

Policy Summary

Applicable to Individual and Family Policies that are New* with effect from 1 September, 2015 or Renewing with effect from 1 September, 2015
(*Received on Application 1 September, 2015)

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

GlobalFusion International Medical Insurance is insured and fully underwritten by Sirius International Insurance Corporation (publ) which is regulated by the Financial Conduct Authority in the United Kingdom. As the Plan Manager for GlobalFusion, IMG Europe Ltd acts as the authorised agent for and on behalf of Sirius International.

Your Plan

Your Plan is the contract of insurance which consists of Your Application, the Certificate of Insurance, the Policy Wording (including the Schedule of Cover and Excesses), any Endorsements and insurers' written acceptance. Your Plan is based on the information that You provided in Your Application and that all the answers given to all the questions are complete and accurate. You must take reasonable care to provide true, accurate, complete and correctly recorded answers to all the questions that are asked when You take out, make changes to, or renew Your Plan. If any information that is provided by You is not accurate or complete; or if You fail to notify Us of any change, Your Plan may be declared void and We may treat the Plan as though it never existed; or, We may cancel Your Plan; or We may refuse to pay a claim; or We may revise the Premium and/or charge additional Excess; or the extent of the cover under Your Plan may be affected.

Type of Insurance Cover

This Plan meets the general demands and needs of individuals and families who require International Medical Insurance. Please refer to Your Certificate of Insurance, any applicable endorsements and Your Policy Wording sections relevant for Your selected cover to check that the product meets Your specific demands and needs. The Maternity Cover Add-On (Bronze, Silver, Gold and Gold Plus), Terrorism Cover Add-On, Sports Cover Add-On (Gold Plus and Platinum), Global Personal Accident Plan, Global Daily Indemnity- Hospital Income Plan and, Dental Treatment and Vision Care Benefit are optional extra coverage (available only at time of initial application and payment of additional premium(s) required).

Features and Benefits

Subject to the Terms of Your Plan and if no other limitations or exclusions apply, after deduction of any Excesses and Coinsurance, We will pay the Usual, Reasonable & Customary (URC) Eligible Charges within Your selected Geographic Area of Cover, up to the Lifetime Maximum Limit per Insured Person, per Period of Insurance.

Eligible Charges for certain benefits under Your Plan are payable only up to a Sub-Limit per Insured Person or per Period of Insurance and/or only up to a Lifetime Limit per Insured Person, as shown in the Schedule of Cover and Excess relevant to Your chosen Sub-Plan. All sub-limits are per Insured Person, per Period of Insurance unless otherwise stated. The currency in which You pay Your Premium being £Sterling, US\$ or €Euros is the currency that applies to Your Plan for the purposes of coverage limits and excesses shown in the Schedule of Cover table below, You cannot change currency at renewal. Alphabetical and numeric headings in the Schedule of Cover and Excesses refer to similarly designated sections of the Policy Wording.

Annual Excess and Co-Insurance

At time of initial Application You may select from a range of Annual Excesses relevant to Your GlobalFusion Sub-Plan. The Annual Excess and any amount You have agreed to pay will be shown within Your Policy Wording or on Your Certificate of Insurance. The Annual Excess is Per Person, Per Period of Insurance as opposed to per condition. Choose carefully as You cannot reduce Your Annual Excess at renewal. Each Insured Person will need to satisfy their Annual Excess and any applicable Co-Insurance once per Period of Insurance (12 months), with a maximum of three excesses per family for the Bronze, Silver, Gold and Gold Plus Plans, and two excesses for the Platinum Plan.

Pre-Certification for Medical Necessity

The Plan includes a Pre-Certification procedure. What this means is that 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 only and all such determinations are made by Us in reliance and based upon the completeness and accuracy of the information provided by You or on Your behalf at the time of the Pre-Certification. While a Guarantee of Payment (subject to the terms of Your Plan) 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. Cover for Your claim remains subject to the Terms of Your Plan.

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 subject always to the Terms of the Policy Wording which will still decide whether the Eligible Charges are covered or not. Failure to comply with Pre-Certification requirements may jeopardise Your claim or cover under Your Plan.

Conditions

Your Policy Wording contains conditions within some sections as well as a General Conditions Section. Failure to comply with any of these conditions may jeopardise Your claim or cover under Your Plan.

