1) holds a substantive consultant appointment in the relevant speciality in a National Health Service **hospital**, or (2) has held a substantive consultant appointment which **we** accept as being of equivalent professional status, or (3) is recognised as such by the statutory bodies of the relevant country in which **treatment** is being given.

TERRORISM

An act, including for example the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

TRAVEL WARNING/EMERGENCY TRAVEL ADVISORY

A published statement, warning or advisory, including any website document, issued by Public Health England, European Centre for Disease Prevention & Control, United States Centers for Disease Control & Prevention (CDC), United States Department of State or United States Bureau of Consular Affairs or similar government or non-governmental agency in the **insured person's country of residence** or **host country**, warning that travel to **affected areas** should be reconsidered or avoided as it poses serious risks to health, safety and security or exposes the **insured person** to a greater likelihood of life-threatening risks. When multiple government or non-government agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the **insured person's country of residence** or **host country** will apply.

TREATMENT

Any **medically necessary** surgical procedure or medical intervention required to evaluate, monitor, diagnose, relieve, cure or provide relief of a **medical condition**.

WE/OUR/US

International Medical Group Limited trading as ALC Health on behalf of **SiriusPoint**, as the underwriters of this **policy** as detailed in the **Declaration of Insurance** and/or any appointed claims handlers, agents or managers.

Exclusions Specific to Each Section of Cover

In-patient & Day-patient Treatment

The following exclusions apply to **In-patient & Day-patient Treatment**. As well as General Exclusions, **we** do not cover the following:

- 1 **In-patient and day-patient treatment**
any costs not incurred as an **in-patient** or **day-patient** in a **hospital** or recognised medical facility except for home nursing.
- 2 **Routine pregnancy & childbirth**
any costs associated with **routine pregnancy** & childbirth, unless 'Routine Pregnancy & Childbirth' has been selected.
- 3 **Dental treatment**
any costs associated with any form of dental **treatment**, unless 'Dental Treatment' has been selected (including gingivitis, periodontics or gum disease of any kind).
- 4 **Policy excess**
the **policy excess** specified on the **Declaration of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 5 **Organ transplants**
(a) any costs incurred:
 - (i) in locating a replacement organ or obtaining a donor organ;
 - (ii) for the removal of the organ from the donor;
 - (iii) transportation costs; and
 - (iv) all associated administration costs relating to **organ transplants**;
 (b) costs of removing an organ from **you** to transplant into another person; and
 (c) any resulting complications from (b) above.
- 6 **Complications of pregnancy**
(i) any cost relating to **complications of pregnancy** incurred during the initial ten (10) months of cover. Conception may take place during this initial period, but only costs incurred after the period will be considered for **reimbursement**.
 (ii) any costs incurred for anyone under the age of eighteen (18) or over the age of fifty-four (54).
- 7 **IVF**
(applicable to Platinum)
(i) any costs incurred under the **IVF** benefit during the initial ten (10) months of cover.
 (ii) any costs incurred under the **IVF** benefit where the medical reason why **you** are unable to conceive naturally is diagnosed prior to **your date of entry**.
 (iii) any costs incurred for anyone under the age of eighteen (18) or over the age of fifty-four (54).

(applicable to Gold, Silver, Bronze Plus and Bronze)
any form of assisted reproduction.

- 8 **Newborn baby – Premature Birth**
(applicable to Platinum)
(i) after thirty (30) days from birth, **we** will exclude any medical condition which developed during the first thirty (30) day period following **treatment** of any **newborn** child, born from natural conception, where the birth/delivery took place prior to thirty-seven (37) weeks gestation.
 (ii) after thirty (30) days from birth, **we** will exclude any medical condition which developed during the first thirty (30) day period following **treatment** of any **newborn** child, born from assisted reproduction which was covered under the 'IVF' benefit, where the birth/delivery took place prior to thirty-seven (37) weeks gestation.
 (iii) all **treatment** of any **newborn** child born following assisted reproduction (e.g. **IVF**) which was not covered by **us** when birth/delivery takes place prior to thirty-seven (37) weeks gestation.

(applicable to Gold and Silver)
(i) after thirty (30) days from birth, **we** will exclude any medical condition which developed during the first thirty (30) day period following **treatment** of any **newborn** child, born from natural conception, where the birth/delivery took place prior to thirty-seven (37) weeks gestation.
 (ii) all **treatment** of any **newborn** child born following assisted reproduction (e.g. **IVF**) when birth/delivery takes place prior to thirty-seven (37) weeks gestation.

(applicable to Bronze Plus and Bronze)
for **treatment** of a **newborn** child when birth/delivery takes place prior to thirty-seven (37) weeks gestation.

Out-patient Treatment

The following exclusions apply to **Out-patient Treatment**. As well as General Exclusions, **we** do not cover the following:

- 1 **Routine Pregnancy & childbirth**
any costs associated with routine pregnancy & childbirth, unless 'Routine Pregnancy & Childbirth' has been selected.
- 2 **Dental treatment**
any costs associated with any form of dental **treatment**, (including gingivitis, periodontics or gum disease of any kind), unless Dental Treatment has been selected or **treatment** is covered under 'Emergency Dental Treatment – Accidental Damage to Teeth' or 'Emergency Accidental Dental Treatment – Pain Relief'. If Dental **Treatment** option has been selected 'Emergency Dental Treatment – Accidental Damage to Teeth' or 'Emergency Accidental Dental Treatment – Pain Relief' is not applicable. Any benefits payable will be paid under the Dental Treatment Benefit.
- 3 **Policy excess**
the **policy excess** specified on the **Certificate of Insurance** for all eligible expenses incurred for each **insured person** per **policy year**.
- 4 **Second opinions**
any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition**, unless agreed in writing by **us**.

- 5 **Foot Treatments**
any **treatment** for cosmetic pedicures, surgical footwear, for example, corrective footwear, corn plasters, insoles, dressings etc.
- 6 **Well-being**
(applicable to Platinum, Gold and Silver)
any costs incurred under the Well-being benefit during the initial ten (10) months of cover.

(applicable to Bronze Plus and Bronze)
any costs under the Well-being benefit.
- 7 **Hormone Replacement Therapy (HRT)**
(applicable to Platinum and Gold)
(i) **treatment** for **hormone replacement therapy** except when administered for the sole purpose of treating the menopause.
 (ii) **treatment** for **hormone replacement therapy** where the date of diagnosis has taken place prior to **your date of entry**.

(applicable to Silver, Bronze Plus and Bronze)
any **treatment** for **hormone replacement therapy**.

