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HealthCare INTERNATIONAL

HealthCare International Medical Insurance Policy
– POLICY TERMS & CONDITIONS -

This is a Health Insurance policy, containing a full list of cover with the terms and conditions. It is paramount that you keep it somewhere safe.

For additional copies or any other queries please contact HealthCare International.

IMPORTANT INFORMATION
This policy is a contract of insurance and is the basis upon which all claims will be considered. Each Insured Person should read this policy carefully ensuring that he/she fully understands all terms, exclusions, conditions and limitations.

MONEY BACK GUARANTEE
If having purchased this insurance, you decide that it does not meet your requirements, please return this Policy together with written cancellation instructions to HealthCare International within 14 days of the date of issue stated in the certificate, and provided that no claim has been made, the premium will be refunded in full. This clause does not apply to policies renewing at the policy Anniversary.

BASIS OF COVER
Your application form, this policy, your certificate, any other information given, and any endorsements are all part of this contract and should be read together to avoid misunderstanding.

They indicate the persons insured, the cover sections that are in force and contain details of your cover. No promotional literature or advice booklets form part of your contract.

In return for having received and accepted your premium, **We** will provide insurance within the terms of this policy in respect of events occurring during the period of insurance.

LAW TO BE APPLIED
This insurance shall be subject to the laws of Trinidad and Tobago.

POLICY ADMINISTRATION
This policy is administered by:
HealthCare International, UK Administration Office, 160 Brompton Road, Knightsbridge, London SW3 1HW, United Kingdom
Tel: +44 (0)20 7590 8800 Fax: +44 (0)20 7590 8815

CLAIMS ADMINISTRATION
For 24 hour Emergency Assistance, Pre-Authorisation and General Claims Handling:

HCI 24:7, 160 Brompton Road, London SW3 1HW, United Kingdom
Tel: +44 (0)20 7590 8816 Fax: +44 (0)20 7590 8819

- **HCI 24:7 must be notified within 48 hours of an insured person being admitted to HOSPITAL in order to confirm the conditions of cover.**
- **Emergency MEDICAL EVACUATION & TRANSPORTATION must also be pre-authorised to ensure cover is in place.**

The treating physician should be asked to contact HCI 24:7 immediately when an Insured Person is admitted to a hospital in order that such confirmation may be given and direct payment of bills arranged.

DEFINITIONS: *For the purpose of this insurance policy, the following terms shall have the stated meanings:*

Accident / Injury: Bodily injury caused solely by violent, accidental, external and visible means and not by sickness, disease or gradual physical or mental process.

Acute: A disease, illness or injury of rapid onset, severe symptoms, and brief duration that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.

Annual Health Checks: are tests/screenings that are undertaken without any clinical symptoms being present. Such tests include the following examinations performed, at an appropriate age interval, for the early detection of illness or disease:
- Vital signs (blood pressure, cholesterol, pulse, respiration, temperature etc.).
- Cardiovascular exam.
- Neurological exam.
- Cancer screening.

Annual Renewal Date: The date twelve months after the inception date shown on the certificate.

Area of Cover: As defined below and as stated on the certificate as being the area of cover:
A) **Worldwide Excluding the USA**.
B) **Worldwide Including the USA**.
C) **Europe**

Certificate: Details of the Insured Persons, insurance year, premium, excess/deductible and inception date. This certificate forms part of the insurance. HealthCare International will provide a new certificate after any alteration made to the policy. The Certificate confirms that an insurance relationship exists between you and **Us**.

Chronic: An illness or injury, which has one or more of the following characteristics:
- It has no known recognised cure.
- It continues indefinitely.
- It comes back or is likely to come back.
- It is permanent.
- Requires palliative treatment.
- Requires long-term monitoring, consultations, check-ups, examinations or tests.
- **You** need to be rehabilitated or specially trained to cope with it.

Claim: The total cost of treating a single Accident, Bodily Injury or Illness. A separate Claim Form is required for each person claiming and for each medical condition being claimed for.

Co-Insurance: The proportion of costs for a claim over and above the policy excess (if applic.), which the Insured Person remains responsible, as specified in this policy wording or on the certificate. The Insured Person must pay the coinsurance in respect of each separate incident, giving rise to a claim.

Any additional voluntary Co-Insurance (10, 20 or 30%) only applies to the first **$20,000** of covered treatment and does not apply to the following benefits:
- Benefits listed under Sections 4, 5 and 6.
- Benefits where a mandatory co-insurance exists.
- Cash benefit, where treatment is received in a public 'non-charging' hospital.

Convalescent Facility: An institution licensed to provide 24 hour chargeable qualified nursing care, through supervision by a full-time physician, and physical restoration services to help patients achieve self-care in daily living activities.
This does not extend to any institution providing long term care for the elderly, custodial or educational care or for care of alcoholism, drug addiction, senility and mental disorders.

Country of Residence: The country in which the Insured Person lives as stated in the Application Form, or any other country which **We** are asked to substitute as the Insured Person's new Country of Residence so long as:
- **We** are informed in writing of any such permanent change in the country where the Insured Person usually lives.
- **We** confirm **Our** agreement to continue insuring the Insured Person under this Policy on the same terms.

The Insured Person is deemed to make a permanent change in his/her Country of Residence if the Insured Person lives or intends to live in the other country for more than 90 consecutive days.

Critical Medical Condition: A medical condition arising which, in the opinion of **Our** physician in consultation with the local treating

doctor as necessary, requires immediate evacuation to an appropriate medical facility.

Day-Care / Surgery Treatment: Treatment received while an Insured Person occupies a hospital bed or is charged for hospital accommodation (and who signs an admission form or on whose behalf it is signed), but is not medically necessary to remain overnight.

Deductible: See Excess

Dentist: A physician who is recognised as a dentist by the competent authority.

Dependant: The Insured Person's legal spouse (or partner of the same or opposite sex who has been living with the Insured Person for more than six continuous months) who is not legally separated from the Insured Person, and his/her unmarried child, step-child, foster child or legally adopted child - provided that such child is less than 21 years old on the date the Insured Person is first included under this Policy or at any subsequent renewal of the Policy (or less than 25 years old if it can be demonstrated that the child is continuing in full-time education and is financially dependent on the Insured Person for support).

Dread Diseases: Is a severe illness such as but not limited to cancer, heart disease, open-heart surgery, stroke, coma, diabetes, epilepsy, multiple sclerosis, motor neuron disease, parkinsonism, rheumatoid arthritis and accidental HIV via a blood transfusion, or as covered elsewhere in the Policy.

Emergency Dental Treatment: Treatment necessary as a result of an accident/injury by an extra-oral impact, received within 48 hours from the date and time of the accident/injury for the immediate relief of pain caused by natural teeth being lost or damaged in an accident.

Emergency Medical Expenses: Medical expenses which are strictly necessary and which are incurred within the chosen area of cover, as a result of the insured sustaining a bodily injury or becoming ill and which cannot be postponed.

Excess: The first amount of each and every claim, as covered under sections 2 and 3, which shall be the responsibility of the Insured Person on a per condition basis, before benefits become payable under this Policy.

An excess does **NOT** apply to the following benefits:
Section 1: Assistance Services.
Section 4: Additional Travel & Accommodation Costs.
Section 5: Hospitalisation Cash Benefit.
Section 6: Optional Benefits.
Cash benefit, where treatment is received in a public 'non-charging' hospital.
Outpatient prescription drugs.
Outpatient physician and paramedical fees.
Vaccinations.
Well Child care.
Executive Plan benefits as follows: Alternative Medical Treatment, Psychiatry, Prescribed Medical Aids, Preventative Treatment & Annual Health Checks, Glasses or contact lenses, DentalCare.

Home Country: The country that the Insured Person holds a passport and is clearly stated as such on the application form.