Change of information

You must inform Us as soon as reasonably possible of any changes relating to information given in connection with the Application. This includes any information which may have altered prior to the Effective Date. Please see the above section entitled "Your Plan" for the consequences if You fail to notify Us of any such changes.

Duration

This is a twelve (12) month annually renewable policy – please refer to Your Certificate of Insurance for Your selected cover and Sub-Plan.

Geographical Area of Cover

You have three options:

- Europe
- Worldwide excluding the USA, Canada, China, Hong Kong, Macau, Japan, Singapore and Taiwan
- Worldwide

Cancellation Period

You have 30 days within which to review coverage and You may cancel if not completely satisfied. You may return Your policy documents within 30 days after receipt for a full refund of Premium, provided no claim has been made.

Renewal Premiums

Your renewal Premiums will be based upon a category applicable to You which takes into account varying factors including, but not limited to Your year of inception, age, sub-plan, area of cover, annual Excess, citizenship, discounts or loadings based both on claims history and pooled community claims data as well as medical inflation.

Summary Schedule of Cover and Excesses

The following table is only a summary of available benefits and coverages, and is subject to specific terms and conditions of each specific Sub-Plan concerning eligible coverage, limitations, eligibility and exclusions. Please refer to the GlobalFusion Policy Wording for a complete description (available upon request). Full Cover means up to the applicable Lifetime Maximum Limit per Individual Insured Person and is based upon Usual, Reasonable and Customary (URC) Eligible Charges for the area within which You receive Your Treatment or service.

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>	Bronze	Silver	Gold <i>(1st 36 months of continuous coverage)</i>	Gold <i>(Beginning the 1st day of the 37th month)</i>	Gold Plus	Platinum
Lifetime Maximum Limit Per Individual Insured Person	\$2,500,000 £1,375,000 €1,675,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$8,000,000 £4,400,000 €5,360,000

“Full Cover” means up to the applicable Lifetime Limit per Individual insured Person shown above and is based upon Usual, Reasonable and Customary Eligible Charges.

A In-Patient & Day-Patient Treatment									
1	Surgery, Surgeons, Consultants, Second Surgical Opinion, Medical Practitioners, Nurses, Treatment, Services and Supplies routinely provided and Ancillary Charges	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover			
2	Hospitalisation / Room & Board		Up to \$600 / £350 / €400 per day 240 day Maximum		Up to \$2,250 / £1,250 / €1,500 per day				
3	Intensive Care Unit		Up to \$1,500 / £850 / €1,000 per day – 180 day per event		Up to \$4,500 / £2,500 / €3,000 per day				
4	Anaesthetist’s Charges associated with Surgery		20% of Surgery Benefit		20% of Surgery Benefit				
5	Diagnostic Tests and Procedures, X-Rays, Pathology & MRI/CT Scans		Full Cover		Full Cover		Full Cover		
6	Prescribed Drugs, Dressings and Durable Medical Equipment								
7	Reconstructive Surgery - following an accident or following surgery for an eligible condition								
8	Cancer Tests, Drugs, Treatment and Consultants , including cover for Chemotherapy and Radiotherapy							Full Cover	Full Cover Except: Radiation & Chemotherapy Treatments (In and Out-patient) limited to \$10,000 / £5,500 / €6,700 with a \$50,000 / £27,500 / €33,500 Lifetime Limit
9	Physiotherapy								
10	Parental Hospital Accommodation		Full Cover						
11	Prosthetic Devices								