Evacuation or Repatriation

The following exclusions apply to **Evacuation or Repatriation**. As well as General Exclusions, **we** do not cover the following:

- 1 travel and subsequent accommodation costs unless specifically agreed by **us**, or **our** appointed assistance company, in writing prior to travel. Any costs incurred without **our** prior agreement shall not be considered for **reimbursement**.
- 2 the cost of any airline tickets other than economy class, unless **we** have provided written approval in advance of the date of travel.
- 3 burial and cremation costs shall not include the costs of a religious practitioner, floral tributes, musical provision, headstones or food and beverages.
- 4 any costs incurred where the death has occurred within the **insured person's country of nationality**.
- 5 any costs incurred as a result of engaging in any sports or activity as a professional or taking part in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, rock climbing, mountaineering (where specialised climbing equipment, ropes or guides are being used) scuba diving to a depth of more than ten (10) metres, trekking to a height of over four thousand five hundred (4,500) metres, bungee jumping, canyoning, hanggliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste.
- 6 moving **you** from a ship, oil-rig platform or similar off-shore location.
- 7 **we** will not be liable in respect of the overseas **evacuation or repatriation** service for:
 - a any failure to provide the overseas **evacuation or repatriation** service or for any delays in providing it, unless the failure or delay is caused by **our** negligence (including that of the international assistance company **we** have appointed to act for **us**), or of agents appointed by either party.
 - b failure or delay in providing the overseas **evacuation or repatriation** service if:
 - by law the overseas **evacuation or repatriation** service cannot be provided in the country in which it is needed; or
 - the failure or delay is caused by any reason beyond **our** control including, for example, strikes and flight conditions.
 - c injury or death caused while **you** are being moved unless it is caused by **our** negligence or the negligence of anyone acting on **our** behalf.

Routine Pregnancy & Childbirth

(Optional Benefit under Platinum, Gold, Silver, Bronze Plus and Bronze)

If Routine Pregnancy & Childbirth has been selected the following exclusions will apply to this benefit in addition to General Exclusions. **We** do not cover the following:

- 1 any costs incurred during the initial ten (10) months of cover from purchase date of this benefit or **date of entry**, whichever is the latter. Conception may take place during this initial period, but only costs incurred after the period will be considered for **reimbursement**.
- 2 antenatal and postnatal classes, and non-medical practitioners for example, Doulas, Coaches, Nannies etc.
- 3 any pre or postnatal check-ups when not performed by a midwife, obstetrician or **medical practitioner**.
- 4 **treatment** consequent from the well-baby examination, unless the **newborn** is added within thirty (30) days of birth to the **policy** as an **insured person**.
- 5 antenatal 3D and 4D ultrasound scans.
- 6 any costs incurred for anyone under the age of eighteen (18) or over the age of fifty-four (54).

Dental Treatment

(Optional Benefit under Platinum, Gold, Silver, Bronze Plus and Bronze)

If Dental **Treatment** has been selected the following exclusions will apply in addition to General Exclusions. **We** do not cover the following:

- 1 dental costs incurred during the initial six (6) months from the purchase date of this benefit or **date of entry** whichever is the latter (excluding **Accidental Damage** caused to **sound natural teeth**).
- 2 dental procedures other than those specified in 'The Cover' section.
- 3 gingivitis, periodontitis or gum disease of any kind.
- 4 the cost of any precious metals (excluding gold) used in any dental procedure.
- 5 any dental **treatment** which was recommended by **your dental practitioner** or that **you** were aware (or ought reasonably to have been aware) required **treatment** before **you** purchased this benefit or during the first six (6) months of **your** purchase of this benefit. In the event of a claim, **you** may be required to provide evidence that **you** have completed all necessary dental work recommended prior to **your** purchase of this benefit.
- 6 dental surgery when not performed by an oral and maxillofacial surgeon or surgical dentist.
- 7 dentures where a set or sets have been worn previously.
- 8 sealants and fluoride treatment.
- 9 any **co-insurance** applicable prior to **reimbursement** of costs.

GENERAL EXCLUSIONS

These exclusions apply to the whole of this insurance. In addition, each section also has its own exclusions.

- 1 **Activities (Sporting, recreational or adventure activities)**
any **medical condition** sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognised governing body for the sport or activity.

any **treatment** costs incurred as a result of engaging in any of the following activities: base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, rock climbing, mountaineering (where specialised climbing equipment, ropes or guides are being used), scuba diving to a depth of more than ten (10) metres, trekking to a height of over four thousand five hundred (4,500) metres, bungee jumping, canyoning, hangliding, paragliding or microlighting, parachuting, potholing, skiing off-piste or any other winter sports activity carried out off-piste.
- 2 **Addictions/Misuse of substances**
treatment for dependency on or abuse or misuse of alcohol, drugs or any other addictive substances, and addictive conditions of any kind. This includes misuse of prescription **medications**, and any injury or illness arising directly or indirectly from such abuse, misuse or addiction.
- 3 **Administrative costs**
costs relating to the completion of claim forms and any other documents, or any other administration or registration costs.
- 4 **Appliances**
costs of providing or fitting any **appliances** (except where covered as shown under the definition **appliance**).
- 5 **Birth control**
investigations, diagnostics and **treatment** directly or indirectly arising from or connected with male or female birth control (including insertion and removal of contraceptive devices, treatment for sterilisation, vasectomy and all other contraceptives), even when medically recommended.
- 6 **Body modification**
treatment for any illness, diseases or injuries arising from any form of body modification. This includes, for example, body piercing, tattooing and hair removal.
- 7 **Chemical exposure and contamination**
treatment directly or indirectly arising from or required as a result of chemical or biological contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any related condition. Costs directly or indirectly resulting from the use of nuclear, chemical, biological or radioactive material as a weapon, whether such involves an explosive sequence(s) or not.
- 8 **Co-insurance**
the percentage of any eligible claim that **you** must pay as shown in the **policy**. If **you** have a **policy excess** this must be satisfied prior to any **co-insurance** being applied.
- 9 **Complications of Pregnancy**
any costs associated with **complications of pregnancy** unless requiring admission to **hospital** as a **day-patient** or **in-patient** and where eligible under the 'Complications of Pregnancy' benefit.

- 10 **Congenital anomalies**
(applicable to Platinum, Gold and Silver)
congenital anomalies (except where covered under Newborn Cover – Congenital), genetic deformities/disorders or **birth injuries**.

(applicable to Bronze Plus and Bronze)
congenital anomalies, genetic deformities/disorders or **birth injuries**.
- 11 **Corrective devices**
costs of providing or fitting any **corrective devices**.
- 12 **Cosmetic treatment**
cosmetic **treatment** whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.
- 13 **Criminal acts**
any **treatment** arising from or related to injuries sustained whilst engaged in a criminal, illegal or unlawful act.
- 14 **Deafness**
(i) the provision of hearing aids
(ii) **treatment** for, or arising from, deafness caused by ageing.
- 15 **Developmental delays/disorders**
developmental delays/disorders including learning delay/disorders, learning difficulties, behavioural, speech and voice problems as well as physical development problems.
- 16 **Disorders**
treatment for conditions such as conduct disorder, attention deficit hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, obsessive-compulsive personality disorder, attachment disorder, adjustment disorders, as well as all **treatments** that encourage positive social-emotional relationships, such as communication therapies, floor time and family therapy.
- 17 **Eating disorders**
any **treatment** of, or related to, or caused by, eating disorders of any kind. This includes for example, the **treatment** of conditions such as anorexia nervosa, bulimia, and any **treatment** required for any condition caused as a result of such conditions.
- 18 **Excluded conditions – complications arising from**
expenses incurred because of complications directly caused by an illness or injury, for which cover is excluded or limited under **your policy**.
- 19 **Excluded procedures**
treatment for any illness, diseases or injuries arising from **treatment** or other medical procedures not covered under this **policy**.
- 20 **Exercise programmes**
cost for any exercise programme, whether or not prescribed or recommended by a **medical practitioner**.
- 21 **Experimental, unlicensed or unproven**
experimental, unlicensed or unproven **treatment**, regardless of whether they are medically recommended or prescribed.
- 22 **External Prostheses**
(applicable to Gold, Silver, Bronze Plus and Bronze)
costs of providing or fitting any **external prostheses**.
- 23 **Failure to seek medical advice**
treatment required as a result of failure to seek or follow **medical advice**.

