



Long-Term

International Health Plan

**POLICY GUIDE
2024 – 2025**

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1. INTRODUCTION

Welcome to April International Care France. The Long-Term International Health **Plan** is provided by **us** acting on behalf of the **Insurer**. The contract between **you** and **us** includes **your Application Form**, this Policy Guide and **your Certificate** of Insurance. **You** must read this Policy Guide in conjunction with **your Certificate** to ensure that **you** understand the cover **we** are providing and that it meets **your** requirements.

The **Plan** will only pay for eligible **treatment** for the **benefits** shown on **your Certificate** received within the period of cover shown on **your Certificate**. **Benefits** are limited to **reasonable** and customary charges (as determined by **us**) in the area where **treatment** is provided. **Your Plan** provides cover for the **benefits** shown on **your Certificate**, and not necessarily for all the **benefits** defined in this Guide. The **benefits** are fully explained in the **Benefits** Definitions section of this guide. We cannot pay any **benefit** if **your Plan** is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.

Your Plan is not intended to provide cover to the **treatment** of medical conditions that are in existence before **your Plan start date**, unless accepted by **us** under a **Continued Personal Medical Exclusions Application Form**.

Words written in **bold** are important and have a specific meaning relevant to this Policy Guide. These words are clearly explained in the **Plan** and **Benefit** Definitions.

We are committed to providing the highest level of customer service and **we** aim to be clear, fair and accurate in **our** communications with **you**. **You** can contact **us** if **you** need further clarification about **your Plan**, or if **you** would like to inform **us** of any changes in **your** personal circumstances. Please inform **us** if **you** change **your country of residence**, correspondence address or any other important personal information. **We** will do all **we** can to help **you** and **your dependants** when **you** need to use **your Plan**. Please keep this **plan** and **your certificate** in a safe place – **You** may need to refer to it if **you** have to make a **claim**.

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2. ADMINISTRATION OF YOUR PLAN

2.1 ACCESSIBILITY

Upon request **we** can provide Braille, audio or large print versions of the **Plan** and associated documentation. If **you** require an alternative format **you** should contact **us**.

2.2 ELIGIBILITY

The Long-Term International Health Plan (the **Plan**) is designed for **expatriates** of any nationality living or working outside of their **Home Country**. The **Plans** are also available to some **local nationals** who require international health insurance where this is agreed in writing by **us**.

The **Plans** are not available to USA or Caribbean nationals who are resident in their **Home Country**.

The maximum age **you** can apply for a **Plan** is seventy (70).

If the main applicant is a child under the age of 18, **we** will charge the young adult premium rate (age eighteen (18) to twenty-five (25)).

You may apply for cover on behalf of **your** spouse/partner and/or on behalf of **your** (un) married children (including step-children, foster children and legally adopted children) providing that they are aged less than eighteen (18) years old (or twenty-four (24) years old if in full-time education). **We** will require proof of education for **dependent** children aged between eighteen (18) and twenty-four (24) years old.

Newborn children are eligible for cover from birth. Please refer to the **How to Make Changes to Your Plan** section of this Guide.

You must complete and sign a **Moratorium** or **Full Medical Underwriting Application Form** providing details for all persons to be covered by the **Plan**. If **you** are aged over sixty-five (65) years at the time of applying for a **Plan**, **you** must complete the **Full Medical Underwriting Application Form**.

Your Certificate will show any **specific exclusions** that are specific to **you** or **your dependants** and are in addition to the standard **Plan** exclusions shown in this Policy Guide.

2.3 UNDERWRITING

If **you** and/or **your dependants** are aged less than sixty-five (65) years on the **start date** of **your Plan** **you** are eligible for cover on a **Moratorium Underwriting, Full Medical Underwriting (FMU) or Continued Personal Medical Exclusions Underwriting (CPME)** basis.

If **you** and/or **your dependants** are aged sixty-five (65) or over on the **start date** of **your Plan** **you** will only be eligible for a **Plan** on a **Full Medical Underwriting** basis.

The **Full Medical Underwriting and Continued Personal Medical Exclusions underwriting** options are not available if **you** purchase a **Plan** online through **our** website.

If **you** select **Moratorium Underwriting** **you** must complete the **Moratorium Application Form**. **Moratorium Underwriting** means that **you** will not be covered for any **pre-existing medical conditions**. After two (2) years of continuous cover, **pre-existing medical conditions** may become eligible for cover (unless the condition or **benefit** is specifically excluded under the **Plan**) if, at the first time of receiving **treatment, you/ your dependant** has not

- > suffered any symptoms
- > consulted any medical practitioner for check-ups/monitoring of a condition, follow up examinations, medical treatment or advice
- > been prescribed or taken medicine, including over the counter drugs, special diets, injections or physiotherapy

for the **pre-existing medical condition**, or any related condition for a continuous period of two (2) years.

If **you** select **Full Medical Underwriting** **you** must complete the **Full Medical Underwriting Application Form**. **We** will review the information provided on the **Full Medical Underwriting Application Form** to ascertain whether your **Full Medical Underwriting Application** will be accepted with or without **specific exclusions**. **You** must therefore ensure that your **Full Medical Underwriting Application Form** is fully and accurately completed. If **specific exclusions** will apply to **your Plan**, **we** will advise **you** in writing or by email and **you** will need to let **us** have written confirmation that **you** accept these **specific exclusions** before the **Plan** can start. **We** may refuse to accept **your** application at **our** sole discretion. Any **Pre-existing medical conditions** not declared on **your Full Medical Underwriting Application Form** will not be covered by the **Plan**.

If **you** select **Continued Personal Medical Exclusions Underwriting** **you** must complete the **Continued Personal Medical Exclusions Underwriting Application Form**. **CPME underwriting** allows **you** and any **dependants** to carry forward any existing **specific exclusions** or **Moratorium** from **your** previous international private medical insurance policy that was in place immediately prior to the **start date** of **your Plan**. It is essential that **you** understand that this relates to **specific exclusions** only. The conditions, exclusions and benefit limitations that are detailed in this policy guide and **your Certificate** of insurance will apply from **your** new **start date** under this **Plan**.

We will review the information provided on the **Continued Personal Medical Exclusions Underwriting Application Form** to ascertain whether **your Continued Personal Medical Exclusions Underwriting Application Form** will be accepted. **You** must therefore ensure that **your Continued Personal Medical Exclusions Underwriting Application Form** is fully and accurately completed and submitted together with a copy of **your** previous **Certificate** of Insurance. An additional **premium** may be charged for this type of underwriting upon acceptance.

The **start date** and **cover level** as detailed on your previous **Certificate** of insurance will determine whether **waiting periods** will be applied under your new **Plan**. The **start date** must follow on from the expiry of your previous international private medical insurance and there should be no break in cover from your previous insurer.

2.4 THE INSURER

The **Insurer of your Plan** is Hamilton Insurance DAC, as displayed on your **Certificate**.

Hamilton Insurance DAC is a designated activity company and is regulated by the Central Bank of Ireland. Registered Office: 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland. Registered in Ireland Number 484148.

You can check this information on the Central Bank of Ireland's website at www.centralbank.ie, which includes a register of all the firms they regulate.

2.5 YOUR PLAN

You will be covered for the **Plan** that **you** have selected on your **Application Form**. **Your dependants** must be covered under the same **Plan** as **you**. Only **benefits** outlined under the **Plan** **you** have selected will be available to **you** and/or **your dependants** and will be shown on your **Certificate**.

You will be covered for the **Area of Cover** that **you** have selected on your **Application Form** which will be shown on your **Certificate**. **Dependants** can select a different **Area of Cover**.

If **you** have selected a **Voluntary Excess** on your **Application Form**, this will also apply to **your dependants**.

You can select the currency of your **Plan**. The **Plan** is available in Pounds Sterling, US Dollars and Euros. The currency selected by **you** will apply to the premium due and **benefit** limits displayed on your **Certificate**.

2.6 EXCESSES

An **excess** applies to some **Plan benefits** and these are shown on your **Certificate**.

An **excess** is the portion of costs which will be paid by **you**. The **excess** will be applied as stated on your **Certificate** and will apply for each **Certificate period**.

An **excess** will be the fixed amount of costs to be paid by **you**. An **excess** may be applied per **claim** or per **benefit** and will be stated on your **Certificate**. Where an **excess** is applied per **claim**, if the **claim** continues into a new **Certificate period**, then an **excess** will also apply for the new **Certificate period**. The **excess** is individually applied to each person named on a **Certificate**. **You** will be reimbursed for eligible **treatment** costs that exceed the **excess** shown on your **Certificate**.

If **you** have selected a **Voluntary Excess**, this is applied once per **Certificate period**. The **Voluntary Excess** is individually applied to each person who is named on a **Certificate**, and across all **benefits** shown on your **Certificate**, except for **Emergency Medical Evacuation**. Once the aggregate amount of eligible **treatment** costs exceeds the **Voluntary Excess** shown on your **Certificate** you will be reimbursed for subsequent eligible **treatment** costs. Any other **excess** shown on your **Certificate** will be applied after the **Voluntary Excess** has been deducted.

2.7 COMMENCEMENT OF COVER

You and/or **your dependants'** cover can start once **we** have accepted your **Application Form** and your first premium payment has been received by **us**.

Your Start Date will be shown on your **Certificate(s)**. Your **Start Date** must be within thirty (30) days from the date that **you** signed your **Application Form**.

You will receive a **Certificate** for each person named on the **Application Form**, together with an **Insurance Identification Card** which includes contact details for the **Assistance Company**.

2.8 PREMIUM PAYMENT

The base currency of the **Plan** is Pounds Sterling. Premiums can be paid in Pounds Sterling, US Dollars or Euros. Premiums must be paid in the currency selected on your **Application Form**.

Premiums can be paid annually, quarterly or monthly. If **you** have selected to pay your premiums on a quarterly or monthly basis, **you** must provide **us** with valid credit/debit card details on your **Application Form**.

Annual premiums can be paid by bank transfer, or by credit/debit card (Visa/MasterCard/American Express). If **you** pay your premium by bank transfer, the premium must be submitted to the currency bank account detailed on the **Application Form** that matches the selected currency of your **Plan**. All charges for making a bank transfer must be paid by **you**. **We** will only pay for any charges that occur for receiving the funds into our bank account.

Quarterly or monthly premiums can be paid by credit/debit card only (Visa/Mastercard/American Express). If **you** apply for the **Plan** through our website, the full annual, first quarterly or monthly premium payment must be paid by credit/debit card when **you** submit your **Application Form**. All future instalment premiums will automatically be debited, on the **instalment date**, from the credit/debit card details provided until such time as the annual premium has been paid. If the card details that **you** have provided are due to expire before the remaining quarterly or monthly premiums have been collected, **you** must provide **us** with updated or alternative card details.

Your Plan will start from the day **we** receive the full annual, first quarterly or monthly premium payment, including any taxes applicable, or the date specified on your **Application Form**, provided that the premium is received by **us** before the specified date. If **you** apply for the **Plan** through our website, the **Plan** will start on the date the premium transaction is successful or on a future date specified by **you**.

If your **Country of Residence** falls within an area where **we** are required to collect Insurance Premium Tax (IPT) or local government tax, this will be charged in addition to the premium due under your **Plan**.