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
12	Transplants	\$250,000 / £137,500 / €167,500 Per Transplant	\$250,000 / £137,500 / €167,500 Per Transplant	\$1,000,000 / £550,000 / €670,000 Lifetime Limit	\$500,000 / £275,000 / €335,000 Lifetime Limit	\$1,000,000 / £550,000 / €670,000 Lifetime Limit	\$2,000,000 / £1,100,000 / €1,340,000 Lifetime Limit
13	State Hospital Cash Benefit	\$300 /£165 / €200 Per Night; Up to 60 nights	\$300 /£165 / €200 Per Night; Up to 60 nights	\$300 /£165 / €200 Per Night; Up to 60 nights	\$300 /£165 / €200 Per Night; Up to 60 nights	\$300 /£165 / €200 Per Night; Up to 60 nights	\$300 /£165 / €200 Per Night; Up to 60 nights
14	Terrorism Coverage	£5,500 / \$10,000 / €6,700 Lifetime Limit	£5,500 / \$10,000 / €6,700 Lifetime Limit	£5,500 / \$10,000 / €6,700 Lifetime Limit	£5,500 / \$10,000 / €6,700 Lifetime Limit	£5,500 / \$10,000 / €6,700 Lifetime Limit	£5,500 / \$10,000 / €6,700 Lifetime Limit
B Out-Patient Treatment, Wellness Benefits and Other Coverages							
1	Out-Patient including: Family Doctor, Treatment and Referrals, Specialists and Consultants, X-Rays, Pathology, Diagnostic Tests and Procedures *not dependent upon admission	No Family Doctor Cover Specialists & Consultants: Up to \$500 / £275 / €335 Prior to admission*, <u>then</u> up to \$500 / £275 / €335 following related Out-Patient Surgery or In-Patient/Day-Patient treatment: for 90 days after leaving hospital including Pre* & Post Hospital: \$250 / £140 / €170 X-Ray per Examination Maximum Limit; \$300 / £165 / €200 Lab Tests per Examination Maximum Limit	25 Visit Maximum Maximums Per Visit/Examination: : \$70/ £40 / €50 Doctor/Specialist; \$60 / £35 / €40 Psychiatrist; \$50 / £30 / €35 Chiropractor; \$250 / £140 / €170 X-Ray per Examination Maximum Limit; \$500 / £275 / €335 Surgery Intervention Consultation; \$300 / £165 / €200 Lab Tests per Examination Maximum Limit	Full Cover	FULL COVER Except: \$150 / £85 / €100 Medical Practitioner Charges Maximum per Visit; Hospital Charge \$100 / £55 / €67 Co-Pay unless admitted; Urgent Care Facility - \$25 / £15 / €20 Co-Pay; Diagnostic Lab and X-Rays limited to \$5,000 / £2,750 / €3,350 per Period of Insurance	Full Cover	Full cover
2	Emergency Room Illness , Waived if admitted as an In-Patient or Day-Patient (Additional \$250/£138/€168 Excess if not admitted)	No Cover	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover
3	Emergency Room Accident	No Cover	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover
4	Supplemental Accident Benefit	No Cover	No Cover	\$300 / £165 / €200 per covered accident	\$300 / £165 / €200 per covered accident	\$300 / £165 / €200 per covered accident	\$500 / £275 / €335 per covered accident

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
5	Out-Patient Surgery	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover
6	MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy Colonoscopy, Cystoscopy	\$600 / £330 / €400 Maximum Per Examination	\$600 / £330 / €400 Maximum Per Examination		Full Cover		
7	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy	Full Cover	Full Cover		FULL COVER Except: Radiation & Chemotherapy Treatments (In and Out-patient) limited to \$10,000 / £5,500 / €6,700 with a \$50,000 / £27,500 / €33,500 Lifetime Limit		
8	Prescribed Out-Patient Drugs, Medicines, Dressings and Durable Medical Equipment	Up to \$600 / £330 / €400 Following and in relation to In-Patient/Day-Patient Treatment or Out-Patient Surgery: for 90 days after leaving hospital	Full Cover	Full Cover	Up to \$5,000 / £2,750 / €3,350	Full Cover	Outside USA: Full Cover Inside USA: Full Cover and must use the Out-Patient Prescription Drug Card. A Co-Pay: \$20 for generic, \$40 for brand name where generic is not available and not Subject to Annual Excess or Co-Insurance when using the Out-Patient Prescription Drug Card. No coverage if the Out-Patient Prescription Drug Card is not used
9	Physiotherapy, Homeopathic, Chiropractic Therapy and Osteopathic Therapy	Physiotherapy Only: Relating to In-Patient/Day-Patient Treatment or Out-Patient Surgery Up to \$40 / £25 / €30 per visit 10 visit maximum: for 90 days after leaving hospital	Up to \$40 / £25 / €30 per visit 30 visit maximum	Maximum of 1 visit per day 45 visit maximum Up to \$4,000 / £2,500 / €3,000 per Period of Insurance	Maximum of 1 visit per day 30 visit maximum Up to \$1,000 / £550 / €670 per Period of Insurance \$10,000 / £5,500 / €6,700 Lifetime Limit	Maximum of 1 visit per day 45 visit maximum Up to \$4,000 / £2,500 / €3,000 per Period of Insurance	Maximum of 1 visit per day 60 visit maximum Up to \$5,600 / £3,500 / €4,200 per Period of Insurance

