



This policy summary does not contain full details and conditions of your insurance, these are located in your policy wording, which controls the final determination concerning eligible benefits, limitations, eligibility and exclusions.

GlobeHopper Single-Trip International Travel Medical Insurance is insured and fully underwritten by Sirius International Insurance Corporation, rated A (excellent) by A.M Best and A - by Standard & Poor's. As the Plan Administrator for GlobeHopper Single-Trip, International Medical Group[®], Inc. (IMG[®]) acts as the authorised agent for and on behalf of Sirius International.

Type of Insurance Cover

This policy meets the general demands and needs of individuals travelling outside their Home country who require Travel Medical Insurance. Please refer to your insurance certificate and your policy wording for your selected cover and to check the product meets your own specific demands and needs.

Optional Adventure Sports, Enhanced Personal Accident, Evacuation Plus and End of Trip Home Country Coverage are available: premium and benefit information can be found on the brochure. Your policy schedule will show any options taken.

Features and Benefits

GlobeHopper Single-Trip provides coverage for a minimum of five (5) days up to a maximum of two (2) years. If the plan is purchased for a minimum of 1 month, coverage may be renewed (without break in coverage) for a total up to two years.

For treatment received outside the U.S & Canada: No coinsurance

For treatment within the U.S & Canada:

Within the PPO Network - The Plan pays 90% of eligible expenses up to \$5,000/£3,000/€4,000, then 100% up to policy maximum.

Out of the PPO Network - The Plan pays 80% of eligible expenses up to \$5,000/£3,000/€4,000, then 100% up to policy maximum.

GlobeHopper Single-Trip has a regular Excess of \$250/£150/€200 per period of insurance. This can be varied (higher or lower) for a corresponding variation in premium.

GLOBEHOPPER PLAN INFORMATION	SINGLE TRIP INDIVIDUAL
SCHEDULE OF COVER	
Section A. Medical Benefits	
Usual, reasonable and customary charges. Subject to Excess and Co-Insurance when applicable.	
A1. Hospital Room & Board	Up to Maximum Limit
A2. Intensive Care	Up to Maximum Limit
A3. Medical Expenses	Up to Maximum Limit
A4. Out-Patient Medical Expenses	Up to Maximum Limit
A5. Emergency Local Ambulance	Injury: Up to Maximum Limit Illness resulting in In-Patient Admission: Up to Maximum Limit
A6. Prescription Drugs	Up to Maximum Limit
A7. Emergency Room Accident	Up to Maximum Limit
A8. Emergency Room Illness with In-Patient Admission	Up to Maximum Limit
A9. Emergency Room Illness without In-Patient Admission	Up to Maximum Limit with an additional \$250 / £150 / €200 Excess
A10. Dental – Injury due to Accident	Up to Maximum Limit
A11. Sudden Dental Pain	Up to \$150 / £90 / €115
A12. State Hospital Cash Benefit	\$100 / £60 / €75 Per night up to a maximum of 14 nights
A13. Reciprocal Health Agreement Benefit	Nil Excess When a claims saving is made due to a European Health Insurance Card (EHIC) or Reciprocal Health Agreement
Section B. International Emergency Care & Assistance	
When co-ordinated through the Plan Administrator.	
24 Hour Emergency Medical Help Line	Included
B1. Emergency Medical Evacuation	Up to \$500,000 / £300,000 / €400,000 Lifetime Maximum (independent of Maximum Limit)
B2. Emergency Reunion	Up to \$50,000 / £30,000 / €40,000
B3. Cremation/Burial, or Repatriation of Remains	Up to \$50,000 / £30,000 / €40,000
B4. Return of Minor Children	Up to \$50,000 / £30,000 / €40,000
B5. Identity Theft Assistance	Up to