We will inform **you** prior to the payment due date of your **Plan** if **you** are required to pay Insurance Premium Tax.

If a premium payment transaction is declined by your card provider, **we** will advise **you** in writing, by email or by telephone. **You** must promptly contact your card provider to resolve the issue or provide another method of payment.

2.9 HOW TO MAKE CHANGES TO YOUR PLAN

	WHAT ACTION YOU WILL NEED TO TAKE	WHAT ACTION WE WILL TAKE
Change to Contact Details	If any of your contact details change, you must provide us with your new contact details as soon as practicably possible.	We will confirm receipt of the changes and update our records
Change of Cover Level <i>Only allowed at an Anniversary Date</i>	At the Anniversary Date we will provide you with a renewal offer based on your existing cover level. If you wish to make a change to your cover level/ voluntary excess/currency of your Plan, you must notify us in writing or by email prior to the Anniversary Date.	We will provide you with a revised renewal offer reflecting the change in cover level/voluntary excess/currency. You and your dependants must have the same cover level/voluntary excess/currency. If you change your cover level to one that includes more comprehensive benefits, any waiting periods will start from the date of the change in cover level. The benefits on your Certificate will be displayed in the currency in which you pay your premium
Change to Voluntary Excess <i>Only allowed at an Anniversary Date</i>		
Change to Currency of Plan <i>Only allowed at an Anniversary Date</i>		

2.9 HOW TO MAKE CHANGES TO YOUR PLAN (CONTINUED)

	WHAT ACTION YOU WILL NEED TO TAKE	WHAT ACTION WE WILL TAKE
<p>Change to Area of Cover</p> <p><i>Only allowed once per Certificate Period</i></p>	<p>You must advise us in writing or by email if you would like to change your Area of Cover and from which date this should be effective. Only one (1) change to your Area of Cover can be made in any one (1) Certificate period. You can also make a change on your Anniversary Date. We cannot change your Area of Cover if you intend to reside in the USA for a period of more than three (3) consecutive months or if you intend to travel to the USA for the purpose of receiving medical treatment.</p>	<p>We will confirm our acceptance of the change and advise if there is any additional premium to be paid or refunded if a change in Area of Cover is required. We will send you an invoice and payment must be made within fourteen (14) days. If premium is to be refunded, this will be done using your original payment method. In all cases, we will issue you with a new Certificate, and a new Insurance Identification Card if your Area of Cover has changed. If the change is made from your Anniversary Date, we will provide you with a revised renewal offer.</p>
<p>Change in Country of Residence</p>	<p>You must advise us in writing or by email if you will be changing your main Country of Residence and provide us with your new contact details. There are some countries where the Insurer may not be able to provide cover for regulatory or insurance licensing regulations. If the Insurer is unable to continue the contract, they will provide protection for ninety (90) days from the date of change of residence after which the policy will automatically lapse.</p>	
<p>Return to Home Country</p>	<p>You must advise us in writing or by email if you will be returning to your Home Country and provide us with your new contact details. Cover will automatically be cancelled for USA and Caribbean nationals if they reside in their Home Country for more than three (3) consecutive months.</p>	
<p>Adding a Dependant</p>	<p>If you wish to include your spouse or any dependant children to your Plan, you must complete and return an Addition of Dependant Form or Full Medical Underwriting Application Form. All children must be aged seventeen (17) years or under, or between eighteen (18) and twenty-four (24) years if they are still in full-time education. Proof must be provided of full-time education. Once you are in receipt of the invoice, this must be paid within fourteen (14) days.</p>	<p>We will calculate the additional premium due to add the dependant from the date we receive the Addition of Dependant Form/Full Medical Underwriting Application Form until the Anniversary Date or the end of the quarterly or monthly period, if you pay your premium by quarterly or monthly instalments. Your dependant(s) must have the same cover level and voluntary excess (if applicable) as you. We will send you an invoice for the additional premium which must be paid within fourteen (14) days. We will issue each new dependant with a Certificate and an Insurance Identification Card when we receive the premium due. If premium is not paid within fourteen (14) days, cover will not be in place for the dependant(s).</p>
<p>Adding a Newborn</p>	<p>If you wish to include your newborn baby to your Plan, this should be arranged within one (1) month of the date of delivery, by completing and returning an Addition of Dependant Form. Once you are in receipt of the invoice, this must be paid within fourteen (14) days.</p>	<p>We will calculate the additional premium to add the newborn from their date of birth until the Anniversary Date/end of the quarterly or monthly period, if you pay your premium by quarterly or monthly instalments. The newborn must have the same cover level and voluntary excess (if applicable) as you. We will send you an invoice for the additional premium. Once the premium has been paid we will issue the newborn with a Certificate and Insurance Identification Card. If the premium is not paid within fourteen (14) days, cover will not be in place for the Newborn.</p>

2.9 HOW TO MAKE CHANGES TO YOUR PLAN (CONTINUED)

	WHAT ACTION YOU WILL NEED TO TAKE	WHAT ACTION WE WILL TAKE
Removing a Dependant	If you would like to cancel cover for a dependant during the Certificate Period you must send your request to us in writing or by email.	If you have paid the annual premium for your plan , we will cancel cover for your dependant on the date that we receive your notification. If no claims have been made by you/your dependants during the current Certificate period , we will calculate a proportionate refund of the premium paid from the date we cancel cover for your dependant until the anniversary date . An cancellation fee of £50/\$75/€65 will be deducted from any refund due to you . If the proportionate refund calculation is less than the cancellation fee then no refund will be provided. The premium will be refunded using the original method of payment. If you have paid for your premium in instalments (monthly or quarterly), we will cancel your dependant from the next instalment due date. No proportionate refund will be provided if you pay your premium in instalments.
Death of a Dependant	Please notify us as soon as practicably possible if a dependant on your Plan dies. You may need to provide us with details related to their death and a copy of the death certificate. If your dependant died outside their Home Country and Repatriation or Local Burial is required, please contact the Assistance Company as soon as practicably possible.	If Repatriation or Local Burial benefit is shown on the Certificate , the Assistance Company will help with making these arrangements. If you have paid the annual premium for your plan and no claims have been made by you/your dependants during the current Certificate period and the Repatriation or Local Burial benefit has not been used, we will calculate a proportionate refund of the premium paid from the date of death until the anniversary date . The premium will be refunded using the original method of payment. If you have paid for your premium in instalments (monthly or quarterly), we will cancel your dependant from the next instalment due date. No proportionate refund will be provided if you pay your premium in instalments. If the main applicant dies and dependants are included in the Plan , the Plan will continue until the next Anniversary Date . We will issue a renewal offer showing the dependant as the main applicant and a new Certificate number will be given.
Death of the Main Applicant	In the event of your death, we will need to be notified as soon as practicably possible by your next of kin or legal representative. Information regarding the circumstances surrounding your death should also be provided and a copy of the death certificate may be required. If you died outside your Home Country and Repatriation or Local Burial is required, the Assistance Company should be contacted as soon as practicably possible.	

2.10 RENEWING YOUR PLAN

The **Plan** can be renewed on each **Anniversary Date** of the **Start Date**, subject to the terms and conditions of the **Plan** and the premiums in force at the time of each **Anniversary Date** and any variations that **we** will advise **you** of in writing prior to the **Anniversary Date**.

We will send **you** a **renewal offer** prior to **your Anniversary Date** which will include details of any changes that have been made to the **Benefits** and **Plan** terms and conditions. The premium due on the **Anniversary Date** will depend on **you** and/or **your dependants'** age on the **Anniversary Date**.

If **you** wish to make any changes to **your Plan** with effect from the **Anniversary Date**, **you** must notify **us** in writing, by email or by telephone and **we** will provide **you** with a revised **renewal offer**.

Your renewal premium can be paid annually, quarterly or monthly. **We** must receive **your** full annual premium or first quarterly premium including any taxes where applicable before or on **your Anniversary Date**.

If **you** elect to pay **your** premiums annually, **you** must pay the full amount by bank transfer, through **our** online premium payment facility or by credit/debit card (Visa/MasterCard/American Express). All charges as a result of making a bank transfer must be paid by **you**. **We** will only pay for charges that occur for receiving the funds into **our** bank account.

If **you** elect to pay **your** premiums on a quarterly or monthly basis, **you**

will need to complete the payment authorisation form with **your** credit/debit card details and return this to **us** prior to **your Anniversary Date**.

If **you** elect to pay **your** premium using **our** online renewal payment facility **you** must do so by using an acceptable credit/debit card (Visa/MasterCard/American Express).

We will renew **your Plan** when **we** receive the premium. By paying the premium **you** are agreeing to any changes that have been outlined in **your renewal offer**.

Children can continue to be covered under **your Plan** and will be charged the appropriate child rate as long as they are aged less than eighteen (18) years old or twenty-four (24) years old if they are in full time education. If they are aged between eighteen (18) and twenty-four (24) years and in full-time education **you** will need to provide **us** with proof of enrolment into an educational institute.

If a child aged between eighteen (18) and twenty-four (24) years is no longer in full-time education, they are no longer eligible for cover under **your Plan**. They can apply for a **Plan** in their own right by completing and signing an **Application Form** and paying the appropriate adult premium. Providing that the premium is paid on or before the **Anniversary Date** and there is no break in cover, they will maintain their original **Start Date**.

Once **your Plan** has been renewed **you** will receive a **Certificate** of Insurance and **Insurance Identification Card** for each person covered under **your Plan**.

2.11 TERMINATION OR CANCELLATION OF YOUR PLAN

Your Plan may be cancelled during the **Cooling off Period** if you provide notice to us in writing or by email that you wish to cancel your Plan within fourteen (14) days from the **Start Date**. We will give you a full refund of the premium paid, providing that no claim has been made on your Plan.

Your Plan may be terminated with effect from any **Anniversary Date** by either party. We will not invoke cancellation as a result of your age or health record whilst you are insured under the Plan.

If you do not wish to renew your Plan, you must notify us in writing or by email prior to your **Anniversary Date**.

If you wish to cancel your Plan at a date other than the **anniversary date**, you must notify us of your request to cancel the Plan in writing or by email. If you have paid the annual premium for your plan, we will only cancel the Plan from the date that the request is received by us and cannot accept any requests for cancellation dates that are before the receipt date. If no claims have been made by you/your dependants during the **Certificate period**, we will calculate a proportionate refund of the premium paid for the **Certificate period**. A cancellation fee of £50/\$75/€65 will be deducted from any refund due to you. If the proportionate refund calculation is less than the cancellation fee then no refund will be provided. If a claim has been made by you/your dependants during the **certificate period**, then no refund will be provided.

If you have paid for your premium in instalments (monthly or quarterly), and you request for your plan to be cancelled from a date other than the **anniversary date**, we will cancel your plan from the next instalment due date. No proportionate refund will be provided if you pay your premium in instalments.

We are entitled to cancel your Plan, if there is a valid reason to do so, including for example:

- (i) any failure by you to pay the premium; or
- (ii) a change in risk which means we can no longer provide you with insurance cover; or
- (iii) non-cooperation or failure to supply any information or documentation we request, such as details of a claim;

by giving you fourteen (14) days' notice in writing. Any return of premium due to you will be calculated at a proportional daily rate depending on how long the Plan has been in force unless you have made a claim in which case the full annual premium is due.