GENERAL EXCLUSIONS (continued)

- 24 **Foetal surgery**
treatment given or undertaken on a foetus whilst in the womb.
- 25 **Gender reassignment**
gender reassignment, gender confirmation, any associated **medical conditions** and the costs consequent of such **treatment**, diagnostics or investigations.
- 26 **Genetic**
costs related to genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including, but not limited to amniocentesis, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine or prevent genetic predisposition, provide genetic counselling, or administration of gene therapy, except where **medically necessary** to establish targeted cancer **treatment** eligible under the **Oncology** benefit.
- 27 **Hair loss and replacement**
investigations into and **treatment** solely relating to the loss of hair and any hair replacement. Wigs are not covered except under the **Oncology out-patient** benefit.
- 28 **Health hydros**
treatment received in health hydros, nature cure clinics, spas or similar establishments, or **treatment** for **residential care** or private beds registered as a nursing home attached to facilities such as **hospices, hospitals** or **residential care** homes, where the facility has effectively become the **insured person's** home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 29 **HIV/AIDS**
(applicable to Platinum and Gold)
(i) **treatment** arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC) unless contracted via a blood transfusion for an eligible **medical condition** or an accidental needle prick whilst working for the medical services.
(ii) **treatment** arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC) where contracted prior to **your date of entry**. **You** will be required to provide evidence that **you** contracted the virus whilst insured with **us** and the virus was not contracted prior to **your date of entry**.

(applicable to Silver, Bronze Plus and Bronze)
treatment arising from or related to Human Immunodeficiency Virus (HIV) and/or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related Complex (ARC).
- 30 **Home visits**
home visits, unless they are **medically necessary** following the sudden onset of an **acute** eligible illness, which renders the insured incapable of visiting their **medical practitioner**. The **medical practitioner's** visit must take place within twenty-four (24) hours of the start or worsening of the condition.
- 31 **Infertility**
(applicable to Platinum)
any form of infertility and any form of assisted reproduction except as covered under the **IVF** benefit.

(applicable to Gold, Silver, Bronze Plus and Bronze)
any form of infertility.

- 32 **Late submission of claims**
(i) claims submitted must be received by **us** within six (6) months of the **treatment** date. Any invoices received by **us** after this date will not be paid unless **we** deem that it was not reasonably possible for the claim to be submitted within six (6) months.
(ii) any invoices received by **us** more than twelve (12) months after the **treatment** date will not be eligible for payment.
- 33 **Living Tissues Treatments**
treatment for cryopreservation, implantation or reimplantation of living cells or living tissue, whether autologous or provided by a donor. Costs of removing living cells or living tissues from **you** to implant or re-implant into another person, and any related complication due to such a procedure.
- 34 **Medically necessary**
treatment which is not **medically necessary**.
- 35 **Military**
any **medical condition** sustained whilst on active service in the military in time of war (whether declared or not) or under orders for war-like operations, or restorations of public orders, or as a result of any military training exercise.
- 36 **Natural supplements or substances**
claims for any supplements or substances which are available naturally. This includes, for example, vitamins, minerals and organic substances, except where prescribed under **Complementary Treatment** or when prescribed by a **specialist** or **medical practitioner** to treat an eligible **medical condition**.
- 37 **Needless danger**
costs which arise from or are directly or indirectly caused by self-exposure to needless danger, except in an attempt to save a human life.
- 38 **Non-disclosure/Misrepresentation**
any costs resulting from **non-disclosure** or **misrepresentation**.
- 39 **Non-prescription medication/Over-the-counter products**
(i) drugs and medicines purchased without prescription from a **specialist** or **medical practitioner**.
(ii) nutritional supplements and any drugs, medicines or products that can be obtained without prescription (i.e. over-the-counter or purchased online without prescription), even if they were medically recommended and/or prescribed or acknowledged as having therapeutic effects. This includes, for example, cough medicine, paracetamol, special infant formula, mouth wash, sunscreen and cosmetic products.
- 40 **Outside your area of cover – treatment received**
any costs incurred outside **your area of cover** other than eligible **emergency treatment** costs covered under the **in-patient & day-patient** 'Emergency Treatment Outside of Area of Cover' benefit. **We** will not cover any costs associated with curative **treatment** or follow-up of **emergency treatment** outside **your area of cover** or travel costs to return to **your area of cover**.
- 41 **Outside period of cover – treatment received**
treatment costs which are incurred outside of the **period of cover** or after termination of the **policy** for whatever reason, including non-renewal and non-payment of **premium**.
- 42 **Overdue payment charges**
charges incurred for overdue payment of invoices.
- 43 **Personal choice treatment**
(i) **treatment** which may be considered a matter of personal choice or **treatment** which is primarily for the patient's or **specialist's** convenience.
(ii) termination of a pregnancy when not **medically necessary** or medically recommended.

- 44 **Plastic surgery**
any **treatment** carried out by a plastic surgeon, whether or not for medical/psychological purposes. **We** will consider the costs of a plastic surgeon only where, due to the nature and/or location of the **accident** or eligible **medical condition**, **we** can determine that it is standard practice and surgery can only be performed by a plastic surgeon. **Your** treating **medical practitioner** will need to provide confirmation that the same **treatment** could not be performed by another **specialist** and why a plastic surgeon is the most appropriate **specialist** to perform the surgery.
- 45 **Premature baby**
after thirty (30) days from birth, any medical condition which developed during the first thirty (30) day period will be excluded from cover, where the birth takes place prior to thirty-seven (37) weeks gestation.
- 46 **Preventative treatment (applicable to Platinum and Gold)**
(i) preventative **treatment** or health checks where there are no symptoms unless eligible under Well-being or Vaccinations benefit.
(ii) tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition, are not covered.

(applicable to Silver)
(i) preventative **treatment** or health checks where there are no symptoms unless eligible under Well-being benefit.
(ii) tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition, are not covered.

(applicable to Bronze Plus and Bronze)
(i) preventative **treatment** or health checks where there are no symptoms.
(ii) tests undertaken only to detect if a person has had a specific **medical condition**, but where there are no symptoms present and/or there is no intention to treat or monitor the condition, are not covered.
- 47 **Professional sports treatment** or diagnostic procedures of injuries arising from an engagement in **professional sports** or activities.
- 48 **Reasonable and Customary**
any costs that exceed **reasonable and customary** for the type of **treatment** provided, in the location it is received in and given by a specific **medical practitioner**.
- 49 **Related medical practitioner treatment** when performed by a **medical practitioner** or **specialist** who is in any way related to the **insured person**.
- 50 **Sanctions**
we will not pay any claim under this **policy** which will result in **us** being exposed to any sanction, prohibition or restrictions under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