Hospital: Any institution or establishment under the constant supervision of a resident physician which is legally licensed as a medical or surgical hospital in the country where it is located.

Hospital Services: Include reasonable and customary charges, in the area where treatment is provided, for hospital accommodation up to the cost of a single-bedded room, meal charges, all hospital medical facilities, and all medical treatment and medical services ordered by a physician.

Inception Date: The date that the insurance starts as shown on the certificate.

Inner Limit: The maximum amount payable by the insurer under the applicable section. Such amount being deducted from the maximum amount insured per person per insurance year.

Illness: Any sickness, disease, disorder or alteration in the Insured Person's medical condition as duly diagnosed by a physician.

In-Patient Treatment: Treatment provided in a hospital where an Insured Person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one insured event, unless agreed by **Us** in writing.

Insured Person: The person named on the certificate as being an Insured Person.

Insurer: Guardian Life of the Caribbean Limited.

Local Ambulance Services: Necessary medical transport, required for non-emergency or out of medical necessity, to the next available and appropriate hospital or medical facility.

Medical Expenses: All reasonable and necessary costs incurred in respect of medical or surgical treatment of a medical condition given by a physician and/or any surgeon, radiologist or other specialist to whom the Insured Person has been referred.

Medically Necessary: A medical service or treatment which in the opinion of a qualified medical practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the Insured Persons condition or quality of medical care rendered.

Nursing at Home: The services within the Insured Person's home of a government licensed nurse prescribed by a physician for medical (as distinct from domestic) reasons.

Organ Transplants: The reasonable and customary hospital and physician charges for kidney, bone marrow, heart valve, muscular-skeletal, parathyroid, heart, heart/lung, liver, pancreas, or pancreas/kidney human organ or tissue transplant.

Orthodontic Treatment: The use of devices to correct malocclusion and restore the teeth to proper alignment and function.

Outpatient Treatment: Private Specialist consultation, diagnostic procedures and treatment by a specialist, other than in-patient or day-care treatment.

Palliative: Treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the illness or injury causing the symptoms.

Period of Insurance: The period of insurance stated on the certificate.

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

Physiotherapist: A practicing physiotherapist who is registered as such by the competent authority. The expenses of physiotherapy do not include those of antenatal and maternity exercises, manual therapy, sports massage and occupational therapy.

Policyholder / You / Your: The person who has concluded the insurance and in whose name the insurance is effected.

Pregnancy & Childbirth: Childbirth, miscarriages and terminations (including pre and post natal check-ups and delivery costs) after the first 12 months of cover.

Pre-existing Condition: An injury, illness, condition or symptom:

- For which treatment, or medication, or advice, or diagnosis has been sought or received or was foreseeable by **You** in the five (5) years prior to the commencement of the Policy for **You** or the Insured Person concerned.
- Which originated or was known to exist by **You**, or the Insured Person, in the five (5) years prior to the commencement of the Policy whether or not treatment, or medication, or advice, or diagnosis was sought or received.

It is a condition of this Policy that any illness or condition that would cause you to make a claim that occurred between the time of signing and submitting the application to the insurance company, will be considered as a pre-existing medical condition.

Prescription Drugs & Medicines: Products that may be marketed as medicines on the strength of local regulations and have been supplied by the order of a physician, dentist or a dispensing general practitioner. *Not eligible for benefits are:*

- Slimming products or weight control products.
- Tonics, medicinal wines.
- Cosmetics.
- Children's food and baby products other than those prescribed for a medical condition covered under the policy.

Product Level: The level of cover selected as being operative under Section 2, and as documented on the certificate.

Reasonable & Customary Charges: The average amount charged in respect of valid services or treatment costs, as determined by **Our** experience in any particular country, area or region and substantiated by an independent third party, being a practicing Surgeon/Physician/Specialist or government health department.
The Insured Person is responsible for the payment of any balance over the allowable charges paid by the Insurer.

Rehabilitation Centre: A rehabilitation centre registered in accordance with the competent authorities legislation but excluding hospitals as defined elsewhere.

Relative in the First Degree: Spouse, parents (in-law), children and the person with whom the Insured Person lives together on a permanent basis. Brothers (in-law), Sisters (in-law).

Specialist (Physician, Anaesthetist and Surgeon): A person suitably qualified and legally licensed to practice medicine in the country where treatment is provided and who holds a certificate of specialist training (or an equivalent which is accepted by **Us**). The specialist must be practicing within the scope of his/her license and training.

Sports – classified as Dangerous: Fighting or self-defence sports; (semi) professional sports; motor sports; racing of any kind other than on foot; mountaineering expeditions; free climbing without ropes; pot-holing, caving or cave diving; solo sea sailing; ski jumping; bungee jumping; bobsleighing, skeleton, lugeing, use of fire- or other arms; hunting; hunting on horseback; and any other sport, which involve an exceptional risk of an Accident or Injury.

Sports – classified as Hazardous: Parachuting, aviation other than as a fare-paying passenger on scheduled flight, gliding, hang-gliding, micro-light flying, jet skiing, polo, American Football; horse riding; unaccompanied trekking above 2,500 metres; mountaineering or rock-climbing with the use of ropes, rappelling; scuba diving to a greater depth than 30 metres or where a PADI Certificate is not held; white water canoeing, white water rafting; water skiing; ice hockey; and any sport involving a higher than normal (but not exceptional) risk of an Accident.

Travel Expenses: Transport on the basis of the lowest class of the means of transport in which travelling is done.

Vaccinations: All basic immunisations and booster injections which treatment is being given and any medically necessary travel vaccinations. Benefit includes both the cost of the drug and the consultation fee for administering the vaccine.

We / Us / Our: Guardian Life of the Caribbean Limited.

OTHER INSURANCES

If it should appear that the damage or expense covered by this insurance is also covered by (an)other policy/policies, of an older date or not, or would have been covered under it/them if this agreement had not existed, this insurance shall only run as a surplus on top of the cover that has been given on the other policy/policies or would have been given if this policy had not existed.

Co-ordination of Benefits

If an insured person is covered by a Government programme or another group health policy (employer, educational institution, professional association, etc.), the benefits of both plans will be coordinated in order that the combined payments do not exceed the actual covered expenses.

The general rule is that one policy pays first and the second policy pays the remaining eligible expenses up to the limits in the second plan. The Insurer of the second policy should receive original copy of the first policy's reimbursement statement and photocopies of all relevant bills.

The following list identifies which policy should receive the original bills and act as the "First Policy" for:

1. **All covered persons:**
   - Government programs (Social Security, Medicare, etc.).
   - Non-health insurance (automobile, homeowner's, liability, etc.).
2. **Spouse:**
   - Spouse's employer's policy.
3. **Dependant divorced children (in descending order):**
   - Policy of divorced parent declared responsible by a court order.
   - Policy of divorced parent with custody.
   - Policy of step-parent (divorced parent with custody has remarried).

PRE-AUTHORISATION

Pre-authorisation is a process whereby our claims department guarantees cover for certain in-patient or outpatient treatments and costs. The process requires that a Treatment Guarantee Form is completed by your physician and faxed to our claims department for approval prior to treatment.

PREMIUMS

The policyholder must pay the full premium in advance for all the Insured Persons appearing on the policy schedule, unless agreed otherwise by **Us**.

If the policyholder refuses to pay the amount due, the cover shall be suspended. No further notice of default by the insurer shall be required. The suspension shall be considered to have commenced on the first day of the period for which the total amount is due. As this is an Annual Contract, this does not remove the policyholder's obligation to pay the full premium due. The cover shall commence again on the day after the one on which the amount due has been received and accepted by the insurer. No right to any benefit shall exist for the consequences of any damage arisen at a time at which the insurance was suspended.