2.12 INFORMATION YOU HAVE GIVEN US

In deciding to accept this Plan and in setting the terms including premium we have relied on the information which you have provided to us. 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 fraudulently or recklessly provided us with untrue or misleading information we will have the right to:

- (a) treat this Plan as if it never existed;
- (b) decline all claims; and
- (c) retain the premium.

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

- (i) treat this Plan 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;
- (ii) treat this Plan as if it had been entered into on different terms from those agreed, if we would have provided you with cover on different terms;
- (iii) 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:

- (1) give you fourteen (14) days' notice that we are terminating this Plan; or

- (2) give you notice that we will treat this Plan and any future claim in accordance with (ii) and/or (iii), in which case you may then give us fourteen (14) days' notice that you are terminating this Plan.

In accordance with Termination or Cancellation of your plan provision.

2.13 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 Plan 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 Plan (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.

3. PLAN DEFINITIONS

ACCIDENT means any sudden and unforeseen event occurring during your **Certificate period**, resulting in bodily injury to you, the cause or one (1) of the causes of which is external to your own body and occurs beyond your control.

ANNIVERSARY DATE means the annual anniversary of your first **start date**.

APPLICATION FORM is the form that you complete for you/your dependants prior to the **start date** of your Plan.

AREA OF COVER means the area of cover selected by you on the **Application Form** and shown on your **Certificate**. Area One is Worldwide excluding the USA and Caribbean. The Caribbean includes Anguilla, Antigua, Aruba, Bahamas, Barbados, Bermuda, Bonaire, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guadalupe, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, St Kitts-Nevis, Saba, St Barthelemy, St Lucia, St Martin, St Vincent, Trinidad & Tobago, Turks & Caicos and Virgin Islands. Area Two is Worldwide.

ASSISTANCE COMPANY is the Company who you must contact to obtain **pre-authorisation** of any **treatment** for **benefits** where this is stated in the **Benefit Definition**. The **Assistance Company** is operational 24 hours a day, 365 days a year.

BENEFIT means any benefit defined under the **Benefit Definitions** section of this guide, shown in the **Benefit Table** and shown on your **Certificate**. Any benefit not shown on your **Certificate** is not covered.

CERTIFICATE is the Certificate of Insurance issued to you and/or your dependants and forms part of the contract between you and us. The **Certificate** should be read in conjunction with this Policy Guide.

CERTIFICATE PERIOD is the period of cover shown on your **Certificate**, unless your **Certificate** was cancelled by you or us prior to the expiry date.

CHRONIC CONDITION means a disease or illness which has no known cure and/or which is likely to continue and/or keep recurring and which needs prolonged supervision, monitoring or **treatment**. The **treatment** of Chronic Conditions is only covered under the **benefits** shown on your **Certificate**.

CLAIM means a course of **treatment** to treat a diagnosed medical condition and/or a claim for Dental Care or Wellbeing **benefits**.

CONTINUED PERSONAL MEDICAL EXCLUSIONS (CPME) means that you have provided us with a copy of your previous certificate of insurance (from an international private medical insurance provider) that was in place immediately prior to the **start date** of your plan and that we have agreed to carry forward any existing underwriting, **specific**

exclusions or Moratorium and no further medical underwriting is required.

COOLING OFF PERIOD means the period of fourteen (14) days from the **start date of your Plan**, during which **you** may decide that the **Plan** is not suitable for **your** requirements. If **you** provide notice to **us** in writing or by email that **you** wish to cancel **your Plan** from the **start date**, **we** will give **you** a full refund of the premium paid, provided that no **claim** has been made on **your Plan**.

COUNTRY OF RESIDENCE means the country that **you** have declared on your **Application Form** as the country which will be **your** main residence for a period of at least six (6) months during **your Certificate Period**. This is shown on **your Certificate** as the **Country of Residence**. Please inform **us** if **you** change **your** temporary/permanent **Country of Residence**. The **Insurer** may accept the change with or without an amendment to the premium or terms and conditions. If the **Insurer** is unable to continue the contract, **they** will provide insurance protection for ninety (90) days from the date of change of residence after which the policy will automatically lapse.

COVER LEVEL means the International, International Plus, Executive or Executive Plus Plan and any **Voluntary Excess** selected by **you** on **your Application Form** or at a subsequent **Anniversary Date**.

DENTAL PRACTITIONER means a legally licensed dental practitioner recognised by the law of the country where **treatment** is provided and who in rendering such **treatment**, is practicing within the scope of his/her licensing and training, but does not include **you** or a member of **your** family.

DEPENDANTS mean **your** spouse or partner, and also **your** (un) married children (including step-children, foster children and legally adopted children) providing that the child is not more than eighteen (18) years old at the **start date** or **anniversary date** of the **Plan** (or up to age twenty-four (24) if **you** can provide proof that the child is continuing in full-time education).

EXCESS means the portion of costs for which **you** and/or **your dependants** are liable for. The **excess** will be applied as specified on the **Certificate**.

EXPATRIATE means a person who is resident outside of their **Home Country**.

FULL MEDICAL UNDERWRITING means that **you** provide **us** with a detailed medical history on the **Full Medical Underwriting Application Form** to enable **us** to decide whether to accept or decline **your** application and whether **we** need to apply any **specific exclusions** to **your Plan**.

HOME COUNTRY means the country of which **you** hold a passport. Where **you** hold more than one (1) passport the **Home Country** will be taken to mean the nationality which **you** have declared on **your Application Form**. **Your Dependants** will have the same **Home Country** as **you**, irrespective of their nationality.

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

INPATIENT means when **you** are admitted to a **Hospital** for a period of not less than twenty-four (24) hours.

INPATIENT CARE means the medical **treatment** provided to **you** when **you** are admitted as a registered **inpatient** in a **Hospital**

INSTALMENT DATE means the date on which any quarterly or monthly premium payment is due to be paid.

INSURANCE IDENTIFICATION CARD is the card issued to **you/your dependants** for each **Certificate period** and includes the name, **Certificate** number and expiry date of the **Plan**.

INSURER means the Insurer of **your Plan** and will be shown on **your Certificate**.

LIFETIME LIMIT means the limit that applies for the full period that **you** have a **Plan**, irrespective of the number of times the **Plan** is extended/renewed on an **Anniversary Date**.

LOCAL NATIONAL means an individual whose **Country of Residence** is the same as the **Home Country**.

MEDICALLY NECESSARY/REQUIRED means healthcare services that a **physician** provides to **you** for the purposes of evaluating, diagnosing or treating an illness or injury and that meets accepted standards of medicine, provided that the service is appropriate in terms of type, frequency, extent and duration and is considered effective for **your** illness or injury.

MORATORIUM UNDERWRITING means **you/your dependants** cannot **claim** for **pre-existing medical conditions** under **your Plan**. Any **pre-existing medical conditions** are excluded from cover if **you** completed a **Moratorium Application Form**. After two (2) years of continuous cover, a **pre-existing medical condition** may become eligible for cover (unless the condition or **benefit** is specifically excluded) if, for a continuous period of two (2) years, **you** have not:

- > **Suffered any symptoms.**
- > **Consulted any medical practitioner for check-ups, follow up examinations, medical treatment or advice.**
- > **Been prescribed or taken medicine including over the counter drugs, special diets, injections, physiotherapy for that condition or any related condition.**

OVERALL AGGREGATE LIMIT is the total combined limit of all **benefits** that may be claimed in any one (1) **Certificate period** by **you**, and will be shown on **your Certificate**.

PLAN means the Plan which **you** have selected on **your Application Form** and **you** will be covered for the **Benefits** included in that **Plan** as shown on **your Certificate**.

PHYSICIAN means a legally licensed medical doctor qualified in medicine and 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, but not include **you** or a member of **your** family.

PRE-AUTHORISATION means the procedure that **you** must follow for **treatment** received under the specified **Plan benefits** shown in the **Benefit Table**, and any **claim** that is likely to exceed £2,500/\$4,250/€3,500.

PRE-EXISTING MEDICAL CONDITIONS are any known medical conditions (or related conditions) that have, within a two (2) year period immediately prior to the first **Start Date** of the **Plan**, one (1) or more of the following characteristics;

- > It has been diagnosed.
- > It has needed medical **treatment** (including drugs, medication that can be purchased without a prescription, special diets, injections or other procedures or investigations).
- > Medical advice has been sought including routine medical examinations and check-ups.
- > Medical advice should have been sought if recognised clinical advice had been followed.
- > It has undiagnosed symptoms, whether recognised or not.

REASONABLE AND CUSTOMARY CHARGES means the charges that would typically be made for the treatment **you** receive in the location where **your treatment** is received. **We** will only pay up to the charges typically made for that **treatment** in that location. If there is any dispute relating to **reasonable and customary charges**, **we** will identify the amount typically charged by obtaining three (3) quotations for the disputed **treatment** and **we** will settle costs based on an average of the three (3) quotations.

RENEWAL OFFER is the offer made by **us** to **you** prior to the **Anniversary Date** of the **Benefits** and terms and conditions available to **you** if **you** wish to continue with **your Plan** after the **Anniversary Date**.

SPECIFIC EXCLUSIONS means any exclusion that is applied to **your Plan** and has been accepted by **you** if **you** selected **Full Medical Underwriting** at the start of **your Plan**. The **specific exclusions** are in addition to the **Plan** exclusions and will be shown on **your Certificate**.

START DATE means the date that **your Plan** originally commences, and any subsequent **Anniversary Date** if the renewal premium is paid.

TREATMENT means medical care and services provided to diagnose, relieve or treat an illness, disease or injury and/or dental care received by a qualified **Physician** or qualified **Dental Practitioner**.

VOLUNTARY EXCESS is the amount of covered expenses, as selected

on your **Application Form**, which **you** will pay each **Certificate period**, before any **benefits** can be claimed from the **Plan**. If the **benefit** claimed also has an **excess**, this amount will be applied after the **voluntary excess** has been applied. The maximum **voluntary excess** amount that can be selected on the Executive or Executive Plus plans is £1,000/\$2,000/€1,500.

YOU/YOUR means the person whose name appears on the **Certificate**.

US/WE/OUR means April International Care France, acting on behalf of the **Insurer**. **We** outsource **our** 24 hour assistance service to a specialist organisation who acts on **our/the Insurer's** behalf.

WAITING PERIOD means the period during which no **benefit** is payable for **treatment** costs incurred when a **waiting period** is shown in the **Benefit Table** and/or on **your Certificate**. **You** must be covered by the same **Plan** for the full duration of the specified **waiting period** before **you** are entitled to make a **claim** for that **benefit**.

4. BENEFIT DEFINITIONS

ACCIDENT AND EMERGENCY ROOM TREATMENT means **treatment** performed in a **hospital** casualty ward or emergency room immediately following an **Accident** or following the sudden onset of a serious medical condition.

ARTIFICIAL HAIR BENEFIT means the cost of a wig/hairpiece that **you** may require following a course of cancer treatment.

CANCER COUNSELLING means the costs relating to any counselling sessions that **you** attend with a registered and legally licensed Counsellor or Psychologist following **your** diagnosis of cancer.