- 51 **Self-inflicted injury or illness**
costs which arise from or are directly or indirectly caused by an attempt at suicide, suicide or bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.
- 52 **Sexually related conditions**
investigations, diagnostics and **treatment** of impotence, sexual dysfunction or any consequence thereof or other sexually related conditions.
- 53 **Sexually transmitted infections treatment** directly or indirectly associated with sexually transmitted infections, including preventative medications. Investigations and **treatment** for cancer caused by the long-term consequences of human papilloma virus infection will not be deemed sexually transmitted for the purposes of this exclusion.
- 54 **Sleep related disorders**
tests or **treatment** for all sleep related disorders such as sleep apnoea, snoring, insomnia and any other sleep related breathing problem.
- 55 **Speech therapy**
we do not cover speech therapy when related to developmental delay, dyslexia, dyspraxia, expressive language disorder or other similar conditions. **We** may consider speech therapy required due to physical impairment, such as nasal obstruction, articulation disorders involving the oral structure or brain injury when the cause is also eligible for cover.
- 56 **Surrogacy treatment** directly related to surrogacy whether **you** are acting as surrogate or are the intended parent.
- 57 **Terrorism terrorism**, riot, strike or civil commotion unless the **insured person** sustains bodily injury whilst as an innocent bystander.
- 58 **Travel costs**
travel costs to and from medical facilities (including parking and taxi costs) for eligible **treatment**, other than any travel costs covered under transportation or '**Evacuation or Repatriation**' benefit.
- 59 **Travel Warning**
any **medical condition** caused by an **epidemic, pandemic, natural disaster, public health emergency of international concern** or any other disease outbreak which has resulted in a **travel warning** or **global travel warning** for the **host country** to be issued, unless the **insured person** has arrived in the **host country** or the **affected area** before the issuance of the **travel warning** or **global travel warning**. This exclusion does not apply to costs resulting from COVID-19/SARS-CoV-2.
- 60 **Travelling against medical advice**
costs and expenses incurred where an **insured person** has travelled against medical **advice**.
- 61 **Treatment not specified**
treatment that is not specified under 'The Cover' or where 'Optional Benefits' have not been selected, or costs that exceed the limits stated.

- 62 **Underwriting – Bronze**
any **medical condition** for which, prior to **your date of entry** as shown on **your Declaration of Insurance, you:**
a. had experienced and or suffered from any signs or symptoms, whether investigated or not;
b. had sought or received **advice**;
c. had been recommended to have or had received medical **treatment**, including lifestyle changes and special diets, drugs, **medication** and injections; or
d. to the best of **your** knowledge, **you** were aware **you** had.

if **your medical condition** that existed prior to **your date of entry** is one of those shown below, **we** will also exclude **treatment** for the specified conditions as detailed in the table below:

For medical conditions existing prior to your date of entry , if you:	We will not pay for treatment of the following specified conditions:
have been diagnosed with diabetes	• Diabetes • Ischaemic heart disease • Cataract • Diabetic retinopathy • Diabetic renal disease • Arterial disease • Stroke
are currently undergoing treatment for raised blood pressure (hypertension)	• Raised blood pressure (hypertension) • Ischaemic heart disease • Stroke • Hypertensive renal failure
are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test	• Any disorder of the prostate

- 63 **Underwriting - Moratorium (Mori)**
any **medical condition** for which, within the five (5) years prior to **your date of entry** as shown on **your Declaration of Insurance, you:**
a. had experienced and or suffered from any signs or symptoms, whether investigated or not;
b. had sought or received **advice**;
c. had been recommended to have or had received medical **treatment**, including lifestyle changes and special diets, drugs, **medication** and injections; or
d. to the best of **your** knowledge, **you** were aware **you** had.

if **your pre-existing** condition is one of those shown below, **we** will also exclude **treatment** for the specified conditions as detailed in the table below:

For your pre-existing conditions, if you:	We will not pay for treatment of the following specified conditions:
have been diagnosed with diabetes	• Diabetes • Ischaemic heart disease • Cataract • Diabetic retinopathy • Diabetic renal disease • Arterial disease • Stroke
are currently undergoing treatment for raised blood pressure (hypertension)	• Raised blood pressure (hypertension) • Ischaemic heart disease • Stroke • Hypertensive renal failure
are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test	• Any disorder of the prostate

- pre-existing medical conditions** or specified conditions (as detailed in the table above) may become eligible for benefit after a continuous period of two (2) years cover under the **policy** provided that, having followed all medical **advice, you** have not:
a. experienced and or suffered from any signs or symptoms, whether investigated or not;
b. sought or received **advice**;
c. been recommended to have or have received medical **treatment**, including lifestyle changes and special diets, drugs, **medication** and injections.

if **you** do not complete the first two (2) year period, **you** will have to wait until **you** have completed a continuous period of two (2) years when none of these apply before **we** consider covering **your pre-existing medical condition** or specified condition (as detailed in the table above). **You** must ensure **you** follow medical **advice** provided to **you** in relation to **your** condition, even if this means **you** will be unable to obtain cover.

in some circumstances **you** may have joined on different terms to those described above and **you** will find those terms on your **Declaration of Insurance**. For example, if **you** have joined from another insurer **we** may have transferred the medical underwriting terms from **your** previous policy for medical conditions that existed prior to **you** joining that **policy**.

- 64 **USA coverage**
if **you** select area 3 (worldwide), **your** cover in the USA will be restricted to the first one hundred and eighty (180) days in aggregate spent there during any one (1) **period of cover**.
- 65 **Vaccinations and inoculations (applicable to Silver, Bronze Plus and Bronze)**
vaccinations and inoculations.
- 66 **Vision correction**
(i) disorders of refraction, accommodation of the eye/lens and similar conditions, including refractive keratectomy (RK), photorefractive keratectomy (PRK) and macular degeneration.
(ii) **treatment** to change or correct the refraction of one or both eyes, such as laser eye surgery or the provision of aids such as glasses and contact lenses unless eligible under Optical benefits.

however, **we** will pay for corrective sight surgery consequent of an **accident**.
- 67 **War treatment** directly or indirectly arising from or required as a consequence of war, invasions, acts of foreign enemy, hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, martial law or state of siege or attempted overthrow of government.
- 68 **Weight loss treatment**
any **treatment** for obesity, and any form of weight loss **treatment**, bariatrics, removal of fat or other surplus tissue from any part of the body, whether or not for medical or psychological purposes, and any associated **treatment** costs consequent of such **treatment**.

These conditions apply to all sections of this insurance.

- 1 **Policy Term**
The **policy** is an annual contract and is effective for twelve (12) months from the **commencement date**. The **policy** can be renewed **each year** on the **renewal date**, subject to the **policy** terms, conditions and premium rates in force at the time and as notified to **you** in **your** renewal invitation.
 - 2 **Premium Payment**
Premiums can either be payable monthly, quarterly or annually and are due to be paid on or before the **commencement date** or **renewal date**. However, as **your policy** is an annual contract **you** are responsible for the whole year's **premium** even if **we** have agreed that **you** may pay by a monthly or quarterly **premium**. Failure to make payment may result in suspension of cover or termination of the **policy** without notice. Any reinstatement agreed on subsequent receipt of funds may result in the need for additional medical questions or the application of General Exclusion 63 with effect from the date of reinstatement. No **insured person** shall have automatic right to continue the cover with **us**. Please refer to the Payment Terms & Conditions. Failure to maintain instalment payments on or before the due date may result in the instalment facility being withdrawn at **your** next renewal.
 - 3 **Taxes**
We reserve the right to reflect any changes in insurance **premium** tax or other government levies as may be imposed upon **us**.
 - 4 **Intermediary**
We may deal with the **policyholder's** brokers or intermediaries directly in negotiating, advising and assisting with the insured benefits under this **policy**.
 - 5 **Alterations**
At each **renewal date**, **we** reserve the right to:
 - (i) alter or discontinue the **policy** in its entirety;
 - (ii) withdraw the **policy** from any market or territory in which it is currently available; and/or
 - (iii) amend the benefits, terms, conditions and **premiums** of this **policy**.

