

***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 Services 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.

### Type of Insurance Cover

This policy meets the general demands and needs of individuals and families who require International Medical Insurance. Please refer to your insurance certificate, any applicable endorsements and your Policy Wording sections relevant for your selected cover and to check that the product meets your specific demands and needs. The Maternity Cover Add-On (Silver, Gold and Gold Plus), Terrorism Cover Add-On, Sports Cover Add-On (Platinum), Global Personal Accident Plan and Global Daily Indemnity – Hospital Income Plan 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 deductibles per family for the Silver, Gold and Gold Plus Plans, and two deductibles for the Platinum Plan.

### For eligible expenses:

i) **Outside of the U.S :** Once the Annual Excess is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum

### ii) Inside the U.S:

#### Out-Patient Treatment

Within the US PPO Network - Once the Annual Excess\* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.  
\* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

#### In-Patient Emergency Treatment

Within the US PPO Network - Once the Annual Excess\* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum,  
\* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

#### In-Patient Non-Emergency Treatment

Within the US PPO Network - Once the Annual Excess is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.

U.S. Medical Concierge Provider - Once the Annual Excess\* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.  
\* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

### In-Patient and Out-Patient expenses incurred in the U.S. outside the US PPO Network:

Once the Annual Excess is met: GlobalFusion pays 80% of the next US\$5,000 / £2,750 / €3,350 in eligible expenses, then 100% of eligible expenses up to the policy or coverage maximum under the Silver, Gold and Gold Plus Plans. GlobalFusion pays 90% of the next US\$5,000 / £2,750 / €3,350 in eligible expenses, then 100% of eligible expenses up to the policy or coverage maximum under the Platinum Plan.

### 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. While 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.

### Conditions

- Your Policy Wording contains Conditions within some sections as well as a General Conditions Section. Failure to comply with Policy Conditions may jeopardise your claim or cover.
- It is essential that you refer to the 'insurance conditions relating to health' section in the Policy Wording as failure to comply with these conditions may jeopardise your claim or cover. If your health changes after you have applied for your Policy and prior to your effective date, you must telephone IMG Europe Ltd. On UK +44 (0) 1444 465577 to make sure that your cover is not affected.

**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 two options

- Worldwide excluding the U.S.A, Canada, China, Hong Kong, Macau, Japan, Singapore and Taiwan
- Worldwide

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**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.

Global Fusion Benefits All sub-limit sums insured are the maximum per Person, per Period of Insurance unless otherwise stated		Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>Lifetime Maximum Limit Per Individual Insured Person</b>		\$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
<b>A In-Patient &amp; Day-Patient Treatment</b>						
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	FULL COVER	Up to \$2,250 / £1,250 / €1,500 per day	FULL COVER	FULL COVER
3	Intensive Care Unit	Up to \$1,500 / £850 / €1,000 per day – 180 day per event	FULL COVER	Up to \$4,500 / £2,500 / €3,000 per day	FULL COVER	FULL COVER
4	Anaesthetist's Charges associated with Surgery	20% of Surgery Benefit	FULL COVER	20% of Surgery Benefit	FULL COVER	FULL COVER
5	Diagnostic Tests and Procedures, X-Rays, Pathology, & MRI/CT Scans	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
6	Prescribed Drugs, Dressings and Durable Medical Equipment	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
7	Reconstructive Surgery-following an accident or following surgery for an eligible condition	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
8	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	FULL COVER	FULL COVER
9	Physiotherapy	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
10	Parental Hospital Accommodation	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
11	Prosthetic Devices	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
12	Transplants	\$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

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Global Fusion Benefits ...continued from overleaf		Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>B Out-Patient Treatment, Wellness Benefits and Other Coverages</b>						
1	Out-Patient including: Family Doctor, Treatment and Referrals, Specialists and Consultants, X-Rays, Pathology, Diagnostic Tests and Procedures	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 Physician 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)	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
3	Emergency Room Accident	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
4	Supplemental Accident Benefit	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
5	Out-Patient Surgery	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	FULL COVER	FULL COVER	FULL COVER	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	FULL COVER	FULL COVER
8	Prescribed Out-Patient Drugs, Medicines, Dressings and Durable Medical Equipment	FULL COVER	FULL COVER	Up to \$5,000 / £2,750 / €3,350	FULL COVER	Outside U.S. : FULL COVER  Inside U.S. : 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