CHILD ROUTINE HEALTH SCREENING means the costs of routine preventative and developmental checks for children up to and including 5 years old. This benefit does not include childhood **vaccinations**.

CHINESE MEDICINE means consultations and medicines provided to **you** by a registered and legally licensed Chinese Medicine Practitioner.

CHRONIC CONDITION TREATMENT means the **treatment** received for a **chronic condition**.

COMPASSIONATE HOME TRAVEL means if a close family member dies during the **Certificate period**, **we** will pay for the cost of a return economy air ticket to the country they have died in. This **benefit** is only available after **you** have completed one (1) year of continuous cover. A close family member means **your** spouse/partner, parent, mother-in-law, father-in-law, brother, sister, child (including (un) married child, step-child, foster-child and legally adopted child), grand-child or grandparent.

COMPLEMENTARY THERAPIES means consultations provided to **you** by registered and legally licensed Osteopaths, Chiropractors, Homeopaths and Acupuncturists. The **treatment** must be recommended and ordered by **your Physician**.

COMPLICATED PREGNANCY AND CHILDBIRTH means the treatment costs relating to pre-natal and post-natal care and childbirth where **your Physician** has certified that a surgical procedure, or treatment requiring a period of **inpatient care**, is required during the pregnancy, and where a normal delivery would endanger the life of the mother and or child(ren). **You** must obtain **pre-authorisation** from the **Assistance Company** for this **benefit**. This **benefit** is only available for pregnancies whose expected date of delivery is at least eighteen (18) months after the **start date** of a **Plan** that includes this **benefit**. This **benefit** does not include the costs of any medical **treatment** provided to the newborn. Any limit shown on **your Certificate** is per pregnancy and applies from the date **you** notify us of **your** pregnancy for the whole duration of the pregnancy. If **you** upgrade **your Plan** at an **anniversary date** to a higher **benefit** limit or the current **benefit** limit increases, this will not apply to the existing pregnancy. If **you** change the currency of **your plan** at **your anniversary date**, the new **benefit** limit will not apply to the existing pregnancy

COMPLICATIONS OF PREGNANCY means **treatment** of a medical condition arising during the antenatal stages of pregnancy or during childbirth. **Treatment** will be provided to **you** by a specialist or consultant for the following diagnosed conditions: Ectopic pregnancy, miscarriage, toxæmia, hydatidiform mole, retained placenta and

eclampsia. This **benefit** is only available for pregnancies whose expected date of delivery is at least eighteen (18) months after the **start date** of a **Plan** that includes this **benefit**.

CONGENITAL AND HEREDITARY CONDITIONS means **treatment** required to relieve the symptoms of, or correct a congenital or hereditary medical condition. A congenital condition is an abnormality, deformity, disease, illness, or injury that is present at birth. A hereditary condition is an abnormality, deformity, disease, or illness that is only present because it has been passed down through generations of **your** family. If the condition manifests in a newborn baby, then the baby must be enrolled onto their parent(s) **plan** and be provided with a **Certificate** of Insurance in order to use this **benefit**.

DAYCARE TREATMENT means any surgical or medical procedures that **you** receive which are provided on an **outpatient** basis but where **you** require a period of recovery in a **hospital** bed.

DENTAL TREATMENT FOLLOWING AN ACCIDENT is the **treatment** required to restore or replace **your** sound natural teeth lost or damaged in an **Accident** which takes place within ninety (90) days of the **Accident**. This **benefit** does not provide cover for damage to teeth caused by biting or chewing.

EMERGENCY MEDICAL EVACUATION means the **medically required** expense of emergency transportation and medical care en route to transport **you**, if **you** have a critical medical condition to the nearest **Hospital** where appropriate care and facilities are available, and not necessarily to **your Home Country**. The **Assistance Company** should be contacted to approve and arrange all **Emergency Medical Evacuations**. In dire emergencies in remote or primitive areas where the **Assistance Company** cannot be contacted in advance, the **Emergency Medical Evacuation** must be reported as soon as possible. **We** will pay the transportation costs for one (1) other person to accompany **you** on an **Emergency Medical Evacuation** where **Inpatient Care** is required following **Emergency Medical Evacuation**, or where the **Emergency Medical Evacuation** is for a child who is not more than eighteen (18) years old.

EMERGENCY NON-MEDICAL EVACUATION means the costs of evacuation by any means of transportation to a place of safety when, in the opinion of the crisis management specialist company, Crisis24, **your** life is in danger as a result of sudden political or civil unrest, or in the event of a natural disaster. A natural disaster is a major adverse event or force of nature that has catastrophic consequences such as earthquake, flood, forest fire, hurricane, tornado, tsunami and volcanic eruption.

EMERGENCY MEDICAL EVACUATION – SUPPLEMENTARY EXPENSES means the accommodation costs of a companion who has accompanied **you** on an approved **Emergency Medical Evacuation** up to the limits shown on **your Certificate**. The costs of a one-way economy air ticket to return **you** and **your** companion back to **your country of residence** following an approved **Emergency Medical Evacuation** are covered. If **you** received **Inpatient Care** **we** will also cover taxi costs for **your** companion to and from the **hospital** and accommodation costs for **you**, following **Inpatient Care**, up to the limits shown on **your Certificate**.

EXTERNAL PROSTHESES, MEDICAL AIDS AND DEVICES mean devices or aids that are medically prescribed as part of the recuperation process immediately following **Inpatient Care**, **Daycare Treatment** or **Accident or Emergency Room Services**.

HEARING CARE means the costs of hearing tests by an audiologist and a contribution towards the costs of a hearing aid when prescribed by an audiologist (including a fitting consultation). This **benefit** is only available after **you** have completed one (1) year of continuous cover under a **Plan** which includes this **benefit**.

HIV/AIDS BENEFIT means the cost of **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). If **you** are HIV positive, **we** will only pay up to the **HIV/AIDS benefit** limit for the **treatment** of the following conditions: Candidiasis (thrush), Cervical Cancer, CMN (cytomegalovirus), Cryptococcal meningitis, Cryptosporidiosis, HIV-associated brain impairment, Kaposi's sarcoma, Lymphoma, Mycobacterium avium intracellulare, Pneumonia including PCP (Pneumocystis pneumonia), Thrombocytopenia, Toxoplasmosis and Tuberculosis. This **benefit** is subject to a **lifetime limit** as shown on **your Certificate**. This **benefit** is only available after **you** have completed two (2) years of continuous cover under a **Plan** which includes this **benefit**.

HORMONE REPLACEMENT THERAPY (HRT) means consultations and **Prescription Drugs**, patches or implants for the sole purpose of treating a hormone imbalance medical condition. It does not provide cover for HRT used to treat the symptoms of menopause.

HOSPICE CARE means the costs of accommodation and palliative care provided to **you** in a registered Hospice, if **you** have received a terminal prognosis, up to a maximum limit shown on **your Certificate**, when medically prescribed by a **Physician**.

HOSPITAL CASH BENEFIT is an alternative cash benefit which may be paid to **you** where **treatment** is provided to **you** in a government **Hospital** where no charge is made for the **whole** claim. The maximum payable is thirty (30) days in any one (1) **Certificate period**. **You** must obtain **Pre-authorization** from the **Assistance Company** for this **benefit**.

HOSPITAL SERVICES means all required medical **treatment** provided to **you** by a **physician** when **you** are admitted as a registered **inpatient** in a **Hospital** for a period of not less than twenty-four (24) consecutive hours, and only when appropriate diagnostic procedures and/or **treatments** are not available as **outpatient services**. **You** must obtain **pre-authorization** from the **Assistance Company** for this **benefit**. **Hospital services** include **reasonable and customary charges**, in the area where **treatment** is provided, for **hospital** accommodation up to the cost of a private single standard room, intensive care unit accommodation, meal charges, the use of all **hospital** medical facilities, and all medical **treatment** and medical services ordered by a **Physician**. **Hospital services** excludes any costs relating to **oncology, organ and bone marrow transplant and stem cell treatment** and **normal and complicated pregnancy and childbirth**, and **complications of pregnancy**.

INFERTILITY AND MISCARRIAGE INVESTIGATIONS means the necessary tests and investigations into the cause of infertility and/or repeated miscarriage when **your Physician** believes there are symptoms and/or evidence to suggest a medical cause. The tests and/or investigations must be ordered by a **Physician**. This **benefit** is only available after you have completed two (2) years of continuous cover under a **plan** which includes this **benefit**.

INPATIENT PSYCHIATRIC TREATMENT means medical **treatment** provided to **you** when **you** are admitted as a registered **inpatient** in a recognised psychiatric unit of a **Hospital**, and the **treatment** is provided by a registered Psychiatrist. **You** must obtain **Pre-authorization** from the **Assistance Company** for this **benefit** and the **benefit** is limited to a maximum of thirty (30) days per **Certificate period**. This **benefit** is only available after **you** have been completed one (1) year of continuous cover under a **Plan** which includes this **benefit**.

INTERNAL PROSTHESES, MEDICAL AIDS AND DEVICES means any implant, medical aid or device which is implanted intra-operatively.

KIDNEY DIALYSIS means **treatment** for renal failure caused by an injury or illness. **Treatment** must be received as an **inpatient** or as **daycare treatment** in a **hospital**, or in a medically licensed dialysis centre. This does not include **treatment** required as a result of alcohol or substance abuse.

LOCAL ROAD AMBULANCE SERVICES means the costs for **medically required** transportation to a local **Hospital** for emergency or **Inpatient Care**.

MENOPAUSE HORMONE REPLACEMENT THERAPY means consultations and **Prescription Drugs**, patches or implants when required to alleviate the symptoms of early menopause, where onset and **treatment** commence below the age of 40 years.

MRI, CT and PET Scans means the cost of magnetic resonance imaging (MRI), computerised tomography (CT) and positron emission tomography (PET) ordered by a treating **Physician**.

NEWBORN CARE means medical **treatment** received by a newborn baby from their date of birth until thirty (30) days following discharge from **Hospital** and does not include routine newborn baby check-ups or **treatment** for **congenital and hereditary conditions**. No other **benefits** are available to the newborn until thirty (30) days following discharge from **hospital** when the full selected **plan benefits** will apply. The baby must be enrolled onto their parent(s) **plan** and be provided with a **Certificate** of Insurance in order to use this benefit. This benefit does not form part of the parent(s) **plan**.

NORMAL PREGNANCY AND CHILDBIRTH means the **treatment** costs relating to pre-natal and post-natal care and childbirth, of the mother only, where no special obstetric procedure is required. **You** must

obtain **pre-authorization** from the **Assistance Company** for this **benefit**. This **benefit** is only available for pregnancies whose expected date of delivery is at least eighteen (18) months after the **start date** of a **Plan** that includes this **benefit**. This **benefit** does not include the costs of any medical treatment provided to the newborn. Any limit shown on **your Certificate** is per pregnancy and applies from the date **you** notify us of **your** pregnancy for the whole duration of the pregnancy. If **you** upgrade **your Plan** at an **anniversary date** to a higher **benefit** limit or the current **benefit** limit increases, this will not apply to the existing pregnancy. If **you** change the currency of **your plan** at **your anniversary date**, the new **benefit** limit will not apply to the existing pregnancy.

