

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

GlobeHopper Platinum 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 Platinum, 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, End of Trip Home Country Coverage and Personal Liability are available: premium and benefit information can be found on the brochure. Your policy schedule will show any options taken.

FEATURES AND BENEFITS

GlobeHopper Platinum provides coverage for a minimum of five (5) days up to a maximum of three (3) 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 three years. The minimum age at entry is fifteen (15) days attained, the maximum age at entry is sixty-nine (69) years of age.

For treatment received outside the U.S. & Canada: The plan pays 100% of eligible expenses.

For treatment within the U.S. & Canada:

Within the PPO Network - The plan pays 100% of eligible expenses.

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

GlobeHopper Platinum 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. The family excess is capped at three times the individual excess within each 12 months' period.

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

SCHEDULE OF COVER

Section A. Medical Benefits

Usual, reasonable and customary charges. Subject to Excess and Co-Insurance when applicable

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| 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 \$250 / £150 / €200 |
| 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 |
| A14. Hospital Income Benefit | Up to \$250 / £150 / €200 Per night up to a maximum of 10 nights |
| A15. Sudden and Unexpected Recurrence of a Pre-Existing Conditions | Under Age 65 Lifetime Limit Up to \$20,000 / £12,500 / €15,000 Medical Coverage \$20,000 / £12,500 / €15,000 Emergency Medical Evacuation |

Section B. International Emergency Care & Assistance

When co-ordinated through the Plan Administrator.

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| 24 Hour Emergency Medical Help Line | Included |
| B1. Emergency Medical Evacuation | Up to Maximum Limit |
| B2. Emergency Reunion | Up to \$100,000 / £60,000 / €75,000 |
| B3. Cremation/Burial, or Repatriation of Remains | Up to \$100,000 / £60,000 / €75,000 |
| B4. Return of Minor Children | Up to \$100,000 / £60,000 / €75,000 |
| B5. Identity Theft Assistance | Up to \$500 / £300 / €400 Per Period of Insurance |
| B6. Security and Political Evacuation | Up to \$100,000 / £60,000 / €75,000 |
| B7. Natural Disaster Evacuation & Accommodation | \$250 / £150 / €200 Per day for up to five days |

Section C. Additional Benefits

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| C1. Lost or Stolen Checked-In/Stored Luggage-Baggage/Travel Documents | Up to \$500 / £300 / €400 |
| C2. Trip Interruption | Up to \$10,000 / £6,000 / €7,500 |
| C3. Terrorism Coverage | Up to Maximum Limit |
| C4. Common Carrier Accidental Death | Up to \$100,000 / £60,000 / €75,000 per adult \$25,000 / £16,000 / €20,000 per child Maximum Per Family \$250,000 / £160,000 / €200,000 |
| C5. Accidental Death and Dismemberment (AD&D) | Up to \$50,000 / £30,000 / €40,000 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 months Period for brief returns to the USA. |
| C7. Incidental Home Trip Coverage | Up to a cumulative of two weeks during the Period of Insurance |
| C8. Remote Transportation | \$5,000 / £3,000 / €4,000 per Period of Insurance \$20,000 / £12,500 / €15,000 Lifetime Maximum |
| C9. Criminal Assault Benefit When admitted to Hospital for 48 hours or more. | \$1,000 / £600 / €750 per admitted night Up to \$10,000 / £6,000 / €7,500 |
| C10. Small Pet Common Air Carrier Accidental Death | Up to \$500 / £300 / €400 |

Section D. Travel Benefits

Travel benefits are included in plans purchased prior to departure date. GlobeHopper plans purchased after departure date receive medical benefits only.