We shall notify **you** of such changes at least twenty-one (21) days prior to the **renewal date** to **your** last known address. If **you** fail to receive such notice for whatever reason this shall not invalidate the change.
 - 6 **Change of Risk**
The **policyholder** must inform **us** as soon as practically possible of any change relating to any **insured person** covered under this **policy**. Such change may affect information given in connection with the original **application**. This may include any information as documented on the **Application Form** which may have altered prior to the **commencement date** of the **policy**.
- All **dependants** are required to be added at the same time as the **policyholder** or at renewal. A **dependant** can subsequently join with a different start date to the **policyholder** if one (1) of the **Life Events** has occurred.
- All amendments to the **policy** are at the discretion of **us** and **we** can decline the request without reason.

- 7 **Cancellation and Cooling-Off Period**
Cancellation by **you** - This is an annual **policy**. Whatever payment terms are selected by the **policyholder** and accepted by **us**, the agreed annual **premium** is due and the **policyholder** agrees to pay.

Cancellation by the **policyholder** is only available during a fourteen (14) day cooling off period which commences on the day that the contract is concluded or the day that the full **policy** terms and conditions are received, whichever is the latter. The fourteen (14) day cooling off period also applies from each **renewal date**. If the **policy** is cancelled during the fourteen (14) day cooling off period **we** will return any **premium** paid for the **policy**, less any bank charges, foreign exchange costs incurred in the transactions and providing no claims have been paid in relation to the **period of cover** before cancellation (being no more than fourteen (14) days cover).

If the **policyholder** does not cancel the **policy** during the fourteen (14) day cooling off period the **policy** will continue for the full annual term, unless **we** exercise our right to cancel the **policy** under the below clause.

Cancellation by **us** – **We** will not cancel this **policy** because of eligible claims made by any **insured person**.

We may at any time cancel this **policy** if any **insured person** has:
 - a. Relocated to a territory where **we** are unable to provide cover under this **policy**. In these circumstances a pro-rata refund of **premium** will be allowed, less any foreign exchange charges.
 - b. Been accepted into a recognised state or public insurance scheme in **your country of residence** which means this **policy** is no longer needed. In these circumstances a pro-rata refund of **premium** will be allowed. The refund will be made after deduction of applicable foreign exchange charges.
 - c. Failed to pay any **premium** on the due date. In these circumstances **we** reserve the right to pursue the **policyholder** for recovery of any outstanding **premium** and costs **we** incur.

If **your** circumstances have changed and **your policy** is no longer required **we** may consider a refund, the amount refundable depends on **your** circumstances.

No **premium** will be refunded under any circumstances where claims have been made under the **policy** in the current **period of cover**.
- 8 **Governing Law**
The contract of insurance between the **policyholder** and **us**, as evidenced by the **Master Policy** and this **Certificate of Insurance**, shall be deemed issued, finalised and made in Bermuda. Sole and exclusive jurisdiction and venue for any court action or administrative proceeding relating to this insurance shall be in Hamilton, Bermuda, for which the **policyholder** expressly consents. The subjects, risks and benefits of insurance covered by the **Master Policy** and evidenced by this **Certificate of Insurance** are not intended or considered by **us** to be resident, located, or performed in any particular country, jurisdiction, state or political subdivision. Bermuda law shall govern all rights and claims raised under the **Master Policy**, as evidenced by this **Certificate of Insurance**.

- 9 **Policy Language**
This **policy** is written in English and all other information and communications to **you** relating to this **policy** will also be in English unless **we** have agreed otherwise in writing. Where **policy** documents or other documents are provided in a language other than English for convenience, the English language version will take precedence in the event of any dispute.
- 10 **Other Insurance**
If there is any other insurance policy, a national health fund, or a body or institution covering any of the same benefits as provided by this **policy**, **you** must disclose or ensure that the relevant **insured person** discloses the same to **us**. **You** must provide **us** with full details of the other coverage, including the name and address of the coverage provider, ID reference or policy number, and claim number and any other relevant information, when **you** first submit **your** claim. **We** will then contact the other coverage provider which may involve **us** sending them **your** personal information regarding **your** claim, in accordance with **our** Privacy Policy. **We** shall not be liable to pay or contribute more than **our** proportionate share.
- 11 **Third Party Rights**
The only parties to the **policy** are **you** and **us**. No other person is a third party beneficiary or has any right to enforce the **policy** wording or any part of it. Any person or company who was not a party to this **policy** has no rights under the Contracts (Rights of Third Parties) Act 1999 or any subsequent legislation.

Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare or medical service provider, no transfer or assignment of any of the **insured person's** rights, benefits or interests under this **policy** shall be valid, binding on, or enforceable against **us** unless first expressly agreed and consented to in writing by **us**. Any such purported transfer or assignment not in compliance with the foregoing terms and conditions shall be without effect as against **us**, and **we** shall have no liability of any kind under this **policy** to any such purported transferee or assignee with respect thereto. The terms of the **policy** shall not be waived, modified or changed except by **our** express written agreement.
- 12 **Economic Sanctions**
We will not cover any person as an **insured person** if such cover would result in **us** being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom or United States of America.
- 13 **Adding a Newborn Child**
Children will be accepted from birth without the need for medical underwriting, provided that **we** receive notification of their arrival within thirty (30) days from birth. Please ensure **you** submit **your** request in writing by email to **us** at: privateclient@alchealth.com. Notification received after this period will result in children being accepted for cover from the date of such notification.
- 14 **Contacting Dependants**
All communication in respect of claims made under this **policy** will be with the **policyholder** and/or the **dependant**. For claims relating to **dependants**, all communication will be with the **dependant** if they are aged over sixteen (16) years of age at the time of the communication, unless permission has been given to the **policyholder** by the **dependant** that claims communication can be with the **policyholder**.
- 15 **Foreign Exchange Adjustments**
Foreign Exchange Adjustments on claim payments – **we** will pay the cost of **treatment** in the currency incurred. **We** will use the foreign exchange rates available to **us** on the date of **treatment** to determine the benefit level available. **We** will calculate the cost of the **treatment**, incurred in the **policy** currency, including any foreign exchange charges and will deduct the total sum from the amount of benefit available and will notify **you** of the amount of benefit remaining (if any) in the **policy** currency. Note that in some circumstances, depending on currency movements over which **we** have no control, this may result in there being insufficient benefit available to fully pay for the **treatment** received.
- 16 **Policy Suitable for Use**
You should ensure that this **policy** will cover **you** in **your country of residence**, as some countries require residents to take out health cover through a local provider or to hold cover which meets certain compulsory requirements. Similar requirements may apply to certain industries. The cover offered by **us** may not meet these country or industry specific requirements and therefore additional cover may be necessary.
- 17 **Evidence Required**
You must provide any relevant information **we** ask for to support **your** claim and in the event that **we** do not receive this information **we** may reject or withhold payment until the information **we** require has been received.
- 18 **Fraud**
If **you**, or anyone acting for **you**, makes a fraudulent claim, for example a loss which is fraudulently caused and/or exaggerated and/or supported by a fraudulent statement or other device, **we**:
 - a. will not be liable to pay the claim; and
 - b. may recover from **you** any sums paid by **us** to **you** in respect of the claim; and
 - c. may by notice to **you** treat this **policy** as having been terminated with effect from the time of the fraudulent act.

