

This policy summary does not contain full details and conditions of your insurance, these are located in your policy wording.

The GlobalSelect International Healthcare Plan is insured and fully underwritten by Sirius International Insurance Corporation (publ) who are regulated by the Financial Services Authority in the United Kingdom. As the Plan Manager for GlobalSelect, 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 Cover. Please refer to your insurance certificate, any applicable endorsements and your policy wording for your selected cover and to check the product meets your own specific demands and needs.

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 Eligible Charges up to the overall aggregate maximum sum insured 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. 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 benefit limits and excesses shown in the schedule of benefits table below, you cannot change currency at renewal. Alphabetical and numeric headings in the Schedule of Cover and Excesses refer to the similarly designated sections of the Policy Wording.

Pre-Certification for medical necessity

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

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

Global Select		Head Start	Basic	Standard	Executive
OVERALL AGGREGATE MAXIMUM SUM INSURED PER PERIOD OF INSURANCE PER INSURED PERSON		£1,000,000 \$1,750,000 €1,200,000	£1,000,000 \$1,750,000 €1,200,000	£1,500,000 \$2,625,000 €1,800,000	£5,000,000 \$8,750,000 €6,000,000
A In-Patient & Day-Patient Treatment					
1	Hospital Accommodation & Theatre	Full Cover	Full Cover	Full Cover	Full Cover
2	Accidents, Emergencies, Intensive Care inc. Surgical Care, Second Surgical Opinion, Anaesthetics, Medical Practitioner charges for Surgery, Treatment, Services and Supplies routinely provided				
3	Surgeons, Consultants, Anaesthetists & Nurses and Ancillary Charges				
4	Medical Practitioners				
5	Prescribed Drugs, Dressings and Durable Medical Equipment				
6	Reconstructive Surgery-following an accident or following surgery for an eligible condition				
7	Diagnostic Tests and Procedures, X-rays, Pathology, & MRI/CT Scans				
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy				
9	Physiotherapy				
10	Parental Hospital Accommodation				
11	Post Hospitalisation Treatment - Received within 90 days of being discharged from hospital				
12	Hospital Cash Benefit	£100/\$175/ €120/night 60 nights	£150/\$263/ €180/night 60 nights	£200/\$350 €240/night 60 nights	£300/\$525/€360 /night 60 nights
13	Organ Transplant (major covered organs)	No Cover	£100,000/\$175,000 €120,000 Lifetime Limit	£100,000/\$175,000 €120,000 Lifetime Limit	£200,000/\$350,000 €240,000 Lifetime Limit
14	Prosthetic Devices	No Cover	No Cover	Full Cover	Full Cover
15	Psychiatric Treatment -after 12 months continuous cover under the Policy	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days
B Out-Patient Treatment					
1	Family Doctor, Treatment & Referrals	No Cover	Up to £300/ \$525/€360 per Period of Insurance		
2	Specialists and Consultants (fees for consultations) * Coverage is NOT dependent upon admission	Up to £400/\$700/€480 per condition prior to admission*, then up to £1,000/\$1,750/ €1,200 following out- patient surgery or in-patient/day-patient treatment	Up to £1,500/ \$2,625/ €1,800 per condition for pre and post hospital treatment	Up to £5,000/ \$8,750/ €6,000*	Full Cover*