NURSING AT HOME means medical services and **treatment**, excluding home help, provided by a government licensed nurse in **your** home when prescribed by a **Physician** and related directly to an illness, injury or medical condition for which **you** have received and are receiving **treatment** which is covered by **your Plan**.

ONCOLOGY, CHEMOTHERAPY AND RADIOTHERAPY means consultations, diagnostics tests, and **treatment** that **you** receive under **Inpatient Care, DayCare Treatment** or **Outpatient Services** that are related specifically to the diagnosis and **treatment** of malignant disease (cancer).

OPTICAL CARE means the costs of eyesight examinations by a legally licensed Optometrist or an Ophthalmologist and a contribution towards the costs of lenses to correct vision and eyeglass frames (including a fitting consultation). This **benefit** is only available after **you** have completed one (1) year of continuous cover under a **Plan** which includes this **benefit**.

ORGAN AND BONE MARROW TRANSPLANTS AND STEM CELL TREATMENT means cover for kidney, heart, heart-lung and liver and bone marrow transplants and stem cell **treatment** (both autologous and donor provided). Expenses relating to the acquisition of transplant materials and donor's expenses are not covered.

OUT OF AREA COVER means short-term cover available for emergency medical conditions or acute episodes of existing medical conditions covered by **your Plan**, when travelling outside the **Area of Cover** selected by **you** which is shown on **your Certificate**. Cover is only available outside **your** selected **Area of Cover** for a maximum aggregate period of sixty (60) days in any one (1) **Certificate period**, up to the limits shown on **your Certificate**, provided that **you** did not make the trip specifically for the purpose of, or with the intention of, obtaining medical **treatment**.

OUTPATIENT SERVICES means medical **treatment** provided to **you** when **you** are not a registered **inpatient** in a **Hospital**, or any other facility for medical care. **Outpatient Services** includes services provided by or ordered by a **Physician** who is licensed as a General Practitioner, Specialist or Consultant, laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. **Outpatient Services** also includes **Complementary Therapies, Physiotherapy** and **Prescription Drugs**. **Outpatient Services** excludes any costs that are not in respect of an illness, disease or injury. Outpatient home consultations can only be considered if **you** are medically incapable of attending a medical facility and this has been confirmed by **your** treating **physician**. Elective outpatient home consultations will only be reimbursed at the costs of a standard outpatient consultation that takes place at a medical facility, in the location where **treatment** is received.

OUTPATIENT PSYCHIATRIC SERVICES means medical **treatment** (including **Prescription Drugs**) provided to **you** by a **Physician** who is licensed as a General Practitioner, Specialist or Consultant for any psychological or psychiatric disorder as well as **treatment** of anxiety, stress, depression, panic attacks or phobic states.

OUTPATIENT PSYCHIATRIC THERAPIES means the **treatment** of any psychological or psychiatric disorder by a Consultant Psychiatrist. It includes the **treatment** of anxiety, stress, clinical depression, panic attacks and phobic states and therapy performed by a behavioural or clinical psychologist, provided the therapy has been referred by a **Physician**.

PARENTAL ACCOMMODATION means the **hospital** accommodation costs for **you** to stay in a **Hospital** with a child aged seventeen (17) years and under who is receiving **Inpatient Care** under the **Plan**.

PHYSIOTHERAPY means treatment provided by a legally licensed Physiotherapist and ordered by a **Physician**. This **benefit** is limited to the number of sessions as stated on **your Certificate**.

POST HOSPITAL TREATMENT means **Outpatient Services** that are related to an eligible **Claim** submitted by **you** for **Inpatient Care**, provided that **Outpatient Services** are received within ninety (90) days of **your** discharge from **Hospital**.

PRE HOSPITAL TREATMENT means **outpatient services** that are related to an eligible **claim** which is received within fifteen (15) days prior to being admitted to **hospital** for planned **Inpatient** or **Daycare treatment**.

PRESCRIPTION DRUGS means medications and medical supplies whose sale and use is legally restricted to the order of a **Physician** and is not available without a **Physician's** prescription. This does not include items that may be purchased without a **Physician's** prescription.

RECONSTRUCTIVE SURGERY means a surgical procedure(s) which is required to restore appearance/function of **your** body following an **Accident** or illness which occurred after the **start date** of **your Certificate**, and the original **treatment** was covered by the **Plan**. The **Reconstructive Surgery** must take place within two years of the original **Accident** or illness.

REHABILITATION CARE means **medically necessary treatment** received as an **inpatient**, carried out under the constant supervision of a specialist in a recognised rehabilitation unit of a **hospital** immediately following **inpatient treatment** for an illness or injury covered by **your plan**. Providing that the purpose of the **treatment** is to restore health and mobility after an **accident**, injury or illness to a state in which you can be self-sufficient. To be self-sufficient means restoring **your** ability to do independent daily activities of living without the need for outside medical help. This **benefit** is subject to a **Lifetime Limit** as shown on **your Certificate**.

REPATRIATION OR LOCAL BURIAL is the expense of preparation and air transportation of **your** mortal remains from the place of death to **your Home Country**, or the preparation and **Local Burial** or cremation of **your** mortal remains if **you** die outside **your Home Country**. Such arrangements must be made by the **Assistance Company**.

ROUTINE DENTAL TREATMENT is all routine dental care such as dental inspection, preservation and relief of pain including simple fillings,

X-Rays, **treatment** of gums, operative and gnathological procedures, and dentures. Dentures include restoration of the function of dental prostheses and the installation of new prostheses, crowns, bridges and pivot teeth. Orthodontic **treatment** is available to children aged seventeen (17) years and under and includes the costs of appliances to correct the position of natural teeth. The **benefit** is limited to the amount shown on **your Certificate** This benefit is only available after **you** have completed six (6) months of continuous cover under a **plan** which includes this **benefit**.

ROUTINE HEALTH SCREENING means the costs of routine health checks, tests and examinations for the early detection of illness and disease. This **benefit** provides cover for cardiovascular and neurological tests, screening blood tests, vital signs, PAP smear test, mammogram and prostate screening. This **benefit** also provides cover for cancer screening including the BRCA I&II test. This **benefit** is only available if **you** are aged eighteen (18) years and over and after **you** have completed one (1) year of continuous cover under a **Plan** which includes this **benefit**.

SECOND MEDICAL OPINION means a detailed report including recommendations for the best approach towards optimal recovery. A licenced **Physician** will review your medical history, along with any proposed treatment to provide reassurance and confidence in your diagnosis or **treatment** recommendation. This is provided through our partner Teladoc

TELECONSULTATION means medical consultation provided to **you** by telephone. Teleconsultations provides you access to licensed General **Physicians** via telephone for non-emergency medical advice. This is provided through our partner Teladoc

VACCINATION BENEFIT means vaccinations which are **medically required** for the purpose of travel (including anti-malaria medication) and vaccinations for the prevention of disease or illness for children aged sixteen (16) years and under, for Diphtheria, Tetanus, Whooping Cough (pertussis), Polio, Mumps, Rubella (German Measles), Meningitis C, Pneumococcal, Streptococcus pneumonia, Hib and Human Papillomavirus (HPV).



5. BENEFIT TABLE

This table gives a summary of the **benefits** covered by each **Plan**. Please refer to each **Benefit** Definition for a full explanation of the cover provided under each **benefit**.

PLAN BENEFITS	INTERNATIONAL	INTERNATIONAL PLUS	EXECUTIVE	EXECUTIVE PLUS
Overall Aggregate Limit each Certificate period	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000	£1,000,000 \$2,000,000 €1,500,000

PRE-AUTHORISATION IS REQUIRED FOR ALL CLAIMS WHERE THE COSTS ARE LIKELY TO EXCEED £2,500/\$4,250/€3,500 AND FOR ALL CLAIMS UNDER BENEFITS MARKED *.
IF PRE-AUTHORISATION IS NOT OBTAINED, A PENALTY OF £1,000/\$1,700/€1,400 WILL BE DEDUCTED FROM YOUR CLAIM SETTLEMENT

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INPATIENT TREATMENT BENEFITS				
Hospital Services* > Accommodation and meal charges > All Inpatient Treatment ordered by a Physician > Physician, Surgeon and Anaesthetist Fees > Intensive Care Unit charges	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Hospital Cash Benefit* Where inpatient treatment is provided free of charge	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days	£250/\$500/€375 per night Max thirty (30) days
Parental Accommodation When an insured child aged seventeen (17) years and under is an inpatient	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Daycare Treatment Where a period of recovery is required in a hospital bed	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Inpatient Psychiatric Treatment* Treatment in a psychiatric unit of a hospital, available after one (1) year of cover	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days	Paid in Full Max thirty (30) days
Reconstructive Surgery To restore appearance/function following an accident or illness that occurred whilst covered by your Plan	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Rehabilitation Care Treatment received as an inpatient to restore health and mobility after injury or illness	£100,000/\$200,000/€150,000 lifetime limit	£100,000/\$200,000/€150,000 lifetime limit	£100,000/\$200,000/€150,000 lifetime limit	£200,000/\$400,000/€300,000 lifetime limit
Accident and Emergency Room Treatment	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Organ and Bone Marrow Transplant and Stem Cell Treatment* For kidney, heart, heart-lung, liver, bone marrow and stem cell. Acquisition and donor costs are excluded	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Kidney Dialysis Treatment received as an inpatient or as daycare treatment	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Internal Prostheses, Medical Aids and Devices Which are required intra-operatively	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Hospice Care Palliative care in a hospice	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days	Paid in Full Max fifteen (15) days
Local Road Ambulance Services	Paid in Full	Paid in Full	Paid in Full	Paid in Full

W

PRE & POST HOSPITAL TREATMENT BENEFITS				
Pre-Hospital Treatment Consultations and treatment received within fifteen (15) days prior to receiving Inpatient or daycare treatment	Up to £250/\$500/€375	Covered under Outpatient Services	Covered under Outpatient Services	Covered under Outpatient Services
Post Hospital Treatment Consultations and treatment received within ninety (90) days of receiving Inpatient Care	Up to £500/\$1,000/€750	Covered under Outpatient Services	Covered under Outpatient Services	Covered under Outpatient Services
External Prostheses, Medical Aids and Devices Which are medically required following Inpatient Care, Daycare Treatment or Accident and Emergency Room Treatment	Up to £250/\$500/€375	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125	Up to £1,000/\$2,000/€1,500

A

CANCER TREATMENT				
Oncology, Chemotherapy and Radiotherapy* Consultations, diagnostics and treatment received under Inpatient Care, Day Care Treatment or Outpatient Services	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Cancer counselling Following a cancer diagnosis with a registered psychologist/counsellor	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500
Artificial Hair Benefit Wig costs, available following cancer treatment	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500	Up to £1,000/\$2,000/€1,500