Premium changes on account of age shall be effective at the next annual renewal date.

If **Your** age or age of any Insured Person has been misstated and the premium paid as a result is insufficient, **You** would be requested to pay the difference in premium immediately. Any excess premium that may have been paid as a result of any misstatement of age shall be refunded without interest. If at the correct age **You** or the Insured Person would not have been eligible for cover under this Policy, no benefits shall be payable, and **Our** liability shall be limited to the refund of the total premium paid without interest.

No refund of premium will be paid once cover has commenced under this insurance unless:

- Under the money back guarantee on page 1 of this policy.
- Other special circumstances, judged as special by **Us**.

Although **We** may offer the facility to pay the Annual Premiums by instalments, should the policyholder notify **Us** of their wish to cancel their Annual Policy, **We** reserve the right to collect any and all outstanding premiums due, at anytime.

PERIOD OF INSURANCE, TERMINATION AND CHANGES

Period of Insurance: The contract shall remain in force for a period of one year from the inception date and is renewable for successive one-year periods. Where there is a break in cover, **We** reserve the right to re-apply General Exclusion 1.

The effective date of coverage is defined for each Insured Member in the Certificate of Insurance. Coverage ends at midnight on the expiry date indicated on the Insured Member's Certificate of Insurance and in any case no later than the last day of the initial twelve month period. It is then automatically renewed for the twelve month period, unless the Insured Member terminates the coverage on the annual anniversary date by sending a registered letter return receipt which must be received by the Insurer at least two months before the annual anniversary date. The termination of coverage takes effect at midnight on the last day of the twelve month period.

Termination: The Insurance will end:

- If an Insured Person has deliberately given a misrepresentation of the facts. In this case **We** will give the Insured Person 30 days notice, sent by recorded delivery letter, email or fax. We will use the policyholder's last known contact details.

Incorrect disclosure/non-disclosure of any material facts, by you or your dependants, which may affect **Our** assessment of the risk, including but not limited to, those relating to the questions on the application form, will render the contract void from the commencement date, unless **We** otherwise elect in writing. Conditions arising between signing the application form and confirmation of acceptance by the underwriting department, will be deemed to be pre existing. If the applicant is not sure whether something is relevant, the applicant is obliged to inform **Us**. Premium will not be refunded, in part or in whole, and any pending claims settlements will be forfeit.

If a claim is in any respect false, fraudulent, intentionally exaggerated or if fraudulent means/devices have been used by you or your dependants or anyone acting on your or their behalf, to obtain benefit under this policy, **We** will not pay any benefits for that claim. The amount of any claim settlement made to you, before the fraudulent act or omission was discovered, will become immediately due and owing to **Us**.

- For children who reach the age of 21 years at the end of the current period of the insurance. (or up to 25 years of age if it can be demonstrated that they are in full-time education and financially dependent upon the Insured Person). Consequently they shall be insured independently without selection on a separate policy at the premiums corresponding to their ages.

- Unless the Insured Member terminates the coverage on the annual anniversary date by sending a registered letter return receipt, which must be received by the Insurer at least two months before the annual anniversary date, this policy will continue for a further 12 month period.

In the event the Policy is cancelled, all coverage terminates on the expiration date indicated on each Certificate of Insurance.

We reserve the absolute right to refuse to renew or cancel or vary the terms of the policy if:

- There is or has been any fraud, hiding of facts or untrue statements made. **You** must pay back any benefits **We** may have already paid.
- **You** breached the terms of this contract.

Changes: **We** shall be entitled to alter the premium and/or the conditions of certain groups of insurance collectively. If this insurance belongs to that group, **We** shall be entitled to modify the premium and/or conditions of this insurance in accordance with that alteration and this on a date to be determined by **Us**, but normally coinciding with the next annual renewal date.
The policyholder shall be notified of the alteration and shall be deemed to have agreed to it, unless he/she has communicated the opposite in writing within the period mentioned in the notification. In these circumstances, the insurance shall end on the date that has been mentioned in the notification by the insurer.
The possibility of terminating the insurance by the policyholder shall not apply if:

- The alteration of the premium and/or conditions results from statutory regulations and/or provisions.
- The alteration entails a reduction of the premium and/or an extension of the cover.

Newborn Cover: Infants will be accepted for cover from birth, provided **We** are notified, within 4 weeks of the date of birth and that the mother has been insured with **Us** for 6 continuous months, unless agreed otherwise between you and **Us**. Notification of the birth **after** 4 weeks will result in newborn children being accepted for cover from the date of such notification. Such infants will be subject to full medical underwriting. This concession will not apply to infants born as a result of medically assisted conception. (Please note: A specific instruction is required. A submission of a childbirth claim does not constitute formal notification for the newborn to be added to the policy).

Death of Policyholder: If the primary insured dies, this policy will automatically be transferred to the oldest Insured Person over the age of 18 years who shall, upon the death of the primary insured, become the primary insured for all the purposes of this policy and be responsible for paying the premium.
Upon the death of you or a dependant **We** should be notified in writing within 4 weeks. The corresponding insurance will be terminated and a pro rata repayment of the premium will be made if no claims have been filed, **We** reserve the right to request a death certificate before a refund is issued. The death of the subscriber where dependants are included in the policy requires a new subscriber to be elected to the policy.

Address: Notifications by the insurer to the policyholder shall be made in a legally valid manner to the policyholder's last address known to the insurer.

BENEFITS & SERVICES

We will pay costs up to the amount specified within each section of cover and each product level for each Insured Person, each period of insurance, for treatment of an accident, injury or illness for which reasonable and necessary expenses are incurred during the period of insurance.
Our liability in respect of all claims will cease immediately upon termination of the Policy and/or deletion of an Insured Person from the Policy.

SECTION 1: ASSISTANCE SERVICES

GENERAL

- Right to assistance shall only exist if the Insured Person has had prior contact with and approval has been given by HCI 24:7. Expenses shall only be paid if HCI 24:7 has rendered the assistance itself or had it carried out by its order. Claims will only be taken into consideration by HCI 24:7 when provided with the relevant original documents.
- The Insured Person will need to provide his/her name, status (adult or child), policy number, insurance period, inception date, nationality, location and medical problem.
- The Insured Person or a representative (if he/she is not able to) must call HCI 24:7 as soon as reasonably possible with full medical details; otherwise **your** case may not be managed effectively and payment for medical expenses may not be guaranteed.

SERVICES

Long Distance Medical Advice
The Insured Person may contact HCI 24:7 to obtain medical advice from a medical practitioner where he/she is unable to obtain advice from a medical practitioner locally.

It must be noted that a telephone conversation, even with the local attending physician, cannot establish diagnosis and must be treated as advice only.

24 hours Medical Information and Assistance
HCI 24:7 will provide pre-trip referral information on countries and regions to be visited, including local English-speaking doctors and/or addresses and phone numbers of hospitals.

Issue of Hospital Guarantees
HCI 24:7 will issue a guarantee or, in those instances where such a guarantee is not accepted, arrange payment through the insurer for an Insured Person subject to the terms and conditions of that Insured Person's cover, of any required hospital admittance charges on behalf of the insurer.

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Emergency Evacuation up to $1,500,000

In the event of a critical medical condition, when a physician designated by HCI 24:7 in consultation with a local attending physician determines that in his professional opinion, it is necessary for the Insured Person to be transported to a different hospital or treatment facility for immediate expert medical treatment, HCI 24:7 will arrange as soon as reasonably practical and meet the costs of the transport of the Insured Person and one other Insured Person accompanying the patient to the nearest appropriate hospital or treatment facility offering adequate medical treatment under proper medical supervision.

Following completion of treatment, **We** will also cover the costs of the return trip; at economy rates, for the evacuated member to return to his/her principle country of residence.