Global Select		Head Start	Basic	Standard	Executive
B Out-Patient Treatment (continued)					
3	X-rays, Pathology, Diagnostic Tests and Procedures * Coverage is NOT dependent upon admission	Up to £200/\$350/€240 per condition prior to admission* and following out-patient surgery or in-patient/day-patient treatment	Up to £1,500/\$2,625/€1,800 per condition for pre and post hospital treatment	Up to £5,000/\$8,750/€6,000*	Full Cover*
4	Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment	No Cover			
5	Out-Patient Surgery				
6	MRI and CT Scans	Full Cover	Full Cover	Full Cover	Full Cover
7	Cancer Tests, Drugs, Treatment and Consultants				
8	Physiotherapy, Homeopathic and Osteopathic Therapy		Maximum 10 visits as part of the £1,500/\$2,625/€1,800 limit	Maximum 15 visits as part of the £5,000/\$8,750/€6,000 limit	Up to £2,500/\$4,375/€3,000 for up to 20 visits
9	Complementary Medical Treatment : Acupuncture, Aroma Therapy, Chiropractic Therapy, Herbal Therapy, Magnetic Therapy, Massage Therapy, Vitamin Therapy, Traditional Chinese Medicine when referred by a Doctor, General Medical Practitioner (GP)	No Cover		Up to £500/\$875/€600	Up to £2,500/\$4,375/€3,000
10	AIDS/HIV Treatment	No Cover	No Cover	Up to £8,570/\$15,000/€10,285 with a Lifetime Limit of £28,570/\$50,000/€34,285	Up to £8,570/\$15,000/€10,285 with a Lifetime Limit of £57,140/\$100,000/€68,570
11	Hormone Replacement Therapy – Early Onset			Full Cover 18 Month Limit Lifetime	Full Cover 18 Month Limit Lifetime
12	Home Nursing Care Primary care services of a registered nurse in the Insured Person's home immediately after, or instead of, In-Patient / Day-Patient Treatment	Up to £75/\$132/€90/visit to a maximum of 15 visits	Up to £75/\$132/€90/visit to a maximum of 30 visits	Up to £75/\$132/€90/visit to a maximum of 45 visits	Up to £75/\$132/€90/visit to a maximum of 60 visits
13	Rehabilitation		Full Cover Up to 30 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
14	Extended Care Facility		Full Cover Up to 6 Months	Full Cover Up to 6 Months	Full Cover Up to 6 Months
15	Hospice Care				
16	Adult Wellness and Health Check - Medical check-up including, cervical smear, mammogram, cancer screening, cardiovascular examinations, neurological examinations, vital sign tests (e.g. blood pressure, cholesterol checks) - Hearing Test, Sight Test and Vaccinations/Inoculations - After 12 months continuous cover under the Policy	No Cover	No Cover	Up to £400/\$700/€480 (Nil Excess)	Up to £500/\$875/€600 (Nil Excess)
17	Child Wellness and Health Check - Hearing Test, Sight Test and Vaccinations/Inoculations - After 12 months continuous cover under the Policy		No Cover	Up to £400/\$700/€480 (Nil Excess)	Up to £500/\$875/€600 (Nil Excess)
18	Psychiatric Treatment - After 12 months continuous cover under the Policy			Up to £2,500/\$4,375/€3,000	Up to £2,500/\$4,375/€3,000
C Travel, Transportation and Out Of Area Benefits					
1	Emergency Local Ambulance	Full Cover	Full Cover	Full Cover	Full Cover
2	Emergency Medical Evacuation and Transportation	Full Cover To nearest medical facility within Your Area of Cover	Full Cover To nearest medical facility, Home Country, or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country, or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country, or country of choice within Your Area of Cover
3	Accompanying Relative, Travel and Accommodation	No Cover	Full Cover	Full Cover	Full Cover
4	Cremation/Burial or Repatriation of Remains	Up to £5,715/\$10,000/€6,860	Up to £5,715/\$10,000/€6,860	Up to £8,570/\$15,000/€10,285	Up to £14,285/\$25,000/€17,140
5	Compassionate Home Visit - After 12 months continuous cover under the Policy		Up to £1,428/\$2,500/€1,715	Up to £3,000/\$5,250/€3,600	Up to £3,000/\$5,250/€3,600
6	USA Elective treatment within Provider Network -Excludes non-emergency travel & accommodation (Applicable to insureds who have not selected Area 3 – Worldwide Cover)	No Cover	No Cover	Up to £500,000/\$875,000/€600,000 with 20% Co-Insurance (Nil Excess)	Up to £500,000/\$875,000/€600,000 with 20% Co-Insurance (Nil Excess)
7	Worldwide Accident and Emergency Out Of Area Cover		30 Days Maximum, up to £15,000/\$26,250/€18,000	45 Days Maximum, up to £20,000/\$35,000/€24,000	60 Days Maximum, up to £20,000/\$35,000/€24,000
D Cover in Respect of Pre-Existing Conditions and Chronic Conditions					
1a	Pre-Existing Conditions – Underwriting/Coverage Options Full Medical Underwriting Option* - After 24 months continuous cover under the Policy (unless excluded or terms applied as indicated otherwise in writing)	No Cover	Up to £1,500/\$2,625/€1,800 with a Lifetime Limit of £15,000/\$26,250/€18,000	Up to £2,000/\$3,500/€2,400 with a Lifetime Limit of £20,000/\$35,000/€24,000	Up to £3,000/\$5,250/€3,600 with a Lifetime Limit of £30,000/\$52,500/€36,000
1b	Moratorium Enrolment & Underwriting Option* - After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation (refer to Page 18 for further details)*	No 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 Page 18 for further details and Policy Wording for full Policy definitions, terms, conditions and restrictions					