If **we** exercise **our** right under c. above:

 - (i) **We** shall not be liable to **you** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to **our** liability under this **policy** (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim); and
 - (ii) **We** need not return any of the **premium** paid.

19 **Information You Have Given Us**

In deciding to accept this **policy** and in setting the terms including **premium** we have relied on the information which **you** have provided to **us** in **your application form** or at **your renewal date**. **You** must take care when answering any questions **we** ask by ensuring that any information provided is accurate and complete.

If **we** establish that **you** deliberately or recklessly provided **us** with untrue or misleading information **we** will have the right to:

- treat this **policy** as if it never existed;
- decline all claims; and
- retain the **premium**.

If **we** establish that **you** carelessly provided **us** with untrue, misleading information or a **non-disclosure** **we** will have the right to:

- treat this **policy** as if it never existed, refuse to pay any claim and return the **premium** **you** have paid, if **we** would not have provided **you** with cover;
- treat this **policy** as if it had been entered into on different terms from those agreed, if **we** would have provided **you** with cover on different terms;
- reduce the amount **we** pay on any claim in the proportion that the **premium** **you** have paid bears to the **premium** **we** would have charged **you**, if **we** would have charged **you** more.

We will notify **you** in writing if (i), (ii) and/or (iii) apply. If there is no outstanding claim and (ii) and/or (iii) apply, **we** will have the right to:

- give **you** thirty (30) days' notice that **we** are terminating this policy; or
- give **you** notice that **we** will treat this **policy** and any future claim in accordance with (ii) and/or (iii), in which case **you** may then give **us** thirty (30) days' notice that **you** are terminating this **policy**.

If this **policy** is terminated in accordance with (1) or (2), **we** will refund any **premium** due to **you** in respect of the balance of the **Period of Cover**.

20 **Right to Recovery**

- If **we** over-pay any claim for benefits under this **policy** for any reason, **we** shall have the right to a prompt refund and to recover the amount of over-payment from **you**, or the third party to whom the over-payment was made, as the case may be.
- If **you**, or the relevant third party, do/does not promptly make any such refund to **us**:
 - We** may reduce or deduct the amount due from any future claim under this **policy**;
 - We** may cancel this **policy** by giving thirty (30) days' notice in writing to **your** last known mailing address or **your** email address.

21 **Claims Liability**

Payment of a claim is not necessarily an indication of **our** acceptance of liability for the claim or confirmation that further costs for the same **medical condition**, or any related **medical condition** will be met.

22 **Subrogation**

We retain all rights of subrogation. Other than with **our** written consent **you** have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon **you** or **us**. Any amount recovered by **us** shall first be used to pay the costs and expenses of collection incurred by **us**, including reasonable lawyer's fees, and for **reimbursement** to **us** for any amount that **we** may have paid or become liable to pay under **your policy**. Any remaining amounts recovered shall be paid to **you** or other persons lawfully entitled thereto, as applicable. **We** shall be entitled to conduct all proceedings arising out of, or in connection with, claims in **your** name and to have full discretion in the conduct of such proceedings, including (but not limited to) instructing lawyers of **our** own choice for any such purpose.

23 **Acceptance Clause**

We are entitled to refuse to accept an **application** from any person without giving a reason. **We** reserve the right to apply additional **endorsements** or **premium** increases or to change any existing **policy** terms to take into account any information **you** provide to **us** in **your application** or at renewal of **your policy**.

24 **Compliance with Policy Terms and Conditions / Compliance with Your Policy**

We shall not be liable under **your policy** in the event of any failure by **you** to comply with the terms and conditions of this **policy**.

25 **USA Coverage**

If **you** have selected area 3 (worldwide) as **your area of cover**, cover in the USA will be restricted to the first one hundred and eighty (180) days in aggregate spent there during any **period of cover**. In addition, if **you** are a US passport holder or have a US residency/visa and **you** become eligible for any US domestic cover **you** are no longer eligible for this **policy** and **your** cover will cease immediately.

When **you** complete **your application form**, any medical information **you** have provided is assessed by **us**. In addition, **we** may review and consider any other relevant information **we** have such as previous declarations or claims submitted to **us**. This process is known as medical underwriting. Based on the information **you** give **us**, **we** may decide to:

- offer **you** cover on standard terms
- apply special terms to **your** cover, such as personal medical exclusions
- decline to offer **you** cover

If **we** are unable to offer **you** the underwriting type **you** have applied for, **we** may consider offering an alternative underwriting option. Please note, **we** may refuse to accept an **application** without giving a reason.

There are various types of medical underwriting that may apply to **your policy**. These are listed below and the underwriting type that is applicable to **your policy** will be detailed on **your Declaration of Insurance**:

- Full Medical Underwriting (FMU)
- Continuing Personal Medical Exclusions (CPME)
- Moratorium (Mori)
- Medical History Disregarded (MHD)
- Bronze Underwriting (Bronze plan only)

Full Medical Underwriting (FMU)

This is where **we** ask for details of **your** full medical history. Based on the information received **we** will confirm what terms **we** are able to offer **you** and any exclusions that may apply. Where standard terms have been offered **your policy** will be subject to the terms and conditions as detailed in **your policy**. Where special terms have been offered these will be detailed on **your Declaration of Insurance**. For example, if **we** have excluded a declared **medical condition**, this condition will never be covered.

Continuing Personal Medical Exclusions (CPME)

This is where **you** are moving from **your** previous insurer to **us**. If **you** were previously insured on an FMU basis **we** agree to continue any personal medical exclusions applied by **your** previous insurer. If **you** were previously insured on a moratorium basis **we** agree to maintain the original moratorium start date **you** had with **your** previous insurer.

When accepting **you** on a CPME basis waiting periods may be waived if **you** had comparable benefits with **your** previous insurer.

There must be no break in cover and **your** existing level of cover must, in **our** opinion, be comparable for **us** to consider this option. Please note, **our policy** terms and conditions will apply and not those of **your** previous insurer.

Moratorium (Mori)

This is where any **medical condition** **you** had within the five (5) years prior to **your date of entry** is not covered. These are known as **pre-existing medical conditions**.

Once **you** have been on cover under the **policy** for two (2) continuous years **your pre-existing medical condition** may become eligible for cover provided, in that two (2) year period, **you** have not:

- experienced and or suffered from any signs or symptoms, whether investigated or not;
- sought or received **advice**; or
- been recommended to have or had received medical treatment, including lifestyle changes and special diets, drugs, **medication** and injections;

If any of the above apply in the first two (2) year period, **you** will have to wait until **you** have completed a continuous period of two (2) years

when none of these apply before **we** consider covering **your pre-existing medical condition**. **You** must ensure **you** follow medical **advice** provided to **you** in relation to **your** condition, even if this means **you** will be unable to obtain cover.

If one of **your pre-existing medical conditions** is one of those shown below, **we** will also exclude **treatment** for the specified conditions as detailed in the table below:

For your pre-existing conditions, if you :	We will not pay for treatment of the following specified conditions:
have been diagnosed with diabetes	• Diabetes • Ischaemic heart disease • Cataract • Diabetic retinopathy • Diabetic renal disease • Arterial disease • Stroke
are currently undergoing treatment for raised blood pressure (hypertension)	• Raised blood pressure (hypertension) • Ischaemic heart disease • Stroke • Hypertensive renal failure
are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test	• Any disorder of the prostate

Please note, with moratorium underwriting some **pre-existing medical conditions** may never be covered.