If medical necessity prevents the insured member from undertaking the evacuation or transportation following discharge from an in-patient episode of care, **We** cover the reasonable costs of hotel accommodation up to a maximum of 7 days, comprising of a private room with en suite facilities. **We** do not cover costs for hotel suites, 4 star or 5 star hotel accommodation.

Where an insured member has been evacuated to the nearest centre of excellence for ongoing treatment, **We** will agree to cover the reasonable cost of hotel accommodation comprising of a private room with en suite facilities. The cost of such accommodation must be more economical than successive transportation costs to / from the nearest centre of excellence and the principle country of residence.

(For more details about accompanying travelling and accommodation expenses, see section 4 of this policy. Please also refer to the Claims Procedure Section.)

All decisions relating to the medical need for transportation, the means and/or timing of any transportation, the medical equipment and medical personnel to be used, and final destination are medical decisions and shall be made by physicians designated by HCI 24:7, in consultation with a local attending physician based on medical factors and considerations.

Medical Transportation

In the event of a medical condition, when a physician designated by HCI 24:7 in consultation with a local attending physician, determines that it is medically necessary for the Insured Person to be sent to the nearest location where appropriate medical care is available, HCI 24:7 will arrange and meet the costs of the transport by scheduled airline using economy class travel ticket as soon as reasonably practical.

Medical repatriation allows a member to return to his/her home country for treatment, provided that the home country is located within the insured person's area of cover.

Medical Monitoring

HCI 24:7 will monitor an Insured Person's condition if they are hospitalised abroad and will keep the Insured Person's employer/family informed.

Return Flight to the Country of Residence

Once the Insured Person has recovered, HCI 24:7 will arrange and pay for the return flight to the Insured Person's country of residence.

SECTION 2: MEDICAL EXPENSES

HEALTHCARE EMERGENCYPLUS

Where this level of cover has been selected and is documented on the certificate, **We** shall pay, within the selected area of cover and up to the maximum amount of **$500,000** each insurance year.

PRE-AUTHORISATION is required for the following:

- All in-patient benefits as listed,
- MRI (Magnetic Resonance Imaging) scans,
- Convalescent facility and home nursing care,
- Psychiatric, mental, nervous, disorders, alcohol, drug abuse and speech therapy,
- Pregnancy and childbirth (in-patient treatment only),
- Eye surgery,
- Chronic disease/dread disease/AIDS (in-patient and daycare treatment only),
- Medical evacuation or repatriation,
- Expenses for one person accompanying an evacuated/repatriated person,
- Repatriation of mortal remains.

We reserve the right to decline a claim should preauthorisation not be obtained for the benefits for which it was required. If it subsequently transpires that such treatment is proven medically necessary, **We** will pay only 50% of the eligible benefits.

INPATIENT TREATMENT

100% of reasonable and customary hospital charges including:

- Accommodation, operating theatre and recovery room.
- Diagnostic procedures.
- Nursing.
- Prescription drugs and medicines.
- Physicians, specialists, surgeons and anaesthetists services.
- Surgical appliances.
- Radiotherapy, chemotherapy and oncology.
- Accommodation in a hospital, nursing home or a hotel, when it is medically necessary for a parent (being an Insured Person) to accompany an Insured Person, being a child under the age of sixteen who has been admitted into hospital as an in-patient for a maximum of **30** days, up to **$45** each day.
- A cash benefit up to **$100** per day for a maximum of **30** days in any one period of cover will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to **Us** for treatment or accommodation received.
- The expenses of organ transplants up to a lifetime limit of **$100,000** provided the treatment is received in an institution recognised for these operations by a competent government authority and officially approved rates have been issued for them.

DAY-CARE SURGERY / TREATMENT

All hospital charges including accommodation, diagnostic, tests and prescription drugs and medicines, plus the fees for physician treatments and consultations.

OTHER BENEFITS

Dread Disease: As defined above, including active treatment for cancer, heart disease and HIV (Aids) up to a lifetime limit of **$20,000**.

Eye Surgery: 100% of reasonable and customary charges for necessary eye surgery to repair damage to the eye caused as a result of an accident or illness.

- Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK) is not covered.
- Pre-Certification is required for eye surgery. Failure to pre-certify the relevant treatment or supplies may result in the reduction of reimbursement to 50% of normal payment.
- Experimental surgery, and in particular surgery whose prime purpose is to correct defective eyesight, is **not** covered.

Road Ambulance: Road ambulance costs will be paid in full for the following:

- In the event of an emergency accident or illness.
- For the transportation of the Insured Person to or from a hospital provided that the transportation is medically necessary and that a qualified physician or paramedic has sanctioned the transportation.
- In the event of the Insured Person being repatriated by HCI 24:7.

Repatriation of Mortal Remains

In the event of death of an Insured Person whilst outside their home country, the policy will cover the costs up to **$3,000** of ensuring, that as soon as reasonably practical the bodily remains will be returned to the Insured Person's home country to place of burial or cremation, or the local internment of the body, whichever is requested by the Insured Person's immediate family.

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HEALTHCARE STANDARD

Where this level of cover has been selected and is documented on the certificate, in addition to the benefits provided under ***HealthCare EmergencyPlus***, **We** shall pay, within the selected area of cover and up to the maximum amount of **$500,000** each insurance year, in the event of:

OUTPATIENT TREATMENT

- 75% of charges up to **$150** for vaccinations necessarily prescribed by a physician.

OTHER BENEFITS

Normal Pregnancy & Childbirth: Any costs associated with normal pregnancy and childbirth or any related treatments to a maximum of **$3,000** each pregnancy and childbirth provided that the mother is an Insured Person and that a 12 month wait period has elapsed from the Insured Person's inception. (Exclusions 17, 18, 33 & 36 apply.)

Complications of Childbirth: Medical expenses incurred in respect of emergency treatment required by the Insured Person and/or the child or children born to the Insured Person due to complications in pregnancy. Benefit is limited to a maximum amount of **$10,000**.

Repatriation of Mortal Remains
In the event of death of an Insured Person whilst outside their home country, the policy will cover the costs of ensuring, that as soon as reasonably practical the bodily remains will be returned to the Insured Person's home country to place of burial or cremation, or the local internment of the body, whichever is requested by the Insured Person's immediate family.

HEALTHCARE PLUS

Where this level of cover has been selected and is documented on the certificate, in addition to the benefits provided under ***HealthCare Standard***, **We** shall pay, within the selected area of cover and up to the maximum amount of **$1,000,000** each insurance year, in the event of the following additional or increased benefits:

INPATIENT TREATMENT

100% of reasonable and customary hospital charges including:

- Accommodation in a hospital or nursing home, when it is medically necessary for a parent (being an Insured Person) to accompany an Insured Person, being a child under the age of sixteen who has been admitted into hospital as an in-patient for a maximum of **30** days, up to **$150** each day.
- A cash benefit up to **$200** per day for a maximum of **30** days in any one period of cover will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to **Us** for treatment or accommodation received.

OUTPATIENT TREATMENT

- 75% of charges for Medical Practitioner or Specialist consultations, diagnostics, tests and treatment, up to a maximum of **$1,000** each period of insurance.
- Prescription drugs included within this annual limit. These are defined as medications, prescribed by a physician and which would not be available without such prescription.
  Only a 60-day supply of a prescription may be filled at any one time and the use of generic drugs is required, where they are reasonably available.
- Physiotherapy that has been applied by order of the Physician, initially restricted to **12** sessions per condition.
- Well Child Care: Reasonable and customary physician charges up to age seven, up to a maximum of **$1,000** each period of insurance.
- Routine gynaecological tests, mammograms and prostate examinations, up to a maximum of **$450** each period of insurance.
- 75% of charges up to **$150** for vaccinations necessarily prescribed by a physician.