Global Select		Head Start	Basic	Standard	Executive
D Cover in Respect of Pre-Existing Conditions and Chronic Conditions (continued)					
2	Chronic Conditions and Palliative Care	No Cover	No Cover	Up to £2,000/\$3,500/€2,400 with a Lifetime Limit of £20,000/\$35,000/€24,000	Up to £3,000/\$5,250/€3,600 with a Lifetime Limit of £30,000/\$52,500/€36,000
3	Stabilisation of Acute Chronic Episode	No Cover	Up to £5,000/\$8,750/€6,000	Full Cover	Full Cover
E Dental Treatment					
1	Emergency Treatment (In-Patient or Day-Patient)	No Cover	Full Cover	Full Cover	Full Cover
2	Accidental Dental Damage - caused to sound natural teeth lost or damaged in an Accident. Out-Patient Treatment/Dental Surgery must be received within 5 days from the date of the Accident occurring.		Up to £250/\$438/€300		
3	Emergency Treatment (Out-Patient/Dental Surgery) - For immediate relief of severe pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 24 hours of the onset of pain and no more than 5 days from the event		No Cover	No Cover	
4	Routine Treatment (Out-patient) *** For the restoration of natural teeth a) examinations, check-up and x-rays b) tooth cleaning and polishing c) normal compound fillings, simple or non-surgical extractions *** incurred after 180 days from the Effective Date	No Cover	No Cover	No Cover	Up To £400/\$700/€480 in aggregate a) £50/\$88/€60/visit, maximum two visits each period of insurance b) £50/\$88/€60/visit, maximum two visits each period of insurance c) £50/\$88/€60 each tooth (£80/\$140/€96 wisdom tooth) Subject to 25% Co-Insurance (Nil Excess)
5	Major Restorative Treatment **** -Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicotomy, new or repair of bridgework, new or repair of crowns (not precious metal), root canal treatment, new or repair of upper or lower dentures **** incurred after 12 months from the Effective Date	No Cover	No Cover	No Cover	Up To £750/\$1,313/€900 in aggregate, subject to 50% Co-Insurance (Nil Excess)
F Non-Medical Covers and Benefits					
1	Out of Country Legal Expenses	No Cover	No Cover	Up to £5,000/\$8,750/€6,000 (£250/\$438/€300 Excess)	Up to £10,000/\$17,500/€12,000 (£350/\$613/€420 Excess)
2	Vision Contribution Due to Accident Benefit	No Cover	No Cover	No Cover	£200/\$350/€240 subject to 50% Co-Insurance
3	Security & Political Evacuation & Repatriation	No Cover	No Cover	Up to £7,500/\$13,125/€9,000 Lifetime Limit	Up to £10,000/\$17,500/€12,000 Lifetime Limit
4	Identity Theft Cover & Assistance	No Cover	No Cover	Up to £250/\$438/€300	Up to £500/\$875/€600
5	Out of Country Criminal Assault Benefit - when admitted to hospital for 48 hours or more	No Cover	No Cover	£500/\$875/€600 per admitted night to a maximum of £2,500/\$4,375/€3,000	£1,000/\$1,750/€1,200 per admitted night to a maximum of £5,000/\$8,750/€6,000
6	Natural Disaster Evacuation & Accommodation	No Cover	No Cover	Up to £150/\$263/€180 per 24 hours for up to 5 Days	Up to £250/\$438/€300 per 24 hours for up to 5 Days
G Other Services and Benefits					
Global Select		Head Start	Basic	Standard	Executive
1	24 Hour Emergency Helpline	Included	Included	Included	Included
2	USA Medical Concierge Service (For Eligible Treatment in the USA)	Included	Included	Included	Included
2	Medical Information Service** – Access to board-certified physicians, licensed psychologists and pharmacists to assist with any routine health related questions	Not Applicable	Not Applicable	Included	Included

H Maternity Cover (OPTIONAL) - after 10 months continuous coverage

Optional Add-On Maternity Coverage Available With All Sub-Plans – Additional Premium Applies.

Only available to Female Insureds – after 10 months of continuous coverage.

*All benefits reduced by 50% for births occurring in the 11th or 12th month of continuous coverage

Must be applied for upon initial Application, as it cannot be added or changed at a later date.

Maternity Cover – Optional Levels of Cover		Level 1 Essentials	Level 2 Premier
1	Pregnancy Complications Including Medically Required C-Section	Full Cover	Full Cover
2	Normal Pregnancy and Delivery Including Premature Birth Treatment, Pre-, Post and Routine Natal Care	*Up to £5,000/\$8,750/€6,000 subject to 20% Co-Insurance	*Up to £5,000/\$8,750/€6,000 subject to 20% Co-Insurance
3	Newborn Hospital Accommodation (* only when accompanied by Newborn Examination within 24 hours of delivery)	Up to £143 / \$250 / €172**	Up to 14 Days
4	Newborn Examination & Wellness - Not subject to Excess of Co-Insurance - For the first 12 months of life	Up to £100/\$175/€120	Up to £150/\$263/€180
5	New Baby Benefit	No Cover	£100/\$175/€120 (Nil Excess)
6	Cover for Newborns including non-hereditary birth defects and congenital abnormalities	No Cover	*£25,000/\$43,750/ €30,000 must enrol with parents in 31 days

** Service provided by third parties and membership issued under separate documentation included within the IMG Europe GlobalSelect fulfilment pack.

