

International Healthcare Insurance

Insurance Product Information Document

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This document does not contain the full terms and conditions of the cover which can be found in the policy wording and insurance certificate. It is important that you read all of these documents carefully.

What is this type of insurance?

This is a private medical insurance which covers you against the cost of medical treatment as a result of claims arising from accidents or illnesses.



What is insured?

Select Plan

- ✓ GP services, including prescribed drugs and dressings.
- ✓ Out-patient services, including prescribed drugs and dressings.
- ✓ Diagnostic Tests and Procedures (including MRI, CAT, PET).
- ✓ Physiotherapy & alternative therapies.
- ✓ Psychiatric.
- ✓ Oncology.
- ✓ Hospitalisation, including: room and board; Surgeries, Anaesthetists' fees, Operating Theatre, Specialist, Physician and Nursing Fees, Intensive Care; Drugs and Dressings; (follow up) Home Nursing; (follow up) Rehabilitation; Parent Accommodation; Organ Transplant.
- ✓ Assistance Services, including: Emergency Evacuation, Ambulance, Expenses, Repatriation of Mortal Remains; Compassionate Travel; Terminal Illness & Palliative Care.
- ✓ Accidental Emergency Dental Treatment.
- ✓ An annual medical check-up.
- ✓ Maternity, including complications of Pregnancy.
- ✓ Newborn Care
- ✓ Routine and restorative dental.
- ✓ Eye examinations, glasses and contact lenses.
- ✓ Travel vaccinations.
- ✓ Cervical smears.
- ✓ Mammograms.
- ✓ Prostate screening.
- ✓ Income Replacement.



What is not insured?

Select Plan

- ✗ Pre-existing ailments and associated conditions.
- ✗ Treatment over €1,000 that has not been pre-approved.
- ✗ Cosmetic and weight loss.
- ✗ Suicide and self-inflicted injuries.
- ✗ Hereditary, congenital abnormalities, genetic deformities, birth injuries or birth defects.
- ✗ Dementia or psychogeriatric conditions.
- ✗ Maternity costs in the first 12 months of cover.
- ✗ 20% of dental costs.
- ✗ Income Replacement in excess of 2 x salary.

Primary Plus Plan

- ✗ Pre-existing ailments and associated conditions.
- ✗ Treatment over €1,000 that has not been pre-approved.
- ✗ Cosmetic and weight loss.
- ✗ Suicide and self-inflicted injuries.
- ✗ Hereditary, congenital abnormalities, genetic deformities, birth injuries or birth defects.
- ✗ Dementia or psychogeriatric conditions.

Primary Plus *lite* Plan

- ✗ Pre-existing ailments and associated conditions.
- ✗ Treatment over €1,000 that has not been pre-approved.
- ✗ Outpatient and GP costs exceeding £/\$/€1,000 per policy period.
- ✗ Cosmetic and weight loss.
- ✗ Suicide and self-inflicted injuries.

Primary PLUS Plan

- ✓ Out-patient and GP services, including prescribed drugs and dressings.
- ✓ Diagnostic Tests and Procedures (including MRI, CAT, PET).
- ✓ Physiotherapy & alternative therapies.
- ✓ Psychiatric.
- ✓ Oncology.
- ✓ Hospitalisation, including: room and board; Surgeries, Anaesthetists' fees, Operating Theatre, Specialist, Physician and Nursing Fees, Intensive Care; Drugs and Dressings; Psychiatric; (follow up) Home Nursing; (follow up) Rehabilitation; Parent Accommodation; Organ Transplant.
- ✓ Assistance Services, including: Emergency Evacuation, Ambulance, Expenses, Repatriation of Mortal Remains; Compassionate Travel; Terminal Illness & Palliative Care.
- ✓ Complications of Pregnancy.
- ✓ Accidental Emergency Dental Treatment.
- ✓ An annual medical check-up (after 12 months cover).