EMERGENCY MEDICAL EVACUATION BENEFITS

Emergency Medical Evacuation* Evacuation costs for acute medical conditions where local medical facilities are inadequate	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Emergency Medical Evacuation – Supplementary Expenses* Cost of travel to place of origin Hotel accommodation costs for companion Taxi costs for companion Accommodation costs following Inpatient Care	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights	Economy air ticket Up to twelve (12) nights Up to £500/\$1,000/€750 Up to seven (7) nights
Emergency Non-Medical Evacuation* Evacuation to a safe location in the event of life-threatening situations resulting from political or civil unrest Evacuation to a safe location in the event of a natural disaster	Paid in Full	Paid in Full	Paid in Full	Paid in Full
Compassionate Home Travel* In the event of the death of a close family member, available after one (1) year of cover	One (1) return economy air ticket	One (1) return economy air ticket	One (1) return economy air ticket	One (1) return economy air ticket
Repatriation or Local Burial* Where death occurs outside the Home Country	Up to £7,500/\$15,000/€11,250	Up to £7,500/\$15,000/€11,250	Up to £10,000/\$20,000/€15,000	Paid in Full

TELEHEALTH

Teleconsultation Access to licensed doctors around the world via phone for non-emergency conditions	Included	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation	Included Full Refund up to £100/\$200/€150 for prescription drugs following consultation
Second Medical Opinion Access to a network of 50,000 medical specialists	Included	Included	Included	Included

OUTPATIENT TREATMENT BENEFITS

MRI, CT and PET Scans When referred by a Physician	Full Refund	Full Refund	Full Refund	Full Refund
Hormone Replacement Therapy When not related to the menopause	Full Refund	Full Refund	Full Refund	Full Refund
Outpatient Services > General Physician fees > Specialist and Consultant fees > Prescription Drugs and Dressings > X-Rays, diagnostic and pathology tests	Not Covered	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #
Physiotherapy Up to twenty (20) sessions, when referred by a Physician				
Complementary Therapies Osteopathy, Chiropractic, Homeopathy and Acupuncture, when referred by a Physician				
Chinese Medicine Consultations and medications provided by a registered Chinese Medicine Practitioner	Not Covered	Not Covered	Up to £200/\$400/€300	Up to £400/\$800/€600
Nursing at Home When medically necessary and prescribed by a Physician	£250/\$500/€375 per day Up to six (6) weeks	£250/\$500/€375 per day Up to twelve (12) weeks	£250/\$500/€375 per day Up to eighteen (18) weeks	Full Refund Up to twenty-four (24) weeks

The Plans can be enhanced with a Nil Excess per Claim option by paying an additional premium.

MENTAL HEALTH BENEFITS

Outpatient Psychiatric Services > General Physician and Consultant fees > Prescription Drugs	Not Covered	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #	Full Refund £50/\$100/€75 excess per claim #
Outpatient Psychiatric Therapies Counselling, Cognitive Behavioural Therapy and Psychotherapy. When referred by a Physician	Not Covered	Up to £1,000/\$2,000/€1,500	Up to £2,000/\$4,000/€3,000	Up to £3,000/\$6,000/€4,500

DENTAL CARE BENEFITS

Dental Treatment following an Accident To restore or repair sound natural teeth	Full Refund	Full Refund	Full Refund	Full Refund
Routine Dental Treatment Available after six (6) months of cover	Not Covered	Up to £300/\$600/€450	Up to £750/\$1,500/€1,125	Up to £1,250/\$2,500/€1,875

MATERNITY CARE BENEFITS

Normal Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered	Not Covered	Up to £6,000/\$12,000/€9,000	Up to £10,000/\$20,000/€15,000
Complicated Pregnancy and Childbirth Available after eighteen (18) months of cover	Not Covered	Not Covered	Up to £12,000/\$24,000/€18,000	Up to £20,000/\$40,000/€30,000
Complications of Pregnancy Available after eighteen (18) months of cover	Not Covered	Not Covered	Full Refund	Full Refund

NEWBORN AND CHILD CARE BENEFITS

Newborn Care Available when a newborn baby is enrolled on the Plan	Up to £50,000/\$100,000/€75,000	Up to £50,000/\$100,000/€75,000	Up to £75,000/\$150,000/€112,500	Up to £100,000/\$200,000/€150,000
Child Routine Health Screening Preventative and developmental checks for an insured child aged five (5) years and under	Not Covered	Not Covered	Up to £200/\$400/€300	Up to £300/\$600/€450



WELL BEING BENEFITS

Routine Health Screening Preventative health checks available after one (1) year of cover	Not Covered	Up to £300/\$600/€450	Up to £500/\$1,000/€750	Up to £750/\$1,500/€1,125
Menopause Hormone Replacement Therapy Relief of early menopause symptoms for forty (40) years and under	Not Covered	Not Covered	Not Covered	Up to £250/\$500/€350
Vaccination Benefit Childhood and travel-related vaccinations	Up to £200/\$400/€300	Up to £200/\$400/€300	Up to £200/\$400/€300	Up to £200/\$400/€300
Optical Care Eyesight examinations and a contribution towards the costs of lenses to correct vision, available after one (1) year of cover	Not Covered	Not Covered	Not Covered	Up to £300/\$600/€450
Hearing Care Hearing tests and a contribution towards the costs of a hearing aid, available after one (1) year of cover	Not Covered	Not Covered	Not Covered	Up to £300/\$600/€450



ADDITIONAL BENEFITS

Infertility and Miscarriage Investigations Available after two (2) years of cover and when referred by a Physician	Not Covered	Not Covered	Not Covered	Up to £750/\$1,500/€1,125
Congenital and Hereditary Conditions	Not Covered	Not Covered	Up to £15,000/\$30,000/€22,500	Up to £30,000/\$60,000/€45,000
HIV/AIDS Benefit Available after two (2) years of cover	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit	£10,000/\$20,000/ €15,000 Lifetime limit
Chronic Condition Treatment	Covered within listed benefits	Covered within listed benefits	Covered within listed benefits	Covered within listed benefits
Out of Area Cover For emergencies and acute episodes of existing covered medical conditions	Up to £20,000/\$40,000/€30,000 Max sixty (60) days	Up to £30,000/\$60,000/€45,000 Max sixty (60) days	Up to £40,000/\$80,000/€60,000 Max sixty (60) days	Up to £50,000/\$100,000/€75,000 Max sixty (60) days



ADDITIONAL SERVICE PARTNERS

Crisis24 Security Assistance	Included	Included	Included	Included
Bloodcare Foundation	Included	Included	Included	Included
Teladoc Health Telehealth Services	Included	Included	Included	Included

A claim is considered to be a course of treatment per diagnosed medical condition.

6. WHAT IS NOT COVERED

The **Plan** does not provide cover for the following services, **treatment**, conditions, activities, and their related expenses and no **claims** will be met for the following:

GENERAL EXCLUSIONS

- > **Pre-Existing Medical Conditions**, except as provided for under **Moratorium Underwriting**.
- > The first £1,000/\$1,700/€1,400 of any claim for **Hospital Services, Hospital Cash Benefit, Inpatient Psychiatric Treatment, Organ and Bone Marrow Transplant and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy**, or any claim that is likely to exceed £2,500/\$4,250/€3,500 if **Pre-Authorisation** was not sought prior to incurring the costs.
- > Any costs incurred outside **your Area of Cover**, except as defined under **Out of Area cover**.
- > Services or **treatment** in any long term care facility, spa, hydroclinic, sanatorium, nursing home or home for the aged that is not a **Hospital**.
- > Any costs relating to **Nursing at Home** that is for domestic reasons and not required for medical reasons.
- > Routine medical examinations (including annual routine diagnostic procedures other than when they form part of **Routine Health Screening or Child Routine Health screening** and these **benefits** are shown on **your Certificate**), including the issue of medical certificates and attestations, and examinations as to suitability for employment or travel.
- > Eyesight examinations including the cost of spectacles and contact lenses (unless **Optical care benefit** is shown on **your Certificate**).
- > Hearing tests, including the costs of hearing aids (unless **Hearing care benefit** is shown on **your Certificate**).
- > **Treatment** relating to congenital and hereditary conditions and illnesses, except as defined under **Congenital and Hereditary Conditions** and this **benefit** is shown on **your Certificate**.
- > Tests and **treatment** relating to infertility and any form of assisted reproduction, except as defined under **Infertility and Miscarriage Investigations** and this **benefit** is shown on **your Certificate**.
- > **Treatment** of any psychological or psychiatric disorders, and **treatment** (including Prescription Drugs) of anxiety, stress, depression and phobic states, except as defined under **Inpatient Psychiatric Care, Outpatient Psychiatric Services or Outpatient**

Psychiatric Therapies and these **benefits** are shown on **your Certificate**.

- > **Treatment**, diagnostic procedures (including sleep study) and **Prescription Drugs** for sleep disorders, including for example sleep apnoea, sleep related breathing problems, snoring or insomnia.
- > All elective **treatment** including procedures and diagnostic tests that are not **medically necessary**.
- > All **treatment** that is not deemed to be **medically necessary/required**
- > All elective cosmetic surgery and subsequent complications related to the surgery.
- > Costs resulting from self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse, and **treatment** of sexually transmitted diseases.
- > Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive, unless **HIV/AIDS Benefit** is included on **your Certificate**. If this **benefit** is included on **your Certificate** and **you** are HIV positive we will only pay up to the **HIV/Aids benefit** limit for the **treatment** of the following conditions: Candidiasis (thrush), Cervical Cancer, CMN (cytomegalovirus), Cryptococcal meningitis, Cryptosporidiosis, HIV-associated brain impairment, Kaposi's sarcoma, Lymphoma, Mycobacterium avium intracellulare, Pneumonia including PCP (Pneumocystis pneumonia), Thrombocytopenia, Toxoplasmosis and Tuberculosis.
- > All costs for **treatment** resulting from racing of any form other than on foot.
- > All costs for **treatment** arising from an injury or illness as a result of being a professional sportsperson. A professional sportsperson is someone who is paid to participate and compete in their chosen sport.
- > **Treatment** by a family member and any autotherapy including Prescription Drugs.
- > **Treatment** that is not scientifically recognised, or established practice, or unproven or experimental, as considered by the relevant professional body.
- > **Treatment** and/or disabilities, costs and expenses resulting from participation in war, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act, including resultant imprisonment.