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
10	Complementary Medicine Therapies: Acupuncture, Aroma , Herbal, Magnetic, Massage, Vitamin, Traditional Chinese Medicine	No Cover	No Cover	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135
11	AIDS/HIV Treatment			Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit
12	Home Nursing Care	30 Days Limit: Up to \$150 / £85/ €100 per visit	30 Days Limit: Up to \$150 / £85/ €100 per visit	45 Days Limit: Up to \$150 / £85 / €100 per visit	30 Days Limit: Up to \$150 / £85/ €100 per visit	45 Days Limit: Up to \$150 / £85/ €100 per visit	60 Days Limit: Up to \$150 / £85/ €100 per visit
13	Rehabilitation	No Cover	No Cover	Full Cover Up to 90 Days	Full Cover Up to 45 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
14	Extended Care Facility		Full Cover Up to 30 Days	Full Cover Up to 90 Days	Full Cover Up to 90 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
15	Hospice Care		Full Cover Up to 180 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days	Full Cover Up to 180 Days	Full Cover Up to 180 Days
16	Adult Wellness and Health Check - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage (6 months on Platinum)	No Cover	No Cover	Up to \$250 / £140 / €170	Up to \$250 / £140 / €170	Up to \$250 / £140 / €170	Up to \$500 / £275 / €335
17	Child Wellness and Health Check (Under 18 years of age) - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage (6 months on Platinum)		3 visits per Period of Insurance Up to \$70 / £40 / €50 per visit	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$400 / £220 / €270