Primary PLUS *lite* Plan

- ✓ Out-patient and GP services, including prescribed drugs and dressings.
- ✓ Diagnostic Tests and Procedures (including MRI, CAT, PET).
- ✓ Physiotherapy & alternative therapies.
- ✓ In-patient psychiatric.
- ✓ Oncology.
- ✓ Hospitalisation, including: room and board; Surgeries, Anaesthetists' fees, Operating Theatre, Specialist, Physician and Nursing Fees, Intensive Care; Drugs and Dressings; Psychiatric; (follow up) Home Nursing; (follow up) Rehabilitation; Parent Accommodation; Organ Transplant.
- ✓ Assistance Services, including: Emergency Evacuation, Ambulance, Expenses, Repatriation of Mortal Remains; Compassionate Travel; Terminal Illness & Palliative Care.
- ✓ Accidental Emergency Dental Treatment.

Primary Plan

- ✓ Hospitalisation, including: room and board; Surgeries, Anaesthetists' fees, Operating Theatre, Specialist, Physician and Nursing

✗ Hereditary, congenital abnormalities, genetic deformities, birth injuries or birth defects.

✗ Dementia or psychogeriatric conditions.

Primary Plan

✗ Pre-existing ailments and associated conditions.

✗ Treatment over €1,000 that has not been pre-approved.

✗ Cosmetic and weight loss.

✗ Suicide and self-inflicted injuries.

✗ Hereditary, congenital abnormalities, genetic deformities, birth injuries or birth defects.

✗ Dementia or psychogeriatric conditions.



Are there any restrictions on cover?

! Maximum age at entry is 65.

! Insured persons must be resident outside their country of nationality for more than 6 months in any 12.

! Cover outside your requested Area, is limited to 30 days per trip and €50,000 per event.

Fees, Intensive Care; Drugs and Dressings; Psychiatric; (follow up) Home Nursing; (follow up) Rehabilitation; Parent Accommodation; Organ Transplant.

- ✓ Associated pre & post hospitalisation specialist consultations; GP consultations; diagnostics (lab work and scans); rehabilitation; alternative treatments.
- ✓ In and Outpatient Oncology.
- ✓ Assistance Services, including: Emergency Evacuation, Ambulance, Expenses, Repatriation of Mortal Remains; Compassionate Travel; Terminal Illness & Palliative Care.
- ✓ Complications of Pregnancy.
- ✓ Accidental Emergency Dental Treatment.



Where am I covered?

- You are covered in your requested Area. The options available to you are:
Area 1 - Europe, Middle East, Africa, Asia and Oceania; excluding China, Hong Kong and Singapore.
Area 2 - Worldwide; excluding USA.
Area 3 - Worldwide.
- You are covered outside of your Area for any trip up to 30 days in duration, up to €50,000 per event.



What are my obligations?

- You must pay your premium.
- You must obtain pre-authorisation for treatment exceeding €1,000.
- You must provide any information we require to assess your claim.
- You must inform us immediately of any change in your circumstances e.g. a change in nationality, moving to a new country, a change in occupation.
- You must let us know if you have other insurance which also covers your covered benefits.
- Any co-payment due.
- You must undertake a routine dental check-up after cover starts to prove that all recommended treatment has been undertaken, before this benefit is available.



When and how do I pay?

- You can pay for your insurance in full using a debit or credit card at the start of your policy;
OR
- By monthly instalment. You will be required to pay a deposit using a debit or credit card at the start of your policy. The remaining 11 payment will be collected from the same card in monthly instalments.
- You will not be covered for any claim if you have not paid the premium due.
- We will contact you 30 days prior to the expiry date of your policy to provide you with renewal terms.



When does the cover start and end?

- The term of the contract is 12 calendar months (unless we agree otherwise in writing, at the outset). Your policy will be renewed automatically and payment taken, unless you choose not to continue.
- You can find your policy start and end date in your Schedule of Insurance.



How do I cancel the contract?

- You may cancel your cover up to 14 days after purchase of this policy, subject to no claim having been made under this cover, and we will refund your premium (cooling off period).
- If you do not exercise this right to cancel your cover, it will remain in force for a period of 12 months (unless we have agreed otherwise in writing at the outset).



How do I submit a complaint?

If you are dissatisfied with any aspect of your policy, the sale of your policy, or the handling of a claim, you should contact Expatriate Group.

Complaints about the Expatriate Group may be referred to the Financial Ombudsman Service. However, as the insurer is based in Mauritius and is not authorised in the UK, complaints relating to the insurer (including claims decisions) are not within the jurisdiction of the Financial Ombudsman Service and should be directed to the Financial Services Commission (Mauritius).