- > **Treatment** resulting from the release of weapon(s) of mass destruction (nuclear, chemical or biological) whether such involve(s) an explosive sequence(s) or not.
- > Injury or illness while serving as a member of a police or military force or unit.
- > All costs directly or indirectly caused by or contributed to or arising from:
 - ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
 - the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- > All costs for **treatment** in respect of medical expenses incurred after the expiry date of the **Certificate**.
- > All expenses of cryopreservation
- > All expenses of introduction or re-introduction of living cells or living tissue, except as defined under **Organ and Bone Marrow Transplants and Stem Cell Treatment** and this **benefit** is included on **your Certificate**.
- > All organ transplantation costs, except as defined under **Organ and Bone Marrow Transplants and Stem Cell Treatment** and this **benefit** is included on **your Certificate**.
- > Costs in respect of **Hormone Replacement Therapy (HRT)** related to the treatment and symptoms of menopause, except as defined under **Menopause Hormone Replacement Therapy** and this **benefit** is included on **your Certificate**.
- > **Treatment** for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, occupational therapy and developmental, social or behavioural problems.
- > Contraception, sterilisation or any **treatment** of sexual problems (including impotence, whatever the cause).
- > All **treatment** costs as a result of visiting a dietitian, whatever the diagnosis.
- > All costs relating to and including diagnosis of eating disorders.
- > All expenses relating to vitamins, minerals and other supplements, including homeopathic remedies, irrespective of whether these have been prescribed or not.
- > All costs relating to **prescription drugs** which are available to purchase without a **Physician's** prescription even when included on a **Physician's** prescription
- > Any costs relating to **treatment** for, or as a result of, obesity, such as slimming aids, drugs, slimming classes or obesity surgery (including gastric bands/sleeves).
- > Any costs relating to medical **treatment** required as a direct result of not following the medical advice given by a **Physician**.
- > Any costs incurred during a **benefit waiting period**.
- > Any hospital accommodation costs that are more expensive than a private standard single room as well as personal items such as telephone calls, newspapers, Wi-Fi, guest meals, toiletries or cosmetics.
- > All costs relating to orthotics for example insoles.
- > All costs relating to preventative treatment and medications.
- > All outpatient home consultations except as defined under **outpatient services**.
- > All costs relating to gender reassignment surgery and hormone **treatment** required for the transition process
- > All costs incurred as a result of participating in base jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, free climbing, mountaineering with or without ropes, scuba diving to a depth of more than ten (10) metres, trekking to a height of over 2,500 metre, bungee jumping, canyoning, hangliding, paragliding or microlighting, parachuting, potholing, skiing off piste or any other winter sports activity carried out off piste

EMERGENCY MEDICAL EVACUATION EXCLUSIONS

- > All transportation costs occurred during trips specifically made for the purpose of obtaining medical **treatment** if not part of an approved **Emergency Medical Evacuation**, except as defined under **Local Road Ambulance Services**.
- > All **Emergency Medical Evacuation** costs for which **you** did not obtain **Pre-Authorisation** in advance by the **Assistance Company**, except as defined under **Emergency Medical Evacuation**.
- > All costs relating to 'search and/or rescue' operations to find and/or rescue an insured person in mountains, at sea or other similar remote locations and costs relating to air/sea rescue operation or evacuation from any off-shore structure or ship

DENTAL CARE EXCLUSIONS

- > All dental **treatment** except as defined under **Dental Treatment Following an Accident** and **Routine Dental Treatment** and these **benefits** are shown on **your Certificate**.
- > All elective dentures and elective cosmetic **dental treatment**.
- > The costs of precious metals used in dental **treatment**.
- > All costs relating to mouth guards.

MATERNITY CARE EXCLUSIONS

- > All abortions, except where there is an immediate threat to the life of the mother, as certified by a medical practitioner.
- > All elective caesarean section deliveries.
- > All costs relating to pregnancy and childbirth, unless **Normal Pregnancy and Childbirth and/or Complicated Pregnancy and Childbirth and/or Complications of Pregnancy** are shown on **your Certificate**.

7. CLAIMS

7.1 HOW TO MAKE A CLAIM

You must provide **us** with written notice, which can be by post or email, of a **claim** as soon as practicably possible after the start of **treatment**. **You** must give **us** notice of a **claim** as soon as practicably possible even when the supporting documentation is not yet available.

You must provide a separate fully completed **claim** form for each medical condition that has been signed by the treating **Physician**. **You** must provide full supporting documentation, original invoices and receipts as soon as practicably possible. **We** will not provide reimbursement of any invoices/receipts received by **us** which are more than one-hundred and eighty (180) days old.

You must provide **us** with a written response to any request for additional information regarding **your claim** as soon as practicably possible. Failure to provide **us** with the information we have reasonably requested within sixty (60) days of the original request, will result in the closure of **your claim** and no further action will be taken.

When **you** receive **treatment** for a condition/**benefit** covered by the **Plan**, **you** are eligible to **claim** from the start of the course of **treatment** until the **treatment** is concluded or until the expiry of **your Certificate**, or the termination of **your Plan**, whichever is earlier. Where a **benefit** is claimed for **treatment** received and **you** subsequently **claim** for a new course of **treatment**, which is not in any way connected with the former **treatment**, the subsequent **claim** will be regarded as a new **claim**.

We will pay up to the limits shown on **your Certificate** for expenses incurred as a direct result of **you** suffering bodily injury, sickness, disease or being pregnant (where **Normal and Complicated Pregnancy benefit** is included in **your Certificate**) during the **Certificate period**.

7.1 HOW TO MAKE A CLAIM (CONTINUED)

You must contact the Assistance Company to obtain pre-authorisation before any costs are incurred for all claims under the following benefits; Hospital Services (inpatient treatment), Inpatient Psychiatric Treatment, Organ and Bone Marrow and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy, all Emergency Medical Evacuation benefits and Normal and Complicated Pregnancy and Childbirth and any other claim likely to exceed £2,500/\$4,250/€3,500 in any one (1) Certificate period. In the case of an emergency admission to a Hospital, the 24 hour Assistance Company must be notified of your admission as soon as practicably possible.

IF YOU FAIL TO CONTACT THE 24 HOUR ASSISTANCE COMPANY FOR PRE-AUTHORISATION IT WILL RESULT IN YOU BEING RESPONSIBLE FOR THE FIRST £1,000/\$1,700/€1,400 OF EACH CLAIM

IF YOU FAIL TO CONTACT THE 24 HOUR ASSISTANCE COMPANY PRIOR TO INCURRING COSTS FOR EMERGENCY MEDICAL EVACUATION CLAIMS YOUR CLAIM WILL NOT BE PAID, WITH THE EXCEPTION OF A DIRE EMERGENCY WHERE THE 24 HOUR ASSISTANCE COMPANY COULD NOT BE CONTACTED IN ADVANCE, BUT WERE INFORMED AS SOON AS PRACTICABLY POSSIBLE AFTER THE EVACUATION.

TYPE OF CLAIM	WHAT YOU NEED TO DO	WHAT WE WILL DO
<p>OUTPATIENT AND DENTAL CLAIMS If you receive any medical or dental treatment on an outpatient basis</p>	<p>A fully completed claim form should be submitted for each claim.</p> <p>You should complete Sections A and B on the claim form. The Physician must complete Section C on the claim form. A separate claim form is required for each medical condition. All questions must be fully answered – ticks and dashes will not be accepted and may delay settlement of the claim.</p> <p>We do not pay for any charges related to the completion of a claim form.</p> <p>On submission of your first claim, you must provide us with your full bank account details (including IBAN and SWIFT/BIC where required) so that we can arrange for settlement of your claim. Your bank account details will be stored securely and used for any future reimbursements. You must tell us if your account details change.</p> <p>If the total cost of a claim is less than £250/\$500/€375 and a claim form cannot be completed, the following information should accompany the claim:</p> <p style="text-align: center;">Insured Name and Date of Birth Certificate Number Confirmation of the medical symptoms/injury Referral letter if relevant Itemised medical invoice detailing the treatment received and costs Itemised Physician's Prescription Proof of payment of medical invoice/prescription Full bank account details for settlement</p> <p>We reserve the right to request a claim form and/or addition medical information if required to review the covered expenses of the claim.</p> <p>If the total cost of a claim is more than £250/\$500/€375 a claim form will need to be completed by the Physician and submitted</p> <p>The fully completed claim form, or accompanying information, along with the original invoices and/or receipts and your full bank details for settlement should be sent to us at the following address:</p> <p style="text-align: center;">APRIL International UK Walsingham House 35 Seething Lane London, EC3N 4AH United Kingdom</p> <p>If the claim is less than £1,000/\$1,700/€1,400 the claim form and copies of the invoices and/or receipts and your full bank details for settlement can be submitted to us by email: claims@april-international.co.uk</p> <p>The original documents must be retained as we reserve the right to request them.</p> <p>We must receive notification of a claim as soon as practicably possible after the start of treatment.</p>	<p>Once we have reviewed the documentation provided, we will send to you an Explanation of Benefits by email and make payment of the covered expenses directly into your chosen bank account. Claims can be settled in any currency that you choose (providing that such currency can be freely purchased by our Bank) and not necessarily in the currency of the bills submitted or the currency of your Plan. There are some currencies we are not able to make settlement in. We will apply the exchange rate applicable on the date that we process the claim. If you have an excess on your Plan, this will be deducted from the eligible costs before any reimbursement is made. We will pay for any bank charges incurred in submitting the funds into your account. We will not pay for any charges made by your bank for receiving the funds.</p>

7.1 HOW TO MAKE A CLAIM (CONTINUED)

TYPE OF CLAIM	WHAT YOU NEED TO DO	WHAT WE WILL DO
<p>CLAIMS REQUIRING PRE-AUTHORISATION</p> <p>If your claim is likely to exceed £2,500/\$4,250/€3,500 or if you are claiming for benefit under Hospital Services (inpatient treatment), Inpatient Psychiatric Treatment, Organ and Bone Marrow and Stem Cell Treatment, Oncology, Chemotherapy and Radiotherapy, all Emergency Medical Evacuation benefits and Normal and Complicated Pregnancy and Childbirth</p>	<p>You, or your representative must contact the Assistance Company as soon as practicably possible:</p> <p>Telephone +44 (0) 1243 621130</p> <p>Fax: +44 (0) 1243 773169</p> <p>Email: april-international@cegagroup.com</p> <p>You must provide them with the following information on the person who will be receiving treatment:</p> <ul style="list-style-type: none"> > Full Name > Date of Birth > Certificate Number > Name and contact details of Treating Physician > Details of the medical condition > Details of the Hospital, if the claim is for inpatient treatment. <p>In the event of dire emergencies in remote or primitive areas where the Assistance Company cannot be contacted in advance, an Emergency Medical Evacuation must be reported as soon as practicably possible.</p>	<p>The Assistance Company will contact you or your treating Physician to obtain the required medical information so that they can confirm that the required treatment is covered by your Plan. For any inpatient treatment they will issue a Guarantee of Payment to the provider of your medical care confirming what will be covered by the Plan. The Hospital/Physician will send the medical bills directly to the Assistance Company who will arrange for direct settlement with the Hospital/provider of medical care. If you have an excess on your Plan this will be deducted from the payment made and you will be responsible for pay the costs not covered directly to the Hospital/provider of medical care</p>
<p>EMERGENCY MEDICAL EVACUATION</p> <p>When you have an emergency, critical or life-threatening medical condition and local medical facilities may not be available to provide the medical treatment required</p>	<p>You must provide them with the following information on the person who will be receiving treatment:</p> <ul style="list-style-type: none"> > Full Name > Date of Birth > Certificate Number > Name and contact details of Treating Physician > Details of the medical condition > Details of the Hospital, if the claim is for inpatient treatment. <p>In the event of dire emergencies in remote or primitive areas where the Assistance Company cannot be contacted in advance, an Emergency Medical Evacuation must be reported as soon as practicably possible.</p>	<p>The Assistance Company will contact you or your treating Physician to obtain the required medical information so that they can assess your medical condition and decide if medical evacuation is required, by what means of transportation and where would be the best place for you to receive the required medical treatment. They will make arrangements for transportation to the required medical facility. They will also decide if a medical escort is required. The Assistance Company will settle any costs directly with the airline/evacuation company/provider of medical care.</p>
<p>REPATRIATION OR LOCAL BURIAL</p> <p>If you or your covered dependants die outside your Home Country whilst covered by the Plan</p>	<p>In the event of dire emergencies in remote or primitive areas where the Assistance Company cannot be contacted in advance, an Emergency Medical Evacuation must be reported as soon as practicably possible.</p>	<p>The Assistance Company will ask for medical information in relation to the death and will ask for a copy of the death certificate. They will also confirm if Repatriation or Local Burial is covered by your Plan and assist you with making any arrangements for repatriation of the mortal remains. We will arrange to pay the providers directly up to the limits shown on your Certificate. If you have a Voluntary Excess on your Plan, this will be deducted from the eligible costs before any reimbursement is made.</p>
<p>EMERGENCY NON-MEDICAL EVACUATION</p> <p>When there is a life threatening situation resulting from political or civil unrest, or your life is in danger as a result of a natural disaster</p>		<p>The Assistance Company will refer your case to Crisis24 who will make contact with you to assess your situation. Crisis24 will make any appropriate arrangements to move you to a place of safety and we will make settlement directly with them for any costs incurred</p>