HEALTHCARE PREMIUM

Where this level of cover has been selected and is documented on the certificate, in addition to the benefits provided under ***HealthCare Plus***, **We** shall pay, within the selected area of cover and up to the maximum amount of **$1,500,000** each insurance year, in the event of the following additional or increased benefits:

INPATIENT TREATMENT

100% of reasonable and customary hospital charges including:

- Hospital accommodation for babies who are breast fed, on condition that the mother is an insured Person and admitted into hospital for in-patient treatment covered by this policy, shall be paid in accordance with the rate for healthy siblings.
- A cash benefit up to **$250** per day for a maximum of **30** days in any one period of cover will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to **Us** for treatment or accommodation received.
- The expenses of organ transplants up to **$500,000** provided the treatment received in an institution recognised for these operations by a competent government authority and officially approved rates have been issued for them.

OUTPATIENT TREATMENT

- 75% of charges for Medical Practitioner or Specialist consultations, up to the maximum policy limit.
- Diagnostics, tests and treatment, up to the maximum policy limit.
- 100% of charges for Prescription drugs up to a maximum of **$1,000** each period of insurance.
- 100% of charges up to **$250** for vaccinations necessarily prescribed by a physician.

OTHER BENEFITS

Dread Disease: As defined above, including active treatment for cancer, heart disease and HIV (Aids) up to a lifetime limit of **$200,000**.

Normal Pregnancy & Childbirth: Any costs associated with normal pregnancy and childbirth or any related treatments to a maximum of **$25,000** each pregnancy and childbirth provided that the mother is an Insured Person and that a 12 month wait period has elapsed from the Insured Person's inception. (Exclusions 19, 20, 32 & 35 apply.)

Complications of Childbirth: Medical expenses incurred in respect of emergency treatment required by the Insured Person and/or the child or children born to the Insured Person due to complications in pregnancy.

Home Nursing: The costs for nursing at home shall be paid in full to a maximum of **60** days on the condition that the home nursing:

- Is necessary to replace hospital nursing.
- Immediately follows in-patient treatment covered by the policy.
- Is prescribed by a specialist for medical as distinct from domestic reasons.
- Is under the direction of a specialist.
- Is performed by a fully qualified nurse.
- Is not related to pregnancy, childbirth or maternity care.

Travel Expenses to Home Country for Childbirth: 50% reimbursement of the travelling expenses on the basis of economy rate, if the Insured Person being a woman elects to give birth in her home country. This also applies to accompanying children to the age of 4 insured under this cover. This facility may be used until the seventh month of the pregnancy at the latest.

Rehabilitation / Convalescence following In-patient Treatment: 100% of reasonable and customary charges for physical rehabilitation in a rehabilitation centre on condition that the rehabilitation immediately follows in-patient treatment covered by this policy to a maximum of 45 days.

Preventative Treatment & Annual Health Checks: 100% of reasonable and customary charges for an annual medical check-up to a maximum of **$400** per insured person. Checks include, X-rays and laboratory tests to support the examination, review by the physician of the results and consultation with the patient.
A 6-month waiting period applies to this benefit.
This benefit is NOT subject to any policy excess.

HEALTHCARE EXECUTIVE

Where this level of cover has been selected and is documented on the certificate, in addition to the benefits provided under ***HealthCare Premium***, **We** shall pay, within the selected area of cover and up to the maximum amount of **$2,000,000** each insurance year, in the event of the following additional or increased benefits:

INPATIENT TREATMENT
100% of reasonable and customary hospital charges including:

- Accommodation in a hospital or nursing home, when it is medically necessary for a parent (being an Insured Person) to accompany an Insured Person, being a child under the age of sixteen who has been admitted into hospital as an in-patient for a maximum of **45** days, up to **$150** each day.
- A cash benefit up to **$250** per day for a maximum of **45** days in any one period of cover will be paid to an Insured Person for each 24 hours that the Insured Person elects to be treated in a public, state or charitable hospital, and for which there is no charge made to **Us** for treatment or accommodation received.

OUTPATIENT TREATMENT

- Medical Practitioner or Specialist consultations, diagnostics, tests and treatment, up to the maximum policy limit.
- 100% of charges for Prescription drugs up to a maximum of **$1,000** each period of insurance.
- 100% of charges for vaccinations necessarily prescribed by a physician.

ALTERNATIVE MEDICAL TREATMENT
100% of reasonable and customary charges, on condition that treatment is performed or prescribed by a qualified chiropractor, homeopath, osteopath, acupuncturist or Chinese Medicine Physician.

- A maximum of **$400** per policy period shall be reimbursed.
- Chiropractic treatment is limited to 8 sessions per policy year.

This benefit is NOT subject to any policy excess.

OTHER BENEFITS
Psychiatric: 50% of reasonable and customary charges for medical expenses necessarily and reasonably incurred in respect of psychiatric mental and nervous disorders, alcoholism or drug abuse detoxification up to a lifetime maximum of **$5,000** of cover as an in-patient or as an outpatient provided that such treatment has been prescribed by a qualified physician and that the treatment is carried out by a registered psychiatric specialist.
Speech therapy is included in this benefit as long as the service is performed by licensed speech therapists acting within the scope of their licence.
This benefit is NOT subject to any policy excess.

Rehabilitation / Convalescence following In-patient Treatment: Physical rehabilitation in a rehabilitation centre on condition that the rehabilitation immediately follows in-patient treatment covered by this policy to a maximum of 100% up to a max of 60 days.

Prescribed Medical Aids: 50% of reasonable and customary charges for prosthetic appliances prescribed by a physician or surgeon, such as orthopaedic braces, hearing aids and artificial devices replacing body parts, and other durable equipment (including crutches and wheelchairs) customarily and generally useful to a person only during an illness or injury and determined by the insurer to be medically necessary.
This benefit is paid up to a lifetime maximum of **$6,000** per insured person.
This benefit is NOT subject to any policy excess.

Preventative Treatment & Annual Health Checks: 100% of reasonable and customary charges for an annual medical check-up to a maximum of **$750** per insured person. Checks include, X-rays and laboratory tests to support the examination, review by the physician of the results and consultation with the patient.
A 6-month waiting period applies to this benefit.
This benefit is NOT subject to any policy excess.

Glasses or Contact Lenses: 100% of reasonable and customary charges prescribed as the result of an eye examination to correct defective eyesight up to a maximum of **$400** per insured person per policy year.
A 6-month waiting period applies to this benefit. Benefit includes the cost of the eye exam.
This benefit is NOT subject to any policy excess.

DentalCare:

A. 100% of reasonable and customary charges up to an overall maximum of **$2,000** each Insured Person in total in any one period of insurance (and subject to the inner limit specified for routine DentalCare) in respect of the following services and benefits that become necessary:

i. **Emergency Dental Treatment:** Treatment necessary as a result of an extra-oral impact received within 48 hours from the date and time of the accident/injury for the immediate relief of pain the Insured person suffers as the direct result of an accident occurring during the period of insurance.

ii. **Routine:** The fees for a dentist to carry out routine dental procedures in a dental surgery. Routine dental treatment is defined as: 'Check-up, examination, hygienist visit including scaling and polishing, x-rays, fillings using amalgam or composite materials, extractions (including wisdom teeth)'. The benefit is limited to **$700** each Insured Person in each period of insurance.

iii. **Restorative:** The fees for a dentist to carry out the following specified procedures:

- Treatment for the relief of an infection, including prescribed antibiotics and temporary fillings.
- Endodontic Treatment (including Root Canal Treatment).
- Removal of buried, impacted or un-erupted teeth, roots or solid odontomes.
- Apicectomy.
- Periodontic Treatment (gum disease).
- Repair of crowns, inlays, onlays, bridgework and dentures.