	\$500 / £300 / €400 Per Period of Insurance
B6. Security and Political Evacuation	Up to \$10,000 / £6,000 / €7,500
B7. Natural Disaster Evacuation & Accommodation	\$100 / £60 / €75 Per day for up to five days
Section C. Additional Benefits	
C1. Lost Checked-In Luggage/Travel Documents	Up to \$50 / £30 / €40 per Item of personal property; Maximum of Up to \$250 / £150 / €200 Per Period of Insurance
C2. Trip Interruption	Up to \$5,000 / £3,000 / €4,000
C3. Terrorism Coverage	Up to \$50,000 / £30,000 / €40,000 Lifetime Maximum
C4. Common Carrier Accidental Death	Up to \$50,000 / £30,000 / €40,000 to beneficiary; Maximum Per Family \$250,000 / £160,000 / €200,000
C5. Accidental Death and Dismemberment (AD&D)	Up to \$25,000 / £16,000 / €20,000 Principle Sum
C6. Citizenship Return Coverage	You are covered for trips to Your Country of Citizenship provided it is within Your Geographic Area of Travel Cover. For USA Citizens: Cover is provided for up to 60 days per 12 month period of insurance for brief returns to the USA.
C7. Incidental Home Trip Coverage	Up to a cumulative of two weeks during the Period of Insurance
Additional Coverage Options	
Each Section is optional and only applicable if selected and purchased at time of original application. With the exception of the Enhanced AD&D Option, options apply to all individuals listed in the application form.	
Adventure Sports (available to Insureds up to age 65)	Age Policy Maximum 0-49 \$50,000 / £30,000 / €40,000 50-59 \$30,000 / £18,000 / €24,000 60-64 \$15,000 / £9,300 / €11,500 Abseiling, BMX, bobsleigh, bungee jumping, canyoning, caving, hang-gliding, heli-skiing, high diving, hot air ballooning, inline skating, jet skiing, jungle zip lining, kayaking, mountain biking, parachuting, paragliding, parascending, piloting a non-commercial aircraft, rappelling, rock climbing or mountaineering (ropes and guides up to 4500m above sea level), scuba diving (to 50m), skydiving, snow boarding, snowmobiling, spelunking, surfing, trekking, whitewater rafting (to Class V), windsurfing and wildlife safaris : For leisure, recreation or entertainment purposes only.
Enhanced Personal Accident : AD&D (available to primary insured only, minimum of 3 months coverage)	Optional Limits: Up to \$200,000/ £120,000 / €150,000 Up to \$150,000/ £90,000 / €112,500 Up to \$100,000/ £60,000 / €75,000 Up to \$50,000 / £30,000 / €40,000 Additional Coverage
Evacuation Plus	Non-Life Threatening Medical Evacuation: Up to \$25,000/ £15,000 / €20,000 Natural Disaster Evacuation Up to \$5,000/ £3,000 / €4,000
End of Trip Home Country Coverage	One month for every five months of travel purchased, up to a maximum of two months Home Country Coverage
Plan Information & Highlights	
Plan Maximum Policy Limit Options	\$50,000 / £30,000 / €40,000
- Maximum Limit Aggregate Sum Insured	\$100,000 / £60,000 / €75,000
- Per Insured Person	\$500,000 / £300,000 / €400,000 \$1,000,000 / £600,000 / €800,000 \$2,000,000 / £1,250,000 / €1,500,000

Senior Citizen Traveller Plan Maximum Limit	<u>Age</u> 70-79 \$50,000 / £30,000 / €40,000 80+ \$10,000 / £6,000 / €7,500
Coverage Extension Period	Up to Six Months past policy expiry date for continued treatment
World-class Medical Benefits & Freedom of Choice	Coverage available for In-Patient and Out-Patient Medical Expenses. Freedom to choose any hospital, clinic or Doctor in your area of cover
24 Hour International Emergency Care	24Hr Medical Emergency Helpline plus a wide range of international emergency benefits including emergency evacuation, emergency reunion, return of mortal remains, return of minor children and more.
MyIMG sm	24hr secure access from anywhere worldwide to manage your account online

The foregoing list is only a summary of available benefits and coverages, and is subject to specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Please refer to the certificate wording for a complete description, which is available upon request.