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
18a	Pre-Existing Conditions -Underwriting/Coverage Options Full Medical Underwriting Option* : - After 24 months continuous cover - Declared and Accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing) - Flexible Underwriting Option available - Endorsement issued if applicable.	No Cover	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Full Cover No requirement for 24 months continuous cover
18b	Moratorium Enrolment & Underwriting Option* - After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation (refer to Endorsement for further details)* - Available to insureds up to age 64	No Cover	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover
*Coverage in respect of Pre-Existing Conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to Section B for further details and Endorsements issued for full Policy definitions, terms, conditions and restrictions.							
19	Newly Diagnosed Chronic Conditions	Covered	Covered	Covered	Covered	Covered	Covered
20	Mental/Nervous - After 12 months continuous coverage	No Cover	Out-Patient Only - See Section B1	Up to \$10,000 / £5,500 / €6,700 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$2,500 / £1,375 / €1,675 25 days In-Patient Limit 20 visit Out-Patient Limit at 70% eligible expenses, up to \$75 / £42 / €51 per visit; \$30,000 / £16,500 / €20,100 Lifetime Limit	Up to \$10,000 / £5,500 / €6,700 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$50,000 / £27,500 / €33,500 Lifetime Limit
C Travel, Transportation and Out of Area Benefits							
1	Emergency Local Ambulance	Up to \$1,500 / £825 / €1,000 per event Not subject to Annual Excess or Co-Insurance	Up to \$1,500 / £825 / €1,000 per event Not subject to Annual Excess or Co-Insurance	Full Cover	Up to \$100 / £55 / €70 per event Not subject to Annual Excess or Co-Insurance	Full Cover	Full Cover
2	Emergency Evacuation and Transportation To the Nearest Suitable Hospital Facility	Up to \$50,000 / £27,500 / €33,500 Not subject to Annual Excess or Co-Insurance	Up to \$50,000 / £27,500 / €33,500 Not subject to Annual Excess or Co-Insurance	Full Cover Not subject to Annual Excess or Co-Insurance	Up to \$250,000 / £137,500 / €167,500	Full Cover Not subject to Annual Excess or Co-Insurance	Full Cover Not subject to Annual Excess or Co-Insurance
3	Accompanying Relative, Travel and Accommodation	No Cover	No Cover	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
4	Cremation/Burial or Return of Mortal Remains	\$10,000 / £5,500 / €6,700 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$25,000 / 13,750 / €16,750 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$25,000 / 13,750 / €16,750 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$15,000 / £8,250 / €10,050 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$25,000 / 13,750 / €16,750 Lifetime Limit -Not subject to Annual Excess or Co-Insurance	\$50,000 / 27,500 / €33,500 Lifetime Limit -Not subject to Annual Excess or Co-Insurance
5	Remote Transportation - for additional transport for on-going Treatment once stabilised	No Cover	No Cover	No Cover	No Cover	No Cover	Up to \$5,000 / £2,750 / €3,350 \$20,000 / 11,000 / €13,400 Lifetime Limit
6	Security & Political Evacuation & Repatriation	No Cover	No Cover	No Cover	No Cover	No Cover	\$10,000 / £5,500 / €6,700 Lifetime Limit
7	Worldwide Accident & Emergency Out of Area Coverage (USA Treatment Must Be within PPO Network)	15 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum
D Dental Treatment & Vision Care Benefits							
1a	Emergency Dental Due to Accident	Up to \$1,000 / £550 / €670	Up to \$1,000 / £550 / €670	Full Cover	Up to \$500 / £275 / €345	Full Cover	Full Cover
2a	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	No Cover	No Cover	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70
Dental and Vision Optional Add-On Coverage Additional Premium Applies Coverage is issued via a Dental & Vision Care Coverage Endorsement Sections D1a & D2a above are replaced with: Refer To Policy Wording/Endorsement for Full Details & Listing							Dental Coverage Included – See Below
1b	Emergency Dental Due to Accident	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover	As D1a Above
2b	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	As D2a Above
3	Non-Emergency Dental Sections D4, D5 & D6 Combined: i) Calendar Year Maximum Sum Insured ii) Dental Annual Excess iii) Maximum Annual Excesses per Family per Calendar Year - After 6 months continuous cover	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2	i) \$750 /£425 /€500; ii) \$50 / £30 / €35 iii) 2
4	Class I Treatment*: - Preventative & Diagnostic - Emergency Palliative Treatment - includes up to two dental check-ups per calendar year to include scraping, cleaning and polishing - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing	90% Coverage, Dental Annual Excess Waived	90% Coverage, Dental Annual Excess Waived	90% Coverage, Dental Annual Excess Waived	90% Coverage, Dental Annual Excess Waived	90% Coverage, Dental Annual Excess Waived	90% Coverage, Dental Annual Excess Waived

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>	Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
5 Class II Treatment*: - Radiographs & X-Rays - Oral Surgery & Extractions - Routine Compound Fillings, Restorations, Re-cementing crowns, inlays and bridges & Prosthetic Repairs - Endodontics & Root Canals - Periodontics & Gum Disease - Minor Restorative Services - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing	70% Coverage, after Dental Annual Excess	70% Coverage, after Dental Annual Excess	70% Coverage, after Dental Annual Excess	70% Coverage, after Dental Annual Excess	70% Coverage, after Dental Annual Excess	70% Coverage, after Dental Annual Excess
6 Class III Treatment*: - Prosthodontic Services including: appliances, bridges, full and partial dentures that replace missing natural teeth that were extracted while the person is covered with this Plan. - Major Restorative Treatment including: Crowns, Jackets, gold-related services required when teeth cannot be restored using other filling material. - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing	50% Coverage, after Dental Annual Excess	50% Coverage, after Dental Annual Excess	50% Coverage, after Dental Annual Excess	50% Coverage, after Dental Annual Excess	50% Coverage, after Dental Annual Excess	50% Coverage, after Dental Annual Excess
7 Vision Care Not subject to Annual Excess or Co-Insurance. (Benefit payable per 24 months)	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100
E Additional Benefits & Services						
1 High School Sports Injury	No Cover	No Cover	No Cover	No Cover	No Cover	Up to \$20,000 / £11,000 / €13,400
2 Recreational Scuba	No Cover	No Cover	Full Cover	Full Cover	Full Cover	Full Cover
3 Medical Information Service	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Included
4 Global Concierge & Assistance Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Included
5 24 Hour Emergency Helpline	Included	Included	Included	Included	Included	Included
F Maternity						
Maternity - Only available to Female Insureds - After 10 months of continuous cover *All benefits reduced by 50% for births occurring in the 11 th or 12 th month of continuous coverage	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies	Optional Add-On Coverage Additional Premium Applies	Maternity Coverage Included – See Below
Maternity Annual Excess	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	\$1,000 / £550 / €670 Maternity Annual Excess (Annual Excess Does Not Apply)
Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit	*\$50,000 / 27,500 / €33,500 Lifetime Limit