B. **Dental Crowns, Bridges, Dentures and Implants:** 50% of reasonable and customary charges for necessary dental crowns, bridges, dentures and implants up to a maximum of **$500** per tooth to a max of **$2,000**. Covered expenses include necessary supplies and services of a physician for installation or replacement of:

- Fixed Bridgework.
- Partial and full removable dentures.
- Crowns, inlays, onlays.
- Gold fillings (only to the extent that the tooth cannot be restored with amalgam, silicate acrylic or plastic).
- Dental surgical implants.

C. **Orthodontic:** 50% of reasonable and customary charges for orthodontic treatment for a dependent child under age 18, up to an overall lifetime maximum of **$2,000** each Insured Person.

Specific exclusions applying to this Section (in addition to those listed under the General Exclusions Section of this Policy):

1. Any claim if the Insured Person has not undergone a routine dental check-up within the 6 months prior to the purchase of this cover.
2. Any claim for treatment if the Insured Person has not undergone all necessary treatment recommended by a dental practitioner prior to their date of entry to this Policy.
3. Dental procedures other than those specified.
4. Any claim for non-emergency DentalCare within 6 months from the inception date.
5. Aesthetic treatment, experimental methods and dentistry for cosmetic purposes.

This benefit is NOT subject to any policy excess.

SECTION 3: MEDICAL EXPENSES OUTSIDE AREA of COVER

The insurance provided under *SECTION1: ASSISTANCE SERVICES* and *SECTION 2: MEDICAL EXPENSES* is extended to apply hereunder.

Travel - whilst the Insured Person is outside his/her area of cover for the purpose of holidays/business trips and visits providing no individual holiday/business trip exceeds 60 days in total, solely in respect of:

- Accidental bodily injury sustained by the Insured Person or;

- The Insured Person suffering acute illness that first manifests itself during the period of insurance whilst outside the country of residence.

Emergency coverage excludes:
- Routine Medical Treatment.
- Treatment which could have been postponed until **your** return from the restricted area.
- Treatment which has been planned in advance.
- Treatment arising from circumstances that could have been reasonably anticipated by the member.

Elective Home Country Treatment – not applicable under ***HealthCare Emergency Plus & Standard Plans***
An Insured Person may elect to be treated in his or her home country provided that:
- Prior authorisation has been obtained from the insurer.
- The expense of such treatment does not exceed the expense of such treatment in the country of residence (with the exception of cover under ***HealthCare Executive***, where expenses are paid in full).
- No transportation or personal accommodation costs are paid.
- The insured has previously selected the area of cover that includes his/her home country.

Medical Expenses following Repatriation
Medical expenses necessarily and reasonably incurred within the Insured Person's home country or country of residence following the Insured Person being repatriated in accordance with the provisions of the policy and relating solely to the bodily injury or illness for which he/she was repatriated.

SECTION 4: ADDITIONAL TRAVEL & ACCOMMODATION COSTS

Accompanying Travel & Accommodation Expenses
The additional travel and accommodation costs necessarily and reasonably incurred for one close business associate, relative or friend of an Insured Person to:

- Accompany an Insured Person to the nearest appropriate hospital or treatment facility in the case of an emergency evacuation.
- Accompany the remains of the Insured Person to his/her home country in the event of death.

The return costs to the overseas location will also be covered provided that all such costs are incurred within the period of insurance.
Accommodation expenses will be paid up to the limit of **$5,000** per person per occurrence, for a maximum of **15** days and costs are subject to reasonable and customary determination by **Us**.

Compassionate Travel & Accommodation Expenses
The insurer will pay the extra accommodation and travelling expenses, up to the limit of **$5,000** per person per occurrence and with a maximum of 15 days, made by the Insured Person in connection with:

1. necessary early return of an Insured Person to his/her home country, as declared on the insured's application form, because a relative in the first degree who did not come along, has either:
   - Died during the stay of the Insured person abroad, as a result of an accident, or a serious illness.
   - Been hospitalised during the stay of the Insured person abroad, as a result of an accident, or a serious illness and in the view of the medical advisor of the Insurer, is a condition that is life threatening, which had not been previously diagnosed or foreseen at the start of the trip.

   The insurer shall pay for a round trip of one Insured Person, provided these expenses are incurred within three (3) weeks after the return.
   In the instance of return due to hospitalisation, there will be no cover under this policy for the return to the home country due to the subsequent death of the relative, once the insured person has returned to their country of residence.
2. Necessary presence of one close relative in the first degree, if as a result of an accident or an illness, the Insured Person is in mortal danger and the relatives' presence is urgently required in the view of the medical team of the insurer.

   The travelling costs will start and finish at the port of exit and the port of entry.

SECTION 5: HOSPITALISATION CASH BENEFIT

This section is not available to insured persons under age 21 or over age 65.

Hospitalisation Cash Benefit
In the event that the Insured Person is hospitalised due to accidental bodily injury or illness during the period of insurance, **We** will pay to the Insured Person the following benefit dependent upon the level of cover chosen for each complete day up to a maximum of **50** consecutive days after the initial 28 consecutive days in-patient hospitalisation, as follows:

HealthCare Emergency Plus & Standard Plans - No cover
HealthCare Plus - $200
HealthCare Premium - $250
HealthCare Executive - $300
No Benefit shall be payable for any condition which is deemed to be Chronic.

Exclusions applicable to this Section only
- Intentional self injury, suicide or attempt threat by an Insured Person.
- Pregnancy or childbirth.
- An Insured Person contracting HIV/AIDS.
- An Insured Person opting for cosmetic surgery.
- Any medical condition diagnosed as Chronic prior to inception of cover.
- An Insured Person suffering from stress, anxiety, depression, mental anguish, neurosis or the like.
- An Insured Person suffering from the effects of non-prescribed drugs or alcohol.
- An Insured Person under 21 and over 65.

SECTION 6: OPTIONAL BENEFITS

DENTALCARE

Where it is stated on the certificate that this optional cover has been purchased, the following benefits shall apply:

A. We will pay up to an overall maximum of **$2,000** each Insured Person in total in any one period of insurance (and subject to the inner limit specified for routine DentalCare) in respect of the following services and benefits that become necessary:

i. **Emergency Dental Treatment:** 100% of reasonable and customary charges for treatment necessary as a result of an extra-oral impact and received within 48 hours from the date and time of the accident/injury for the immediate relief of pain the Insured person suffers as the direct result of an accident occurring during the period of insurance.

ii. **Routine:** 75% of reasonable and customary charges for dentist fees to carry out routine dental procedures in a dental surgery. Routine dental treatment is defined as:
Check-up, examination, hygienist visit including scaling and polishing, x-rays, fillings using amalgam or composite materials, extractions (including wisdom teeth).
The benefit is limited to **$700** each Insured Person in each period of insurance.

iii. **Restorative:** 75% of reasonable and customary charges for a dentist to carry out the following specified procedures:
- Treatment for the relief of an infection, including prescribed antibiotics and temporary fillings.
- Endodontic Treatment (including Root Canal Treatment).

- Removal of buried, impacted or un-erupted teeth, roots or solid odontomes.
- Apicectomy.
- Periodontic Treatment (gum disease).
- Repair of crowns, inlays, onlays, bridgework and dentures.

B. **Dental Crowns, Bridges, Dentures and Implants:** 50% of reasonable and customary charges up to a maximum of **$500** per tooth with an overall benefit limit of **$2,000** per insured per policy year.
Expenses include necessary supplies and services of a physician for installation or replacement of:
- Fixed Bridgework.
- Partial and full removable dentures.
- Crowns, inlays, onlays.
- Gold fillings (only to the extent that the tooth cannot be restored with amalgam, silicate acrylic or plastic).
- Dental surgical implants.