7.1 HOW TO MAKE A CLAIM (CONTINUED)

TYPE OF CLAIM	WHAT YOU NEED TO DO	WHAT WE WILL DO
<p>TELECONSULTATION If you require access to a licensed General Physician via telephone for non-emergency medical advice</p>	<p>Submit a request to our service partner Teladoc by completing an online form here</p> <p>You will need to provide your full name, date of birth and policy number</p>	<p>A doctor will call you back within 3 hours of submitting the request.</p> <p>This is not an emergency service and below are examples of the conditions that cannot be treated:</p> <p>Chest pain, shortness of breath, severe abdominal pain, heavy bleeding, thoughts of suicide or self-harm, confusion, loss of consciousness, severe infection, severe pain, suspected stroke, seizures, pregnancy complications, high fever in unwell infant.</p> <p>If you are feeling unwell, we advise you to contact your local emergency services.</p> <p>It is important that you keep a record of any consultation notes that are sent to you after the teleconsultation has concluded</p>
<p>SECOND MEDICAL OPINION If you are receiving medical treatment that is covered by your Plan and you require a second medical opinion on the proposed treatment plan</p>	<p>Submit a request to our service partner Teladoc by completing an online form here</p> <p>You will need to provide your full name, date of birth and policy number This is a completely confidential service and will not have any impact on your plan</p>	<p>Your case will be assigned to a specialist doctor with expertise aligned to your diagnosis/medical condition who will request all relevant information regarding your medical diagnosis.</p> <p>They will ask for your permission to contact your treating Physician and request your medical reports. These reports are then sent to a specialist in the field of your medical condition. The specialist will assess the information and provide you with their findings in a confidential document that can presented to the treating Physician.</p> <p>We will not receive a copy of the report. If you feel that the treatment they have recommended is the route you would like to take then we will confirm whether the treatment is covered by your plan</p>

7.2 DUAL INSURANCE

If at the time of submitting a **claim**, **you** have more than one (1) insurance policy in force, **we** will only pay **your claim** on a proportionate basis if **you** are entitled to reimbursement from any other source in respect of the same bodily injury, sickness, disease, death or expense. The **Insurer** of **your Plan** has the right to make a **claim** on any other insurance policy that **you** have in force.

7.3 RESOLVING DISPUTES

If there is a difference of medical opinion in respect of any **claim**, this will be settled between two (2) medical experts appointed by the two

(2) sides of the dispute. Any differences of opinion between the two (2) medical experts will be referred to an umpire appointed in writing by the two (2) medical experts at the time of their appointment.

7.4 MEDICAL EXAMINATIONS

We/The Insurer shall have the right and opportunity, through **our** medical representatives, to request that **you** undergo a medical examination whenever and as often as may be required within the duration of any **Claim**.

8. IMPORTANT INFORMATION

8.1 HOW TO COMPLAIN

Our objective is to provide you with a high level of service at all times. With the best of intentions we have to accept that there may be an occasion where you feel that we have not met this objective. Should you have any questions or concerns about your Plan, please follow the procedures below:

	WHAT YOU NEED TO DO	WHAT ACTION WILL BE TAKEN
<p>If you wish to make a formal complaint relating to the administration of your Plan, or this Policy Guide</p>	<p>You should contact April International Care France providing your Name, Certificate Number and full details of your complaint. The contact details are:</p> <p style="text-align: center;">April International Care France 14, rue Gerty, Archimède – 75012 Paris– France Email: complain.expat@april-international.com Post: APRIL International Care France – Service Courrier – 1, rue du Mont – CS 80010 – 81700 Blan – France</p>	<p>We will acknowledge receipt of your question or concern and provide you with a response within two (2) working days. We will tell you what the next steps are if you are dissatisfied with our response. We will provide you with a copy of our complaints procedure in writing.</p>
<p>If you wish to make a formal a complaint relating to a claim under your Plan you may do so at any time</p>	<p>You may refer the complaint to the Complaints Department at Hamilton Insurance DAC. The address is:</p> <p style="text-align: center;">The Complaints Department Hamilton Insurance DAC 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland E-mail: HIDACComplaints@hamiltongroup.com Telephone Number: +353 1232 1900</p> <p>The complaint will be acknowledged, in writing, within 5 (five) business days of it being made.</p> <p>Hamilton Insurance DAC is a designated activity company and is regulated by the Central Bank of Ireland.</p> <p>Registered Office: 2 Shelbourne Buildings, Crampton Avenue, Ballsbridge, Dublin 4, D04W3V6, Ireland. Registered in Ireland Number 484148.</p> <p>You can check this information on the Central Bank of Ireland's website at www.centralbank.ie, which includes a register of all the firms they regulate.</p>	<p>The final response will state whether they accept or reject your complaint.</p> <p>Full reasons will be given if your complaint is rejected..</p>
<p>If you are dissatisfied with the outcome</p>	<p>If you remain dissatisfied after the Complaints Department as considered the complaint or a final decision has not been received within forty (40) business days, you may have the right to refer your complaint to the Financial Services and Pensions Ombudsman at:</p> <p style="text-align: center;">Financial Services and Pensions Ombudsman Lincoln House Lincoln Place Dublin 2 D02 VH29 Telephone: +353 1 567 7000 Email: info@fspo.ie</p>	<p>They will review your case and provide you with their final decision.</p>
	<p>The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for Hamilton Insurance DAC is the Financial Services and Pensions Ombudsman, which can be contacted directly using the contact details above. For more information about ODR please visit http://ec.europa.eu/odr.</p>	

8.2 INSURANCE GUARANTEE SCHEMES

Depending upon where in the EEA you and/or the insured risk is located, there may be a local scheme that applies. Where a scheme is available in an EEA member state, it may cover only limited types of insurance (e.g compulsory motor cover) although some jurisdictions have wider schemes. If you have any questions, please contact us.

8.3 GOVERNING LAW AND JURISDICTION

The parties are free to choose the law applicable to this policy. Unless specifically agreed to the contrary the contract of insurance shall be governed by the laws of Ireland and subject to the exclusive jurisdiction of the courts of Ireland.

Unless otherwise agreed the language of this Plan shall be English.

The body responsible for regulating APRIL International Care France insurance activities is the Prudential Supervision and Resolution Authority. APRIL International Care France is regulated by the Autorité

de Contrôle Prudential et de Résolution (Prudential Supervision and Resolution Authority), located at 4 place de Budapest, CS 92459, 75436 Paris Cedex 09, FRANCE.

8.4 DATA PRIVACY

For full information about how we process and protect your personal information please refer to our Privacy Policy which can be viewed by clicking on the site terms and conditions on our website www.april-international.com

How We Use Your Information

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, insurance mediation, research or for statistical purposes.

We may process your information for a number of different purposes.

For each purpose **we** must have a legal ground for such processing. When the information that **we** process is classed as 'special category data, **we** must have a specific additional legal ground for such processing.

Generally, **we** will rely on the following legal grounds:

- > It is necessary for **us** to process **your** personal information to provide this policy and services related to it. **We** will rely on this for activities such as providing **you** with information about **your** quote, assessing **your** application, managing **your** policy, handling claims and providing other services to **you**.
- > **We** have an appropriate business need to process **your** personal information and such business need does not cause harm to **you**. **We** will rely on this for activities such as maintaining **our** business records, developing, improving our products and services, and providing information about **our** products and services to **you**.
- > **We** have a legal or regulatory obligation to use such personal information.
- > **We** need to use such personal information to establish, exercise or defend **our** legal rights.
- > **You** have provided **your** consent to **our** use of **your** personal information, including special category data.

How we share your information

In order to sell, manage and provide **our** products and services, prevent fraud and comply with legal and regulatory requirements, **we** may need to share your information with the following types of third parties:

- > Insurers, Reinsurers, Regulators and Authorised/Statutory Bodies
- > Fraud prevention agencies
- > Crime prevention agencies, including the police
- > Suppliers carrying out a service on **our** behalf
- > Other insurers, business partners and agents
- > Other companies within the APRIL Group

As **we** operate as part of a global business, **we** may transfer your personal information outside the European Economic Area (EEA) for these purposes where adequate protection is in place.

Marketing

We will not use **your** information or pass it on to any other person for the purposes of marketing further products or services to **you** unless **you** have consented to this.

Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering we may check **your** details with fraud prevention agencies and sanction websites, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

We may also conduct credit reference checks in certain circumstances. **You** can find further details in **our** full Privacy Policy explaining how the information held by fraud prevention agencies may be used.

Automated Decisions

We may use automated tools with decision making to assess **your** application for insurance and for claims handling processes. If **you** object to an automated decision, **we** may not be able to offer **you** an insurance quotation.

Contact Us

Please contact **us** if **you** have any questions about our privacy policy or the information we hold about **you**.

8.5 INSURERS FAIR PROCESSING NOTICE

For information about how the **insurers** process **your** personal information, please see their full privacy notice at: <https://www.hamiltongroup.com/privacy>.

If **you** have questions or concerns regarding the way in which the **Insurers** use **your** personal information, please contact: legalnotices@hamiltongroup.com.

8.6 RIGHTS OF THIRD PARTIES

A person who is not a party to this contract of insurance has no right to enforce any term of this contract of insurance but this does not affect any right or remedy of a third party that is available under the Consumer Insurance Contracts Act 2019.

8.7 INSURANCE ACT 1936

All monies which become or may become due and payable by the insurer under this policy shall, in accordance with Section 93 of the Insurance Act 1936, be payable and paid in Ireland.

8.8 STAMP DUTIES CONSOLIDATION ACT 1999

The appropriate stamp duty has been or will be paid in accordance with the provisions of section 5 of the Stamp Duties Consolidation Act 1999.

8.9 SANCTIONS

We shall not be deemed to provide cover and **we** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

8.10 CYBER RISKS

Any **benefits** for bodily injury or illness caused by or arising out of a Cyber Act or a Cyber Incident are payable, subject to the terms, conditions, limitations and exclusions of this policy.

Cyber Act means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any Computer System.

Cyber Incident means:

- > any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Computer System; or
- > any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Computer System.

Computer System means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.



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www.april-international.com

A French simplified joint-stock company (S.A.S.) with capital of €200,000 - RCS Paris 309 707 727
Insurance intermediary - Registered with ORIAS under number 07 008 000 (www.orias.fr)
Prudential Supervision and Resolution Authority - 4 place de Budapest - CS 92459 - 75436 PARIS
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