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.

Significant limitations on Eligibility for 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 any 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.

Significant or Unusual Exclusions

The plan does not cover certain conditions which manifest themselves or involve procedures which take place or are recommended during the first 90 days of coverage, beginning on the effective date. These are: acne, allergies, asthma, any condition of the breast or prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; diverticulitis; hysterectomy; hernia; intervertebral disc disease; gall bladder disease, gall stones; or kidney stones – see **exclusion 5 of policy wording (Page 20)**.

General exclusions and limitations

- War risks, military action, terrorism – see **exclusion 4 of policy wording**
- Any treatment which is not medically necessary – see **exclusion 9 (iv), of policy wording**
- Pre-existing conditions in the first 24 months – see **exclusion 1 of policy wording**
- Any treatment which is not administered or ordered by a Medical Practitioner – see **exclusion 9 (iii) of policy wording**
- Any charges in excess of what is Usual, Reasonable and Customary – see **exclusion 9 (vi), of policy wording**
- Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism – see **exclusion 39 of policy wording**
- Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs – see **exclusions 23,24 & 27 of policy wording**
- Injury or illness sustained whilst taking part in hazardous pursuits – see **exclusion 20 of policy wording**

See the **Exclusions Section of policy wording for the complete list of exclusions and Definitions Sections of policy wording for definition of pre-existing conditions. All other limitations, terms and conditions of the plan are contained within the policy wording.**



Policy Summary GlobalSelect[®]

International Healthcare Cover

Applicable to Individual and Family Policies that are New* or Renewing with effect from the 1st June 2012 (*Received on Application Form Version 06/12)

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...Continued From Overleaf

Duration : This is an annually renewable policy – please refer to your certificate of insurance for your selected cover and Sub-Plan.

Geographical Area of Cover :

Area 1) Europe

Area 2) Worldwide excluding US, Canada, China, Hong Kong, Macau, Taiwan, Japan and Singapore

Area 3) Worldwide - please refer to your Certificate of Insurance for your selected area of cover.

Cancellation Period: You may return policy documents within 30 days after receipt for a full refund of premium, provided no claim has been made.

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
Or telephone: (UK): +44 (0)1444 465 588, or (US): +1 317 655 4500

No Claims Discount: Premiums are age related and will increase as you get older. Your premiums will also increase with medical inflation. While your plan remains claims-free at each renewal the following no claims discounts will be applied:

First year GlobalSelect Renewal: Insureds who have 0 (zero) paid claims in the most recent 12 month period will be eligible to receive a 15% discount off the published rates in effect at the time of renewal.

If a claim is made during a plan year, any no claims discount achieved will be lost and the status of your discount at renewal will be 0. If a claim relating to the previous plan year is subsequently submitted and accepted, and a no claims discount have already been given, we reserve the right to immediately remove the no claims discount and collect adjusted renewal premium. This No Claims Discount only applies to your main plan and not to Optional Add-On Covers you may have selected. Use of the Wellness Benefit (if applicable under your Plan) will not affect your No Claims Discount Status.

Low Claims Discount: With effect from 15th February 2011

Level 1 – If you are not eligible for a No Claims Discount but have paid claims totalling £140/\$250/€210 or less between your last renewal invitation date until this renewal invitation date, then you will be eligible to receive a 15% discount off your new GlobalSelect base renewal premium. If you are not eligible for a Level 1 Low Claims Discount, you may still be eligible for the following Level 2 Low Claims Discount.

Level 2 – GlobalSelect Renewal Insureds who are not eligible for a No Claims Discount or a Level 1 Low Claims Discount, but have paid claims totalling £1400/\$2500/€2100 or less between your last renewal invitation date until this renewal invitation date, then you will be eligible to receive a 10% discount off your new GlobalSelect base renewal premium. Full details, terms and conditions of these discounts can be found in the No and Low Claims Discount Form which forms part of the Renewal Invitation sent prior to Renewal. IMG Europe reserves the right at next renewal to enhance, withdraw or amend the Discount structure at its sole discretion.

Complaints Procedure (see Making A Complaint Section of policy wording for full procedure)

Any complaint 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* complaint.

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* are unhappy with the response, *You* are advised to write explaining the nature of your complaint to the General Manager at Sirius International Insurance Corporation (publ).

We or Our Plan Manager 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 Financial Ombudsman Service 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 claims against firms declared in default on or after 1st 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 Services Authority (FSA) in the UK.

e-mail : info@imgeurope.co.uk

www.imgeurope.co.uk