C. **Orthodontic:** 50% of reasonable and customary charges for orthodontic treatment for a dependent child under age 18, up to an overall lifetime maximum of **$2,000** each Insured Person.

A 6-month waiting period applies to this benefit. This optional cover is NOT subject to any policy excess.

Specific exclusions applying to this Section (in addition to those listed under the General Exclusions Section of this Policy):
1. Any claim if the Insured Person has not undergone a routine dental check-up within the 6 months prior to the purchase of this cover.
2. Any claim for treatment if the Insured Person has not undergone all necessary treatment recommended by a dental practitioner prior to their date of entry to this Policy.
3. Dental procedures other than those specified.
4. Any claim for non-emergency DentalCare within 6 months from the inception date.
5. Aesthetic treatment, experimental methods and dentistry for cosmetic purposes.

VISIONCARE

Where it is stated on the certificate that this optional cover has been purchased, the following benefits shall apply per insured person per policy year:
- Eye Examinations up to a maximum of **$100**.
- Frame Allowance up to a maximum of **$100**.
- Lens Allowance: (*members are eligible for **one item** below per policy period*)
  - Single Lens up to a maximum of **$100**.
  - Bifocal up to a maximum of **$130**.
  - Trifocal up to a maximum of **$150**.
  - Contact Lenses up to a maximum of **$150**.

A 6-month waiting period applies to this benefit. This optional cover is NOT subject to any policy excess.

Specific exclusions applying to this Section (in addition to those listed under the General Exclusions Section of this Policy):
1. Cosmetic Surgery or supplies or procedures.
2. Services or supplies which do not meet general accepted standards.
3. Experimental treatment and treatment which is not medically necessary.
4. Sunglasses and/or related accessories are not included in coverage.
5. Pre existing medical conditions are excluded.

PERSONAL ACCIDENT

Additional Policy wording is provided if purchased or available on request.

TRAVEL

Additional Policy wording is provided if purchased or available on request.

SECTION 7: GENERAL EXCLUSIONS

(Applicable to ALL sections of this Policy)

No claim can be made for compensation or payment for damage or expenses caused by or as a result of:

1. Medical treatment for a Pre-existing Condition or related condition, unless a period of 24 months continuous insurance with **Us** has passed, during which time the Insured person has not received or needed treatment or medication, or sought advice for the said condition.
   For Pre-existing Cancer and Cardiac conditions, benefit will only become available once a period of 5-years continuous insurance with **Us** has passed, during which time the Insured person has not received or needed treatment or medication, or sought advice for the said condition.
   Any Pre-existing Conditions as defined unless otherwise declared on the Application Form and expressly confirmed acceptance by **Us**.
   Irrespective of the terms of the pre-existing exclusion, we will only pay up to a maximum of 50% for investigations or treatment for Hernias and Kidney Stones declared as first manifesting during the first 30 days of cover in the first policy year.

2. In respect of Section 2, only those benefits stated under the product level shall be operative.

3. Medical treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or condition (other than those stated under ***HealthCare Executive***).

4. Any self-inflicted injury, needless self-exposure to peril except in an attempt to save human life, suicide or attempted suicide.

5. Intentional or fraudulent acts on the Insured Person's part or their consequences.

6. Claims arising as a result of the Insured Person's participation in Sports:
   - Professional (not including recreational or amateur participation).
   - Determined by **Us** as being dangerous; unless agreed in writing.
   - Determined by **Us** as being hazardous, unless agreed in writing;

   If a dangerous or hazardous sport or activity is not specifically defined (see Definitions), the Insured Person must contact **Us** to ascertain if it is acceptable for insurance before cover will apply.

7. If and in so far as the Insured Person may claim reimbursement of the expenses insured or provision of nursing or treatment on the strength of legally regulated insurance; a government scheme; any subsidy arrangement, another agreement. This exclusion shall remain in full force if in conformity with matters stated elsewhere in this article there is a claim but it is not honoured because a prescribed procedure has not been followed or an obligation has not been fulfilled.

8. Care or medical treatment which arises directly or indirectly from Human Immune deficiency Virus or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions. However, diseases relating to AIDS and HIV antibodies are covered, if proven to be caused by a blood transfusion received after the commencement of the policy. The Insured shall notify **Us** within 14 days after such incident has been made known to them.

9. The amount of the policy excess or co-insurance, as stated on the Certificate.

10. For expenses of preventative tests (other than those stated under ***HealthCare Executive)*** or the issue of medical certificates, and registration fees.

11. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident or surgery for cancer which occurs during the period of insurance.

12. Medical treatment and consequences of experimental and unproven medical treatment or drug therapy. Drugs and other medicines

purchased without a physician's prescription and routine or preventative medicines.

13. Expenses incurred for the provision of wigs or hairpieces.

14. Accommodation and treatment costs in a nursing home, hydro, spa, nature clinic, health farm or the like or a hospital where the establishment has effectively become the Insured Person's home or permanent residence and the admission is arranged wholly or partly for domestic reasons.

15. Contraception, sterilisations (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition or form of assisted reproduction.

16. Any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded.

17. Air travel when the Insured Person is more than 28 weeks pregnant.

18. Claims arising from birth injuries or defects, or congenital illness or anomalies more than two months following birth.

19. Medical treatment performed by a medical practitioner, specialist, physician or consultant who is related to the Insured Person, unless previously approved by **Us**.

20. Medical treatment for mental or nervous disorders, including transitional, life events and homesickness, psychiatric treatment and the costs of a psychotherapist, psychologist, family therapist or bereavement counsellor (other than the cover stated as part of ***HealthCare Executive***).

21. The costs associated with locating a replacement organ or any costs incurred for the removal or the organ from the donor, transportation costs of the organ and all associated administration costs. All costs associated with organs not specified within the meaning of words of organ transplant.

22. Surgery to correct short or long sight or any other eye defect, (other than the cover stated under ***HealthCare Executive***) Laser eye correction and experimental surgery and in particular, surgery whose prime purpose is to correct defective eyesight is not covered.

23. Medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether autologous or provided by a donor.

24. Mortal remains shall not include the costs of a religious practitioner or floral tributes.

25. Any expenses relating to *search and rescue* operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.

26. Rehabilitation unless it forms an integral part of medical treatment received as an in-patient and is under the control or supervision of a specialist and is undertaken in a recognised rehabilitation unit (other than the cover stated under ***HealthCare Premium*** and ***HealthCare Executive***).

27. Medical treatment for child development; unless a child has not attained developmental milestones expected for a child of that age in one or more of the following developmental areas: cognitive, physical (including vision and hearing), language (communication), social-emotional, or adaptive development. **We** do not cover conditions in which a child is slightly or temporarily lagging in development. The developmental delays must have been quantitatively measured, by qualified personnel, using informed clinical opinion, appropriate diagnostic procedures and/or instruments and documented as a 12 month delay in one of the above mentioned functional areas, or a 33% delay in one functional area or a 25% delay in two or more areas, when expressed as a quotient of developmental age over chronological age.

    We do not cover treatment for conditions such as conduct disorder, attention deficit hyperactivity disorder, oppositional defiant disorder, antisocial behaviour, obsessive-compulsive disorder, attachment disorders, adjustment disorders, as well as all treatments that encourage positive social-emotional relationships, such as communication therapies, floor time, and family therapy.

28. Evacuation costs where the Insured Person is not being admitted to a hospital for medical treatment or where costs have not been approved by **Us** prior to travel commencing.

29. The transfer of a pregnant woman to hospital to give routine childbirth, unless agreed by **Our** physicians as necessary due to medical complications.

30. Any costs arising after expiry of the current period of insurance, unless this Policy has been renewed for a subsequent 12 months.