Conditions

- If your health changes after you have purchased your policy, you must telephone 01444 465577 to make sure that your cover is not affected.
- Coverage and benefits are for medically necessary and usual, reasonable and customary charges only.
- Cover under a GlobeHopper Plan is secondary to any other coverage.
- Charges must be administered or ordered by a Physician.
- Charges must be incurred during the period of coverage or benefit period.

Claims must be presented to IMG or payment within the period of coverage, benefit period or during the three months immediately following the period of coverage.

Pre-Certification for medical necessity

For many of the benefits under your Plan you are required to notify us so that we can verify medical necessity prior to incurring any cost or undertaking any treatment and before being admitted to Hospital (except in an emergency situation in which event we should be informed within 48 hours or as soon as reasonably possible) -**See Pre-Certification Section of the Policy Wording for full list and details.** Pre-Certification is a general determination of medical necessity and all such determinations are made by us in reliance based upon the completeness and accuracy of the information provided by you or on your behalf at the time of the Pre-Certification. Whilst a Guarantee of Payment (subject to Policy terms and Conditions) may be subsequently issued to a medical provider, Pre-Certification in itself is not a guarantee of payment, assurance, authorisation, verification of coverage, or a verification of benefits.

Subject to all Policy Wording terms, if you comply with the Pre-Certification requirements under your Plan, we will pay eligible charges for the costs or treatment which is Pre-Certified as medically necessary. Failure to comply with Pre-Certification requirements may jeopardise your claim or cover.

Significant or unusual exclusions or limitations

Coverage and benefits are subject to the excess and coinsurance, and all terms of the certificate of coverage and master policy. The standard excess and any amount you have agreed to pay will be shown within your policy wording or on the policy certificate. The excess is per period of insurance as opposed to per condition (Only one excess must be satisfied per Insured Person during 12 months of continuous coverage).

GENERAL EXCLUSIONS AND LIMITATIONS

<ul style="list-style-type: none"> • Pre-existing conditions (full Definition given below*) 	<ul style="list-style-type: none"> • Charges, injuries and/or illnesses resulting or arising from or occurring during the commission or containing perpetration of a violation of law by the insured, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations
<ul style="list-style-type: none"> • Treatment or surgeries which are elective, investigational, experimental or for research purposes 	<ul style="list-style-type: none"> • Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction
<ul style="list-style-type: none"> • War, military action, political insurrection, protest or any act thereof 	<ul style="list-style-type: none"> • Injury and/or illness resulting or arising from or sustained while under the influence of or disablement of drugs or alcohol
<ul style="list-style-type: none"> • Immunizations and routine physical exams 	<ul style="list-style-type: none"> • Wilful self-inflicted injury or illness
<ul style="list-style-type: none"> • Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance 	<ul style="list-style-type: none"> • Treatment required as a result of or arising from complications from a treatment or condition not covered under the certificate
<ul style="list-style-type: none"> • Venereal Disease, AIDS virus, AIDS related illness, ARC syndrome, or AIDS, and the cost of testing for these conditions and charges for treatment of surgeries which are incurred by the Insured who was HIV+ at the time of enrolment into this insurance 	<ul style="list-style-type: none"> • Any services or supplies performed or provided by a relative of the Insured or provided at no cost to the Insured
	<ul style="list-style-type: none"> • Treatment while confined primarily to receive custodial care, education or rehabilitative care, or nursing services
<ul style="list-style-type: none"> • Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilisation or reversal thereof, or abortion 	<ul style="list-style-type: none"> • Injury sustained while participating in amateur or professional sports or other athletic activity which is organised and/or sanctioned, or which involves regular or scheduled practices, games or competition. (See Policy Wording section P (9e) for list of excluded hazardous activities)
<ul style="list-style-type: none"> • Vision or ear tests and the provision of visual or hearing aids 	<ul style="list-style-type: none"> • Organ or tissue transplants or related services
<ul style="list-style-type: none"> • Vocational, recreational, speech or music therapy 	<ul style="list-style-type: none"> • Illness or injury where the trip to the host country is undertaken for treatment or advice for such illness or injury, except as expressly provided for in the certificate of insurance