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Global Fusion Benefits ...continued from overleaf	Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>B Out-Patient Treatment , Wellness Benefits and Other Coverages ...continued</b>					
9 Physiotherapy, Homeopathic and Osteopathic Therapy	Up to \$40 / £25 / €30 per visit  30 visit Maximum	Up to \$50 / £30 / €35 per visit  Maximum of 1 visit per day  45 visit Maximum	Up to \$50 / £30 / €35 per visit  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	Up to \$50 / £30 / €35 per visit  Maximum of 1 visit per day  45 visit Maximum	Up to \$50 / £30 / €35 per visit  Maximum of 1 visit per day  60 visit Maximum
10 Complementary Medicine Acupuncture, Aroma Therapy, Herbal Therapy, Magnetic Therapy, Massage Therapy, Vitamin, Therapy, Traditional Chinese Medicine	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	No Cover	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	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	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	No Cover	Full Cover Up to 180 Days	Full Cover Up to 90 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	Up to \$250 / £140 / €170  Available for those 30 years of age and over	Up to \$250 / £140 / €170  Available for those 30 years of age and over	Up to \$250 / £140 / €170  Available for those 30 years of age and over	Up to \$500 / £275 / €335  Available for those 18 years of age and over
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
18 Pre-Existing Medical Conditions  Standard Underwriting: - After 24 months continuous cover - Declared and Accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing)  Flexible Underwriting Option available – refer to Brochure for details.	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
19 Newly Diagnosed Chronic Conditions	Covered	Covered	Covered	Covered	Covered
20 Mental/Nervous  - After 12 months continuous coverage	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

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Global Fusion Benefits ...continued from overleaf		Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>C Travel, Transportation and Out of Area Benefits</b>						
1	Emergency Local Ambulance	Up to \$1,500 / £825 / €1000 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	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	\$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
4	Cremation/Burial or Return of Mortal Remains	\$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	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	\$10,000 / £5,500 / €6,700 Lifetime Limit
7	Worldwide Accident & Emergency Out of Area Coverage (USA Treatment Must Be within PPO Network)	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum
<b>D Dental Treatment</b>						
1	Emergency Dental Due to Accident	Up to \$1,000 / £550 / €670	FULL COVER	Up to \$500 / £275 / €345	FULL COVER	FULL COVER
2	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	No Cover	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	See Non-Emergency Dental Benefits
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	No Cover	No Cover	No Cover	No Cover	i) \$750 / £425 / €500; ii) \$50 / £30 / €35 iii) 2
4	Class I Treatment*: - Preventative & Diagnostic - Emergency Palliative Treatment. - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing	No Cover	No Cover	No Cover	No Cover	90% Coverage, Dental Annual Excess Waived
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	No Cover	No Cover	No Cover	No Cover	70% Coverage, after Dental Annual Excess

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Global Fusion Benefits ...continued from overleaf	Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>D Dental Treatment ...Continued</b>					
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 can not be restored using other filling material.  - After 6 months continuous cover * Refer To Policy Wording for Full Details & Listing	No Cover	No Cover	No Cover	No Cover	50% Coverage, after Dental Annual Excess
<b>E Additional Benefits &amp; Services</b>					
1 High School Sports Injury	No Cover	No Cover	No Cover	No Cover	Up to \$20,000 / £11,000 / €13,400
2 Recreational Scuba	No Cover	FULL COVER	FULL COVER	FULL COVER	FULL COVER
3 Vision Care  Not subject to Annual Excess or Co- Insurance  (Benefit payable per 24 months)	No Cover	No Cover	No Cover	No Cover	Exams – up to \$100 / £55 / €70  Materials – up to \$150 / £85 / €100
4 Medical Information Service	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Included
5 Global Concierge & Assistance Services	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Included
<b>F Maternity</b>					
Maternity - Only available to Female Insureds - After 10 months of continuous cover  *All benefits reduced by 50% for births occurring in the 11 <sup>th</sup> or 12 <sup>th</sup> month of continuous coverage	<b>Optional Add-On Coverage</b>  Additional Premium Applies *	<b>Optional Add-On Coverage</b>  Additional Premium Applies *	<b>Optional Add-On Coverage</b>  Additional Premium Applies *	<b>Optional Add-On Coverage</b>  Additional Premium Applies *	<b>Maternity Coverage Included – See Below</b>
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	\$1,000 / £550 / €670 Maternity Annual Excess  (Annual Excess Does Not Apply)
Lifetime Maximum	*\$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
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	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	Included within and up to Lifetime Limit
3 New born 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
4 Cover for New borns 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