Please see general exclusion 63.

Medical History Disregarded (MHD)

This is where **we** will cover **your pre-existing medical conditions**, subject to the benefits, terms and conditions of this **policy**. Please note, **we** will only consider offering this type of underwriting under certain circumstances.

Bronze Underwriting

This is where any **medical condition** which existed prior to **your date of entry** is not covered and never will be covered. This is only available under the Bronze plan, and is the only available underwriting option, for this plan.

If one of **your medical conditions** that existed prior to **your date of entry** is one of those shown below, **we** will also exclude **treatment** for the specified conditions as detailed in the table below:

For medical conditions existing prior to your date of entry , if you :	We will not pay for treatment of the following specified conditions:
have been diagnosed with diabetes	• Diabetes • Ischaemic heart disease • Cataract • Diabetic retinopathy • Diabetic renal disease • Arterial disease • Stroke
are currently undergoing treatment for raised blood pressure (hypertension)	• Raised blood pressure (hypertension) • Ischaemic heart disease • Stroke • Hypertensive renal failure
are under investigation, having treatment or undergoing monitoring as a result of a Prostate Specific Antigen (PSA) test	• Any disorder of the prostate

Please see general exclusion 62.

Please follow the guidelines below to help **us** process **your** claims properly and efficiently.

POLICY DOCUMENTS

Within **your policy** pack **you** will have **your Declaration of Insurance** which tells **you** the plan **you** have selected, who is insured under **your policy**, which benefits **you** have chosen, and **your policy excess**. Also any **Endorsements** applicable to **your** cover will be noted on **your Declaration of Insurance**. **You** can also obtain a copy of **your Declaration of Insurance** through 'MyALC' **our** online member area.

MEMBERSHIP CARDS

We also supply personalised membership cards to every **insured person**, which includes **our** essential contact numbers and addresses. This means that **you** and **your** family are only a phone call away from help. **We** suggest **you** keep **your** card with **you** at all times.

Please note **you** will find **your policy** and customer numbers on **your** membership card. These should be used to register on **our** online member area at: www.alhealth.com/claims.htm on 'MyALC'.

MyALC

Within 'MyALC', **our** online member area, **you** will be able to:

- **Pre-authorise your treatment**
- Easily submit **your** claims
- Download a copy of **your Declaration of Insurance**
- Read secure messages from **our** claims team
- Search for a medical facility
- Obtain useful travel and security information
- Start a web chat
- Access the secure **premium** payment area

HOW TO MAKE A CLAIM

Full details of how to make a claim can be found online at 'MyALC' www.alhealth.com/claims.htm

OUT-PATIENT TREATMENT - Reimbursement

Please note that all **out-patient treatment** relating to **psychiatric illness** requires **pre-authorisation** (see below) and **we** reserve the right to decline the claim in full if **treatment** is not **pre-authorised**.

For all other **out-patient treatment**, there is no obligation for **you** to seek **pre-authorisation** and, where the **policy** does not stipulate that **pre-authorisation** is required, **you** may be asked to pay and claim. **You** may go to **your medical practitioner** or **specialist** for consultations or **treatment** and submit **your** claim for **reimbursement**. **You** will need to complete a claim form which **you** can submit online together with **your** invoices and receipts and any additional medical information that has been provided to **you**.

Please note that there may be times when **we** need more detailed medical information to establish that **your** claim is eligible for cover.

On these occasions **we** will send **you** a Medical Certificate for completion by **your** treating **medical practitioner** or **we** may, with **your** written permission, contact **your** usual family **medical practitioner**, treating **medical practitioner** or **specialist** directly. **You** can also download a Medical Certificate from **our** website at www.alhealth.com/claims.htm to take with **you** to **your** appointment to avoid delays later.

You will need to complete the first part of the form and then pass it to **your medical practitioner** or **specialist** to complete their section before submitting to **us** by fax, post, email or online.

OUT-PATIENT TREATMENT – Psychiatric Illness Pre-authorisation

Before **you** proceed with **treatment** of a **psychiatric illness**, **you** must contact **us** to seek **pre-authorisation**. **You** can **pre-authorise your** claim before **you** visit **your medical practitioner** or **specialist** by calling **us** on:

Request online via 'MyALC'

+44 (0) 330 333 6686 or by using the relevant local or free phone numbers detailed on the back of **your** membership card.

Please note that there may be times when **we** need detailed medical information to establish that **your** claim is eligible for cover and **we** may, with **your** written permission, contact **your** usual family **medical practitioner**, treating **medical practitioner** or **specialist** directly. **We** will confirm what benefits **you** are eligible for, how much **you** are able to claim and what **you** should do next. If **your** claim is eligible for cover and **pre-authorised** by **us**, **you** will be given a **pre-authorisation** number. **You** will also receive a copy of the **Guarantee of Payment** **we** may send to the **medical practitioner, specialist** or **hospital**. Where possible, please apply for **pre-authorisation** at the earliest time and no later than FIVE (5) WORKING DAYS prior to **your** appointment. **You** can send any invoices and receipts and any additional medical information that has been provided to **you**, quoting **your pre-authorisation** number online via 'MyALC'.

PLANNED IN-PATIENT & DAY-PATIENT TREATMENT

All **in-patient** and **day-patient treatment** must be **pre-authorised**.

If **treatment** is not **pre-authorised** by **us**, **we** reserve the right to decline **your** claim.

If **your treatment** is not **pre-authorised** and **your treatment** is subsequently proven to be covered under the terms and conditions of **your policy**, **we** will pay only 50% of eligible benefits.

Please ensure that **you** apply for **pre-authorisation** of planned **in-patient & day-patient treatment** at the earliest time and no later than FIVE (5) WORKING DAYS prior to the admission or **treatment** appointment. Please see below in relation to **Emergency** Admissions.

You can **pre-authorise your** claim before **you** visit **your medical practitioner** or **specialist** or **hospital** by calling **us** on:

+44 (0) 330 333 6686

or emailing: preauthorisation@alhealth.com

Alternatively **you** can go to **our** website at www.alhealth.com/claims.htm and request **pre-authorisation** by completing the online submission form.

Once **we** have all the required information and have confirmed that **your** claim is eligible, where possible, **we** will issue a **Guarantee of Payment** to the **medical practitioner, specialist** or **hospital** and **you** will also receive a copy. **Your medical practitioner, specialist** or **hospital** should send their invoices to **us** for payment along with a copy of the **Guarantee of Payment**, **we** can then arrange to make direct payment to them and will send **you** a statement to confirm this has been done. Please ensure **you** allow **us** to settle all agreed **treatment** directly with the **hospital** so **we** can ensure costs are **reasonable and customary**.

In some circumstances, **you** may need to pay the **medical practitioner, specialist** and/or **hospital** upfront for the eligible **treatment** directly. In these cases, once **we** have confirmed that **your** claim is eligible, **you** must forward **your** paid accounts directly to **us** by online submission at 'MyALC' or post, fax, email attachment or online submission and **we** will send the payment (and statement) to **you** instead. Please ensure that **you** include **your pre-authorisation** number on any correspondence and that **your** registered bank account details are up-to-date.