<ul style="list-style-type: none"> • Treatment for mental or nervous disorders 	<ul style="list-style-type: none"> • Treatment incurred as a result of arising from exposure to nuclear radiation, and/or radioactive material(s).
<ul style="list-style-type: none"> • Any Treatment or Surgery that you do not need immediately and can wait until Your return home. 	<ul style="list-style-type: none"> • Any charges that are as a result of a tropical disease, if You have not had the recommended vaccinations or taken the recommended medication.

*** See certificate wording for a complete list of exclusions and limitations and for all other specific terms and conditions of the plan.**

Pre-Existing Condition definition: Any Injury, Illness, sickness, disease, Medical Condition or other physical, medical, Mental or Nervous disorder, condition or ailment that with reasonable medical certainty, existed at the time of the Application or at any time during the three years prior to the Effective Date of this Plan; whether or not previously manifested, symptomatic or known, diagnosed, Treated, or You were aware it existed, even if disclosed on the Application or on any claim form, or otherwise Us, are including any and all subsequent, Chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

Duration

Minimum of five (5) days up to a maximum of two (2) years - please refer to your certificate of insurance for your selected cover. If the plan is purchased for a minimum of 1 month, coverage may be renewed (without break in coverage) for a total up to two years. It is also available after departure.

Geographical Area of Cover Options

- Europe* (as defined)
- Worldwide excluding USA & Canada*
- Worldwide*

*All zones exclude coverage within your Home Country i.e. country of primary residence (as identified on your application). Note: US citizens returning briefly to the USA, may only apply for up to 60 days return coverage.

Cancellation Period

You have 14 days within which to review coverage and you may cancel if not completely satisfied.

- i) For plans cancelled within 14 days of application and prior to the Effective Date, you will receive a full refund.
- ii) For plans cancelled after 14 days of application but prior to the Effective Date, you will receive a full refund less a \$50/£30/€40 cancellation fee
- iii) For plans cancelled after the Effective Date and provided no claims have been paid:
 - a) For Plans with less than one month's Period of Insurance, there will be no refund
 - b) For Plans with one or more full months remaining, you will receive a full refund of each complete full month's coverage remaining, less a one-off \$50/£30/€40 cancellation fee

Claims Notification

To make a claim contact: Tel (UK): +44 2920 474 236 or Tel: (US) +1 317 655 4500

Complaints Procedure

Any complaint you may have should in the first instance be addressed to one of our customer service advisors. If you wish then to register a complaint, please contact us:

in writing to:

Operations Director, International Medical Group® (IMG®) Kingsgate, High Street, Redhill, Surrey. RH1 1SH. United Kingdom.

by phone:

+44 1737 306 710

If you cannot settle your complaint with us and you wish to take your complaint further, please write to the General Manager at Sirius International Insurance Corporation. If you are still not satisfied you may be entitled to refer your complaint to the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect your right to take legal action.

Financial Services Compensation Scheme (FSCS)

IMG Europe Ltd and Sirius International Insurance are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the FSCS if either firm cannot meet its obligations. This depends on the type of insurance transacted and the circumstances of your claim for compensation. Further details about compensation scheme arrangements are available from the FSCS.

Note: As the covers are underwritten by insurers who operate from outside the UK, you will not have to redress to the Financial Ombudsman's Service with respect to disputes with the Insurers. In the unlikely event the insurer(s) are unable to meet their liabilities, as this Insurer operates from outside the UK, you will not be entitled to compensation under the Financial Services Compensation Scheme.

However, the following regulatory authorities govern the insurers and intermediaries under this policy:

- Sirius International Insurance Corporation (main covers) – regulated by Finansinspektionen, Sweden, www.fi.se.
- International Medical Group® (IMG®) is a trading name of IMG Europe Ltd, which is authorised and regulated by the Financial Conduct Authority.