...Refer Overleaf for:

- Terrorism Optional Add-On Coverage (Platinum)
- Sports Optional Add-On Coverage (Platinum)
- Annual Excess Options and Co-Insurance

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Additional Optional Add-On Coverages					
(Upon selection at initial Application and subject to additional premium)	Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
Terrorism Coverage Add-On Increases coverage from \$10,000 / £5,500 / €6,700 Lifetime Limit to:	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	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

Annual Excess and Co-Insurance					
Global Fusion	Silver	Gold (1 <sup>st</sup> 36 months of continuous coverage)	Gold (Beginning the 1 <sup>st</sup> day of the 37 <sup>th</sup> month)	GoldPlus	Platinum
<b>Annual Excess Options - Per Insured Person, Per Period of Insurance</b>	\$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	\$100 to \$10,000 £55 to £5,500 €67 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				
<b>Family Maximum Annual Excesses</b>	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
<b>Annual Excess Carry Forward</b> - 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
<b>Co-Insurance within the USA &amp; Canada PPO Network</b>	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance
<b>Co-Insurance outside the USA &amp; Canada</b>	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance	No Co-Insurance
<b>Co-Insurance Payable by Insured inside the USA &amp; Canada - When treatment is taken outside the USA &amp; Canada PPO Network*</b>  (*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	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

### Significant or unusual exclusions or limitations

- Requirements for Eligibility of this Cover :

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

- You must not be present in the USA at the time of the Effective Date (or on the Renewal Date); or
- 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
- 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 General Conditions section 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-US Citizen or US Citizen, then your plan will automatically terminate.

- The plan Silver, Gold and Gold Plus Plans do not cover certain conditions which manifest themselves or involve procedures which take place or are recommended during the first 180 days of coverage, beginning on the effective date and are subject to the waiting period and other limitations of coverage described above.
- These are: allergies; asthma; any condition of the breast or prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; hernia; intervertebral disc disease; gall stones; or kidney stones – **see Exclusions section of the Policy Wording**.

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... Continued from Overleaf

General exclusions and limitations	
<ul style="list-style-type: none"> <li>• War risks, military action and Terrorism claims in excess of \$10,000 / £5,500 / €6,700</li> <li>• Pre-existing conditions in the first 24 months, unless otherwise eligible, declared and accepted under the Platinum Sub-Plan.</li> <li>• Any charges in excess of what is Usual, Reasonable and Customary</li> <li>• Any treatment or supplies which are not medically necessary</li> <li>• Elective cosmetic or plastic surgery</li> <li>• Injury or illness sustained whilst taking part in hazardous pursuits</li> <li>• Contraceptive medication or treatment</li> <li>• Treatment resulting from illegal activities</li> <li>• Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs</li> <li>• Maternity &amp; 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)</li> </ul>	<ul style="list-style-type: none"> <li>• Investigational, experimental or research procedures</li> <li>• Any treatment which is not administered or ordered by a Medical Practitioner, or Treatment received from a relative or family member</li> <li>• Custodial care</li> <li>• Weight modification</li> <li>• Treatment of impotency</li> <li>• Drug &amp; alcohol abuse treatment</li> <li>• Organ transplants not specifically listed</li> <li>• Speech therapy</li> <li>• Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism</li> <li>• Organised amateur or professional sports</li> <li>• Persons HIV+ at effective date</li> </ul>

\* See Policy Wording for definition of pre-existing conditions and a complete list of exclusions 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.

**Complaints Procedure (see Making A Complaint Section of policy wording for full 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, IMG Europe Ltd. 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom

...by phone

Telephone Number: +44 (0)1444 465577

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 (publ). 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.

Full details of addresses and contact numbers can be found on the back page of the Policy Wording.

**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](http://www.fscs.org.uk)

IMG Europe are authorised and regulated by the Financial Services Authority (FSA) in the UK.

**e-mail : [info@imgeurope.co.uk](mailto:info@imgeurope.co.uk)**

**[www.imgeurope.co.uk](http://www.imgeurope.co.uk)**