Benefit <i>All sub-limit sums insured are the maximum per Insured Person, per Period of Insurance unless otherwise stated</i>	Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
1 Normal Delivery - Including Premature Birth Treatment, Pre, Post and Routine Natal Care	*Up to \$5,000 / £2,750 / €3,350	*Up to \$5,000 / £2,750 / €3,350	*Up to \$5,000 / £2,750 / €3,350	*Up to \$5,000 / £2,750 / €3,350	*Up to \$5,000 / £2,750 / €3,350	Included within and up to Lifetime Limit
2 C-Section	*Up to \$7,500 / £4,125 / €5,025	*Up to \$7,500 / £4,125 / €5,025	*Up to \$7,500 / £4,125 / €5,025	*Up to \$7,500 / £4,125 / €5,025	*Up to \$7,500 / £4,125 / €5,025	Included within and up to Lifetime Limit
3 Newborn Baby Wellness - Not subject to Annual or Annual Maternity Excess or Co-Insurance - for the first 12 months of life	\$200 / £110 / €134	\$200 / £110 / €134	\$200 / £110 / €134	\$200 / £110 / €134	\$200 / £110 / €134	\$200 / £110 / €134
4 Cover for Newborns including non-hereditary birth defects and congenital abnormalities	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days
Additional Optional Add-On Coverages (Upon selection at initial Application and subject to additional premium)						
Terrorism Coverage Add-On (Platinum Plans Only)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$50,000 / £27,500 / €33,500 Lifetime Limit
Sports* Coverage Add-On i) Listed Extreme Sports ii) Amateur Sports *Non-Professional (Gold Plus and Platinum Plans Only)	Not Applicable	Not Applicable	Not Applicable	Not Applicable	i) \$25,000 / £13,750 / €16,750 Lifetime Limits ii) \$10,000 / £5,500 / €6,700 Lifetime Limit	i) \$25,000 / £13,750 / €16,750 Lifetime Limits ii) \$10,000 / £5,500 / €6,700 Lifetime Limit
Annual Excess and Co-Insurance						
Annual Excess Options - Per Insured Person, Per Period of Insurance	NIL	NIL	NIL	NIL	NIL	NIL
	\$250 to \$10,000 £138 to £5,500 €168 to €6,700	\$250 to \$10,000 £138 to £5,500 €168 to €6,700	\$250 to \$10,000 £138 to £5,500 €168 to €6,700	\$250 to \$10,000 £138 to £5,500 €168 to €6,700	\$250 to \$10,000 £138 to £5,500 €168 to €6,700	\$250 to \$10,000 £138 to £5,500 €168 to €6,700
	50% waived (up to a maximum reduction of \$2,500 / £1,375 / €1,675) for: US PPO Out-Patient & Emergency In-Patient Treatment & Non-Emergency In-Patient US Medical Concierge Provider Treatment					
Family Maximum Annual Excesses	3 x Individual Annual Excess	3 x Individual Annual Excess	3 x Individual Annual Excess	3 x Individual Annual Excess	3 x Individual Annual Excess	2 x Individual Annual Excess
Annual Excess Carry Forward - If prior Annual Excess not met, then last 30 days Expenses from the previous Period of Insurance are carried forward and applied towards satisfying the Annual Excess for the next Period of Insurance	YES	YES	YES	YES	YES	YES
Co-Insurance within the USA & Canada PPO Network	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance
Co-Insurance outside the USA & Canada	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance
Co-Insurance Payable by Insured inside the USA & Canada - When treatment is taken outside the USA & Canada PPO Network (No Co-Insurance for Non-Emergency In-Patient treatment when utilising a USA Medical Concierge Provider)	20% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance	20% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance	10% of the next \$5,000 / £2,750 / €3,350 eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance

Eligibility

Requirements for Eligibility of this Cover:

Non-USA citizens must comply with at least one of the following conditions – **see Section H General Conditions of the Policy Wording**:

- A. You must reside outside the USA at the time of *Application* (or on the *Renewal Date*); or
- B. You must plan to be located outside of the USA for at least 180 days during each Period of Insurance. But if You are located inside the USA as at the Effective Date (or on Renewal Date), You must plan to be located outside of the USA for at least 180 days during each Period of Insurance; or
- C. If You are located inside the USA at the Effective Date (or on the Renewal Date): You must not be eligible for any other medical insurance which is available to persons similarly situated and located within the USA and You must provide Us with an Affidavit of Eligibility.

United States Citizens i) must be located outside of the USA as of the Effective Date (or Renewal Date); and ii) must arrange to reside outside of the USA for at least 180 days during each Period of Insurance (12 months) – **see Section H General Conditions of the Policy Wording**.

If You are a citizen of the USA, who has purchased Area 3 Worldwide as Your Geographic Area of Cover, and You return to the USA, cover under Your Plan will be terminated automatically when the time You spent in the USA during one Period of Insurance (12 months) exceeds 180 days.

If You are no longer respectively eligible under the above Eligibility section as either a Non-USA Citizen or USA Citizen, then Your Plan will automatically terminate.

Pre-Existing Conditions

Pre-Existing Conditions are generally excluded from cover. However, limited cover is provided after 24 months for disclosed and accepted Pre-Existing Conditions under the Silver, Gold, Gold Plus Sub-Plans; and limited cover is provided for disclosed and accepted Pre-Existing Conditions under the Platinum Sub-Plan.

- There is no cover for any Non-Disclosed Conditions.
- There is no cover for any Chronic Condition which is a Pre-Existing Condition.
- There is no cover for any Pre-Existing Condition where the details of Your Medical Practitioner have been requested but not provided in Your Application.

The Bronze, Silver, Gold and Gold Plus Plans do not cover Treatment of certain conditions which

- exist; or
- manifest themselves; or
- involve procedures which take place or are recommended.

The Bronze Plan excludes all pre-existing Medical Conditions, irrespective of the Underwriting basis selected at time of application.

General Exclusions & Limitations

The following is a selection of the key exclusions under the Policy. Please refer to Section G Exclusions under the Policy Wording for the complete list of exclusions.

Please note: Cover for *Treatment* relating to any of these conditions may be separately or further limited or excluded under the *Pre-Existing Condition* exclusion and definition and/or the *Chronic Condition* limitation and definition.

General exclusions and limitations	
<ul style="list-style-type: none">• War risks, military action and Terrorism claims in excess of \$10,000 / £5,500 / €6,700	<ul style="list-style-type: none">• Investigational, experimental or research procedures
<ul style="list-style-type: none">• Any Treatment which is not administered or ordered by a Medical Practitioner, or Treatment received from a relative or family member	<ul style="list-style-type: none">• Persons HIV+ at effective date
<ul style="list-style-type: none">• Any charges in excess of what are Reasonable and Customary Charges	<ul style="list-style-type: none">• Custodial care
<ul style="list-style-type: none">• Any Treatment or supplies which are not Medically Necessary	<ul style="list-style-type: none">• Weight modification
<ul style="list-style-type: none">• Elective cosmetic or plastic surgery	<ul style="list-style-type: none">• Treatment of impotency
<ul style="list-style-type: none">• Injury or illness sustained whilst taking part in hazardous pursuits	<ul style="list-style-type: none">• Drug & alcohol abuse treatment
<ul style="list-style-type: none">• Contraceptive medication or Treatment	<ul style="list-style-type: none">• Organ transplants not specifically listed
<ul style="list-style-type: none">• Treatment resulting from illegal activities	<ul style="list-style-type: none">• Speech therapy
<ul style="list-style-type: none">• Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs	<ul style="list-style-type: none">• Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism
<ul style="list-style-type: none">• Maternity & Newborn (unless the Insured Person has purchased the Platinum Plan or the optional 'Maternity Add-On Cover' under the Silver, Gold and Gold Plus Plan, benefits only available after 10 months cover)	<ul style="list-style-type: none">• Organised amateur or professional sports
<ul style="list-style-type: none">• Treatment of any condition of: allergies; asthma; any condition of the breast or the prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; intervertebral disc disease; hernia; gall stones or kidney stones; which: exist, or; manifest themselves, or involve procedures which take place or are recommended, during the first 180 days of cover under <i>Your Plan</i>, beginning on the <i>Original Effective Date</i>.	<ul style="list-style-type: none">• any Illness or Injury resulting from or sustained after entering the Host Country and as a result of epidemics, pandemics, public health emergencies, natural disasters, or other disease outbreak conditions that may affect a person's health and about which the World Health Organization has issued an Emergency Travel Advisory, U.S. Centers for Disease Control & Prevention has issued a Warning Level 3 (avoid nonessential travel), or similar governmental agency of the Insured Person's Country of Residence had published, communicated or issued a Travel Warning restriction or official declaration informing the public about such health issues before the Insured Person traveled to the Host Country.