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| D1. Cancellation or Curtailment | Up to \$7,000/£5,000/€6,000 |
| D2. Travel Delay | Up to \$7,000/£5,000/€6,000 a). \$50/£40/€60 after 12 hours delay b). \$30/£20/€25 each 12 hours thereafter c). Up to \$300/£200/€250 |
| D3. Missed Departure & Journey Disruption | Up to \$1,500/£1,000/€1,200 |
| D4. Baggage | Up to \$3,000/£2,000/€2,500 Up to \$350/£250/€300 per Item Up to \$700/£500/€600 for all <i>Valuables</i> Up to \$300/£200/€250 for emergency purchases after 12 hours (Nil Excess) |
| D5. Personal Money | Up to \$700/£500/€600 |
| D6. Loss of Passport | Up to \$700/£500/€600 |

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 +44 1737 306 710 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.

PRECERTIFICATION 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 in which event we should be informed within 48 hours or as soon as reasonably possible) -*See Precertification section of the policy wording for full list and details.* Precertification 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 precertification. Whilst a guarantee of payment (subject to policy terms and conditions) may be subsequently issued to a medical provider, precertification 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 precertification requirements under your plan, we will pay eligible charges for the costs or treatment which is precertified as medically necessary. Failure to comply with precertification requirements may jeopardise your claim or cover.

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

NOTABLE 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).

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| Pre-existing conditions (full Definition given below*) | 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 |
| Treatment or surgeries which are elective, investigational, experimental or for research purposes | Treatment for, and injuries and/or illnesses resulting or arising from, substance abuse or drug addiction |
| War, military action, political insurrection, protest or any act thereof | Injury and/or illness resulting or arising from or sustained while under the influence of or disablement of drugs or alcohol |
| Immunizations and routine physical exams | Wilful self-inflicted injury or illness |
| Treatment of Temporomandibular Joint or dental treatment, except as expressly provided for in the certificate of insurance | Treatment required because of or arising from complications from a treatment or condition not covered under the certificate |
| 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 | Any services or supplies performed or provided by a relative of the Insured or provided at no cost to the Insured Treatment while confined primarily to receive custodial care, education or rehabilitative care, or nursing services |
| Pregnancy, childbirth, birth control, artificial insemination, treatment for infertility or impotency, sterilisation or reversal thereof, or abortion | Treatment for mental or nervous disorders |
| Vision or ear tests and the provision of visual or hearing aids | Organ or tissue transplants or related services |
| Vocational, recreational, speech or music therapy | 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 |
| 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 D (15g) for list of excluded hazardous activities) | Treatment incurred because of arising from exposure to nuclear radiation, and/or radioactive material(s). |
| Any Treatment or Surgery that you do not need immediately and can wait until Your return home. | Any charges that are because of a tropical disease, if You have not had the recommended vaccinations or taken the recommended medication |

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 three (3) 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 U.S.A. & Canada*
- ▶ Worldwide*

*All zones exclude coverage within your home country i.e. country of primary residence (as identified on your application). Note: U.S. citizens returning briefly to the U.S.A. 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 - provided you have no claims paid or that are in progress.

- i. For plans cancelled within fourteen (14) days of your application, and prior to the departure date, you will receive a full refund of the premium paid;
- ii. For plans cancelled after fourteen (14) days from the date of application, but prior to the departure date, you will receive a full refund of the premium paid less a \$50/£30/€40 cancellation fee;
- iii. For plans that are cancelled after the departure date, and provided no claims have been paid or are in progress:
 - a. if less than one (1) full months period of insurance remaining, there will be no refund payable;
 - b. if one (1) or more full months periods of insurance remaining, you will receive a full premium refund of each complete full month's coverage remaining less a \$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 are entitled to refer your complaint to the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect your right to take legal action.

GENERAL DATA PROTECTION REGULATION

- ▶ We will deal with all personal information supplied by you in the strictest confidence as required by the General Data Protection Regulation
- ▶ Information about your health, medical history and treatment history is sensitive personal information
- ▶ We need your consent to process your sensitive personal information and will request it during the application process
- ▶ If you would like to know what information we hold about you or request erasure, please contact us
- ▶ For a full description of how we gather and use your personal information and your rights under GDPR, please review our Privacy Policy at imglobal.com/legal/privacy-policy



GlobeHopper Platinum Policy Summary

e-mail : info@imgeurope.co.uk

imgeurope.co.uk