31. In respect of Emergency dental treatment, this Policy shall not pay for injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment or dental treatment performed in a hospital (other than the cover stated under ***HealthCare Executive***).

32. This Policy shall not pay for terminations of pregnancy other than miscarriages, ectopic or stillbirths; elective caesarean section deliveries or consequences thereof, ante-natal classes or midwifery costs not associated with the delivery or complications which may arise as a result of a planned home birth. (This exclusion applies throughout all 5 plans and benefits, not specific to maternity benefits.)

33. Any claims directly or indirectly caused by or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored programme to correctly recognise any date as its true calendar date or to continue to function correctly in respect of or beyond that date.

34. Injury or illness resulting from the insured person being mobilized or his taking an **active** part in foreign or civil war, invasion, act of foreign enemy, hostilities (whether war be declared or not), act of terrorism; civil war, rebellion, revolution, insurrection, military or usurped power or taking part in civil, commotion or riot of any kind.

35. For the purpose of this exclusion, terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes, with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or government(s).

36. Any claim in any way caused or contributed to by the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.

SECTION 8: GENERAL CONDITIONS

(Applicable to ALL sections of this Policy)

1. The Insured Person shall take all reasonable precautions to prevent anything happening which may give rise to a claim under this policy.

2. If an event takes place where payment may be claimed by virtue of this cover the Insured Person must notify **Us** immediately, giving all particulars and the policy number.

3. In the event of illness or accident the Insured Person shall be obliged to cooperate in the speediest possible recovery and in any medical examination desired by the insurer, or any observation in a hospital designated by it, all this for account of the insurer.

4. As soon as an instance of damage occurs the Insured Person must make every effort to limit its consequences.

5. The Insured Person shall declare to the insurer all material facts that are likely to affect this insurance. Failure to do so may prejudice entitlement to claim. If an Insured Person is uncertain as to what constitutes a material fact then it should be disclosed to the insurer. The insurer reserves the right to alter the policy terms or cancel cover for an Insured Person following a change of risk.

6. The Insured Person shall declare to the insurer any intended travel to or within or work in War Zone(s) or other disturbed area(s) of the world.

7. When an Insured Person undergoes medical treatment for bodily injury or illness he/she may claim under this policy from the commencement of treatment until such time as it is medically confirmed that treatment is no longer necessary or the expiry of period of insurance for which the premium has been paid, whichever is earlier. Benefit will NOT be considered for ongoing treatment after the policy expiry date, unless the policy has been renewed for a further period.

8. When a claim is made for medical expenses and the Insured Person subsequently claims for an unrelated bodily injury or illness that is not in any way connected with the former injury or illness the subsequent claim will be regarded as a new claim.

9. The insurer shall have the right through their medical representatives to examine any Insured Person who is the subject of a claim under this policy whenever and as often as they may reasonably require within the duration of such claim.

10. HCI 24:7 or a medical representative of the insurer shall have full authority to obtain all medical advice and information for administration of the claim.

11. The insurer shall be subrogated to all the Insured Person's rights of recovery therefore against any person or organisation and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall do nothing after loss to prejudice such rights.

12. In any action suit or other proceeding where the insurer alleged that by reason of any exclusion any consequence is not covered by this policy the burden of proving that such consequence is covered shall be upon the Insured Person.

13. The Insured Person lose(s) the right to payment if in respect of any component of the claim and/or in respect of the circumstances under which the event occurred if he/she knowingly:
    - Furnish(es) incorrect information.
    - Withhold(s) information of which he/she could know that they might be important to in its assessment.

14. If any claim is in any respect fraudulent or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy all benefit under this policy shall be forfeited and deemed to be void. The insurer shall provide no cover if the Insured Person(s) has/have not fulfilled any of these obligations and the interests of the insurer have consequently been harmed.

SECTION 9: CLAIMS PROCEDURE & PREAUTHORISATION

The Insured Person must bear in mind that to comply with the terms and conditions of the insurance **We** must be contacted for **Our** pre-authorisation before the Insured Person incurs costs for treatment of any kind, which are likely to require in-patient or day-care treatment, as well as transportation and ancillary costs.

In case of an emergency, if the Insured Person is physically prevented from contacting **Us** immediately, the Insured Person or someone designated by him/her must contact **Us** within 48 hours. The Insured Person must make no admission, offer, promise or payment without **Our** prior consent. **We** must be contacted first.

PRE-AUTHORISATION is required for the following:

- All in-patient benefits as listed,
- MRI (Magnetic Resonance Imaging) scans,
- Convalescent facility and home nursing care,
- Psychiatric, mental, nervous, disorders, alcohol, drug abuse and speech therapy,
- Pregnancy and childbirth (in-patient treatment only),
- Eye surgery,
- Chronic disease/dread disease/AIDS (in-patient and daycare treatment only),
- Medical evacuation or repatriation,
- Expenses for one person accompanying an evacuated/repatriated person,
- Repatriation of mortal remains.

We reserve the right to decline a claim should preauthorisation not be obtained for the benefits for which it was required. If it subsequently transpires that such treatment is proven medically necessary, **We** will pay only 50% of the eligible benefits.

In the case of hospital charges guaranteed by **Us** prior to the Insured Person receiving treatment, the Policyholder agrees to reimburse **Us** with the amount of the deductible and any coinsurance specified in the Certificate, at the time **We** are required to guarantee such hospital charges.

In respect of all other claims, these should be advised immediately in writing to:
HCI 24:7, 160 Brompton Road, London SW3 1HW, United Kingdom
Fax: +44 (0)20 7590 8819

- A claim form will be forwarded which should be completed in accordance with the instructions contained therein and returned together with the original invoices and all supporting documentation.
- Where **you** receive treatment as an outpatient, **you** must pay for all costs in full at the time of receiving the treatment.
- **You** must then submit a claim for reimbursement.
- All claims must be submitted within Three (3) months after date of service. Consideration will only be given to settling claims beyond this date if the Policy is still in force and **We** accept mitigating circumstances for the delay.
- Claims will be settled in any primary currency, using the exchange rate applicable at the date of settlement.

Release of necessary Information:
Hospitals, doctors, pharmacies and other providers have information the Insurer needs to determine eligibility for benefits under this Policy.

By applying for coverage, the Insured Person agrees, within the limitations of the law of the country in which treatment occurs, to let any doctor, hospital, pharmacy or provider give the Insurer all the medical information needed. This may include the diagnosis and history of any illness, disease, condition or symptom the Insured Person may have had, or other medical information.

The Insurer will keep this information confidential to the extent permitted by law. If such information relates to fraud or other misrepresentation, the Insurer may disclose it to legal authorities or use it in legal proceedings.

SECTION 10: COMPLAINTS PROCEDURE

We hope that you will be very happy with the service We provide. However, if you have a complaint you should address it in writing to:

Compliance Officer,
HealthCare International,
160 Brompton Road,
London,
SW3 1HW,
United Kingdom

HealthCare International is covered by the Financial Ombudsman Service, so in the event that you have made a complaint that We are unable to resolve, you may then be entitled to refer your complaint to this independent body.

If you are still unhappy with any issue that we have not dealt with to your complete satisfaction, you should then direct your enquiry to the Compliance Officer of:

c/o Guardian Life of the Caribbean Limited,
2 Charles Street,
London,
W1J 5DB,
United Kingdom

In the event that you are still dissatisfied after contacting the above office, you should then direct your complaint in writing to:

The Financial Ombudsman Service,
South Key Plaza,
183 Marsh Wall,
London,
E14 9SR,
United Kingdom

Please ensure that you quote your Policy Number (which can be found on your Certificate of Insurance or Membership Card) in all correspondence, so that your complaint can be dealt with speedily.