See Policy Wording for definition of Pre-existing Conditions, Non-disclosed Conditions and Chronic Conditions; and limitations and for all other specific terms and conditions of the Plan.

Claims Notification (See How To Make a Claim Section of the Policy Wording):

To make a claim, send completed claim form and accompanying invoices to:

Claims Dept., IMG Europe Limited, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom.

Please note:

- All claims must be submitted with a fully completed claim form and supporting documentation within ninety days of Your Initial Treatment. Any claim submitted thereafter may not be covered.
- You cannot bring a legal action to recover under Your Plan within the first 90 days after We have been furnished with proof of claim, or after 12 months from the date proof of loss is required to be given to Us. You must file two appeals of a claim denial prior to bringing any legal action. No action at law or in equity can be brought after the expiry of three years after the time written proof of claim is required to be furnished.

Please refer further to the Terms of Your Plan including the General Claims Conditions and Information Section of the Policy Wording.

Fraud

If there is any false or fraudulent or dishonest representation, statement, misstatement, omission or concealment, or any fraud, in Your Application, including any statement, certification or warranty made by You or on Your behalf; or if Your claim is in any way false, dishonest, exaggerated as regards amount or otherwise; then Your Plan shall be rendered null and void from the Effective Date and all claims and benefits under Your Plan shall be forfeited and recoverable by Us.

Choice of law and jurisdiction

The law of England and Wales shall apply and the courts of England and Wales shall have jurisdiction, unless it is specified otherwise in Your Certificate of Insurance.

Complaints Procedure (see Making A Complaint Section of Policy Wording for full procedure)

Any issues You may have should be addressed to one of our customer service advisors at the Plan Manager in the first instance at IMG Europe Ltd. They will try and resolve Your issues.

Please contact Us ...in writing to

IMG Europe Ltd. 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom, admin@imgeurope.co.uk

...by phone

Telephone Number: +44 (0)1444 465577

If You wish to make a complaint, You are advised to write explaining the nature of Your complaint to the General Manager at Sirius International Insurance Corporation (publ).

We will resolve, or issue a final response to Your complaint within 8 weeks of receiving the complaint.

If You are still not satisfied You may be entitled to refer Your complaint to the Financial Ombudsman Service (FOS). Referral to the FOS will not affect Your right to take legal action. Full details of addresses and contact numbers can be found in the Making a Complaint section of the Policy Wording. Any complaint to FOS should be brought against Sirius International Insurance Corporation as insurers and not the Plan Administrator or the Plan Manager.

Financial Services Compensation Scheme (FSCS): IMG Europe Ltd and Sirius International Insurance (publ) are covered by the FSCS, which is triggered when an authorised firm goes out of business. This depends on the type of business and the circumstances of the claim. In this unlikely event You may be entitled to compensation from the scheme. The maximum level of compensation for Non-compulsory insurance claims against firms declared in default **on or after 1 January 2010** is 90% of the claim with no upper limit. Full details are available at www.fscs.org.uk

IMG Europe are authorised and regulated by the Financial Conduct Authority (FCA) in the UK.

E-mail: info@imgeurope.co.uk

www.imgeurope.co.uk