EMERGENCY ADMISSIONS

If **you** have an **emergency** situation and require immediate admission to **hospital**, **our** specialist team are there to support **you**. **You** or the **hospital** can contact them on +44 (0) 330 333 6686 or **you** can ask someone to call them on **your** behalf.

If possible, please make sure that when **you** are admitted to **hospital** **you** give them **your** membership card as this will help **us** to deal with them directly.

We recommend that **you** ensure a relative, close friend or colleague is aware of **your** medical insurance arrangements and that **you** carry **your** membership card at all times. In the event of an **emergency** admission where **you** are not in a position to notify **us**, **hospitals** may need access to this and will, where necessary, check **your** personal belongings to discover it.

TREATMENT WITHIN THE UNITED STATES OF AMERICA – Within Area 3 Cover

You are free to choose the **medical practitioner, specialist** or **hospital** and location for **your treatment** within **your area of cover**. It is not a requirement of **your policy** that **you** seek **treatment** or supplies exclusively from a provider within **our** network of providers (**Preferred Provider Organisations (PPO) Network**).

However, if **you** choose to have **treatment** with a provider that is not within **our PPO Network**, this may affect the scope and extent of benefits available under **your policy**. Any **policy excess** amount due will be deducted in addition to a 50% **co-insurance**, as set forth in 'The Cover'.

A directory of providers within the USA **PPO Network** is available to **you** online at 'MyALC' www.alhealth.com/claims.htm. **You** will need to give the provider **your** Membership Card, which includes **our PPO Network** logo.

For Emergency Treatment and Emergency Treatment Outside of Area of Cover

We understand there may be times when **you** are in an **emergency** situation and unable to determine which **hospital** **you** are admitted

to. On these occasions, **our** specialist team will be there to support **you** and there may be alternative **PPO Networks** who **we** are contracted with separately and may be able to provide repricings, discounts or reduced charges for **treatment** provided to **you**. **We** will need detailed medical information to support the need to receive **treatment** outside of **our** usual **PPO Network** and, once **we** have confirmed **our** cover decision, **we** will be able to confirm any reductions in overall costs and will waive any and all applicable **co-insurance** detailed in 'The Cover'.

CLAIMS DEPARTMENT CONTACT DETAILS

All claims queries, **pre-authorisation** requests and document uploads can be submitted:

Online: www.alhealth.com/claims.htm

Tel: +44 (0) 330 333 6686

Fax: +44 (0) 330 333 6687

Email: claims@alhealth.com

Post: ALC Health Claims Team

PO Box 1114

Cardiff CF11 1UL

United Kingdom

COMPLAINTS

International Medical Group Limited trading as ALC Health is the product provider. **SiriusPoint** is the underwriter. Claims are managed by a claims handling company appointed by ALC Health.

We aim to always provide a high standard of service but there may be times when **you** are unhappy with **us**. If **we** are unable to resolve matters to **your** satisfaction and **you** wish to make a complaint please contact **us** using one of the following:

Post: The Quality Assurance Team, ALC Health, PO Box 1114, Cardiff, CF11 1UL, United Kingdom

Phone: +44 (0) 330 333 6686

Email: qualityassurance@alhealth.com

To help **us** resolve **your** complaint, please supply the following information:

- **Your** name and membership details
- A contact telephone number
- A description of **your** complaint
- Any relevant information relating to **your** complaint that **we** may not have already seen.

We want to resolve **your** concerns as quickly as possible and will do all **we** can to resolve your complaint within seventy-two (72) hours. If **we** can't do this, **we** will contact **you** within five (5) working days to acknowledge **your** complaint and explain the next steps.

Should **you** remain dissatisfied following the final written response, **you** may be eligible to refer **your** case to the Department of Consumer Affairs Bermuda using the details given below. **You** have six (6) months from the date of our final response to refer **your** complaint to the Department of Consumer Affairs Bermuda. This does not affect **your** right to take legal action.

Department of Consumer Affairs Bermuda

D. Rego Building, 3rd Floor

75 Reid Street

Hamilton HM 12

<https://www.gov.bm/how-file-complaint-against-business>

SEVERAL LIABILITY NOTICE

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

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

AREA OF COVER

AREA 1 EUROPE

(Europe is defined as: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia & Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia,

Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan).

HOW IS MY PERSONAL DATA PROTECTED?

This is only a summary of ALC's policies regarding **your** personal information. For a complete explanation of how **we** gather, use and protect **your** personal information and **your** corresponding rights, please review **our** complete Privacy Policy, which is available at <https://www.alhealth.com/privacy.htm>

We will deal with all personal information supplied by **you** in the strictest confidence as required by the General Data Protection Regulation.

When **you** provide data processing consent, **we** will process **your** personal information in order to provide the services **you** have purchased, including to administer claims, and to receive member communications, in accordance with **our** Privacy Policy. If **you** provide marketing consent, **we** will send **you** relevant information and future marketing materials regarding products or services in which **you** may have interest, and for all other purposes set forth in **our** Privacy Policy. **You** may withdraw **your** consent at any time.

By providing marketing consent, **we** may gather information about **you** from third parties to help **us** identify insurance products and

services in which **you** may have interest, and share information with third parties, such as web analytics tools, in order to send **you** relevant information and future marketing materials, and for all other purposes set forth in **our** Privacy Policy. **You** may withdraw **your** consent at any time.

We may share **your** information with third parties who provide services on **our** behalf to help with **our** business activities. These companies are authorised to use **your** personal information only as necessary to provide these services to **us**. When **we** share information with these other companies to provide services for **us**, they are not allowed to use it for any other purpose and must keep it confidential. These services may include:

- Adjudicating and managing the claims process
- Payment processing to healthcare providers
- Providing customer service

In certain situations, ALC Health may be required to disclose personal data in response to lawful requests by public authorities, including to meet national security or law enforcement requirements.

FAIR PROCESSING NOTICE

This Privacy Notice describes how **SiriusPoint** (for the purpose of this notice "**we**", "**us**" or the "Insurer") collect and use the personal information of **insureds**, claimants and other parties (for the purpose of this notice "**you**") when **we** are providing **our** insurance and reinsurance services.

The information provided to the Insurer, together with medical and any other information obtained from **you** or from other parties about **you** in connection with this **policy**, will be used by the Insurer for the purposes of determining **your application**, the operation of insurance (which includes the process of underwriting, administration, claims management, analytics relevant to insurance, rehabilitation and customer concerns handling) and fraud prevention and detection. **We** may be required by law to collect certain personal information about **you**, or as a consequence of any contractual relationship **we** have with **you**. Failure to provide this information may prevent or delay the fulfilment of these obligations.

Information will be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of **your** personal information. Because **we** operate as part of

a global business, **we** may transfer **your** personal information outside the European Economic Area for these purposes.

You have certain rights regarding **your** personal information, subject to local law. These include the rights to request access, rectification, erasure, restriction, objection and receipt of **your** personal information in a usable electronic format and to transmit it to a third party (right to portability).

If **you** have questions or concerns regarding the way in which **your** personal information has been used, please contact: DPOLondon@siriuspt.com.

We are committed to working with **you** to obtain a fair resolution of any complaint or concern about privacy. If, however, **you** believe that **we** have not been able to assist with **your** complaint or concern, **you** have the right to make a complaint to the relevant Information Commissioner's Office.

For more information about how **we** process **your** personal information, please see **our** full Privacy Notice at: <https://www.siriuspt.com/legal/website-privacy-policy-final.pdf>



www.alchealth.com/flyingcolours

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