



GLOBAL HEALTHCARE AND ASSISTANCE

expacare

Securus Membership Guide 2016



International healthcare for over 30 years

Securus Membership Guide

2016

Contents

1. Introduction	2
2. Administration, rights and responsibilities	2
3. Making a claim	5
4. Definitions	7
5. Exclusions: what we don't cover	11
6. Data Protection	13

1. Introduction

Welcome to Expacare, one of the UK's longest established international health insurance providers for **your** health insurance plan. These plans are provided by Expacare Limited acting on behalf of the **Insurer**.

The **benefits** are shown in the Benefit Table enclosed with this Guide. **Your insurance certificate** shows the cover that is available for **you**. As with any healthcare insurance contract, there are exclusions. These are conditions and **treatments** that are not covered and are listed in the Exclusions section of this guide.

This guide covers both **Group Policies** and **Individual Policies**. Some terms and definitions may vary between a **Group Policy** and an **Individual Policy**. Where this is the case this has been clearly highlighted in this guide. Please also refer to **your insurance certificate** for confirmation of the classification of **your** policy.

We will do everything **we** can to help **you** and **your dependants** to get the most out of this important service by:

- › Providing a 24-hour help line for medical emergencies;
- › Helping **you** find suitable healthcare providers in **your** area;
- › **Pre-authorising** certain **claims** so that **your** out-of-pocket expenses and financial worries are reduced as far as possible;
- › Negotiating direct settlement of **hospital** bills;
- › Providing an international **claims** management team who have the medical expertise needed to help **you** understand **your** local doctor's plan of care, and to support **you** in making important decisions about **your** healthcare in a foreign environment;
- › Processing **your claim** form as quickly as possible.

Should **you** require further clarification about **your** plan, or **you** would like to tell **us** about any changes in **your** personal circumstances, please contact **us**:

Expacare Limited
Columbia Centre
Station Road
Bracknell, Berkshire
RG12 1LP
United Kingdom
Phone: +44 (0) 1344 381650
Fax: +44 (0) 1344 381690
Email: info@expacare.com

For questions about how to **claim**, a specific **claim** query, finding a local **doctor** or **hospital** provider, please visit our website www.expacare.com. You can also find details on making a **claim** and **claims** conditions in section 3 of this guide.

The cover provided shall be determined by reading this guide together with the Certificate of Insurance (the Certificate) issued to each **Insured Person**. Any benefit not shown in the Certificate is not provided. Premiums will be paid in USD for **DHA plans**. Premiums will be paid in Pounds Sterling for all other plans. The base currency for the policy will be Pounds Sterling.

The Insurance is effective only after the applicant has been accepted by the **Insurer** and becomes and remains insured in

accordance with the terms, provisions and conditions set out in the Certificate and Rules.

The legal representative of the **Insured Person** shall have the right to act for an **Insured Person** who is incapacitated or deceased. Benefits are payable to the **Insured Person** or to the licensed providers of medical and dental care who provide the insured **treatments** and services to the **Insured Person**. Benefits are limited to the usual customary and reasonable charges in the area where **treatment** is provided.

Benefit payments are processed by **claims** administrators, appointed by the **Insurer**, who specialise in medical **claims** administration.

2. Administration, rights and responsibilities

2.1. The contract

This guide, in conjunction with **your insurance certificate**, makes up the contract between **you** and **us**, with the purpose of providing **you** with **benefit** when **you** need medical **treatment**.

Where this is a **Group Policy** it has been arranged through **your sponsoring organisation** who is approved by **us**. **Your sponsoring organisation** has agreed the rules of **your** membership and details of the insurance cover.

To fully understand **your** rights, responsibilities, what is covered, and what is not covered, **you** must look at:

- › this guide
- and
- › **your insurance certificate** where any exclusions or limitations in **treatment** or **benefits** that are specific to **you**, or any **dependants** included under **your** membership will be shown.

Your Agent/Broker can act on **your** behalf in relation to administration requests such as, but not limited to; changes in cover or cancellation of cover.

2.2 Membership eligibility

These rules apply to **your** eligibility to become a member of this plan (as the **insured person**), and that of **your dependants**.

- › In respect of an **Individual Policy** only **you** must be under 65 years old at the date **you** join in order to be covered. This does not apply to **DHA plans**.
- › In respect of a **Group policy** only, **you** must be under 65 years old at the date **you** join in order to be covered without having **your** medical history evaluated. If **you** are 65 or over, **we** need to see **your** medical history. **You** will need to complete and return a "Medical Questionnaire for Applicants Aged 65 and Over" form. **We** will tell **you** about any excluded medical conditions on **your insurance certificate**.
- › For a **Group policy**, **you** must be an active **employee** of the **sponsoring organisation** **we** have a contract with;
- › **Your dependants** must be covered under the same plan **benefit** **you** have, as the **insured person**.
- › **Your** new born children shall be eligible for cover as a dependant on your plan from the date-of-birth, subject to

receipt of a completed application form within 14 days of the birth.

- › Child **dependants**, aged 25 are eligible to take out a plan in their own right, whilst maintaining their original inception date, subject to receipt of a new application form, prior to the policy renewal date.
- › **You** and **your dependants'** cover starts on the **start date** shown on **your insurance certificate**.
- › A child, eligible for cover in their own right and not as a **dependant** on their parent's policy will be charged the minimum adult rate (18 - 25 age-band).
- › Membership may depend on local insurance licensing legislation in **your country of residence**.
- › Subsequent changes in cover can only be made at renewal.
- › **You** are obliged to meet local legislation requirements in **your country of residence** at any time before and whilst **you** become a member of this plan.
- › **You** are not eligible to join this plan if **you** are an American citizen and **you** live permanently in the USA.
- › **We** must receive premiums before the **start date** or the due date.
- › **We** will tell **you** about any excluded medical conditions specific to **you** on **your insurance certificate**.

2.3 Information that you provide to us – for consumer contracts

If **you** are an individual covered by this plan or an individual buying insurance outside **your** trade, business or profession, **you** must take reasonable care to answer all the questions asked by the **Insurer** and **us** in connection with **your** insurance, whether through a proposal form or otherwise, honestly and to the best of **your** knowledge, and provide complete and accurate answers. If **you** make a misrepresentation to the **Insurer** (whether innocently or otherwise), the **Insurer** may impose additional policy terms, or reduce a **claim** payment, or even to cancel the policy and refuse all claims. If **you** make a deliberate or reckless misrepresentation, the **Insurer** may cancel the policy and refuse all **claims**, and in these circumstances the **Insurer** will be entitled to retain any premium paid by **you**. **You** should note that failure to comply with a request at renewal to confirm or amend particulars **you** have previously given may amount to misrepresentation which could prejudice **your** insurance cover in whole or in part.

Where guidance is provided in relation to a question please ensure that **you** read this fully to ensure the correct answer is provided. If **you** are in any way uncertain about any of the questions asked, please seek further clarification from **your** broker or from **us**.

2.4 Duty of Fair Presentation – for business contracts

If **you** are an individual purchasing or renewing insurance in connection with **your** business, trade or profession, or **you** are a sponsoring organisation purchasing or renewing a **Group Policy**, **you** must be aware of the duty of fair presentation. This obliges **you** to provide accurate answers to all questions. Failure to comply with this obligation may entitle the **Insurer** to decline **your claim**, pay a proportionate amount of **your claim** only, or cancel **your** policy.

The duty of fair presentation, in relation to questions asked by the **Insurer**, is a duty to provide to the **Insurer**:

- › details of material circumstances which the **insured person** knows or ought to know, or
- › failing that, answers which give the **Insurer** sufficient information to put a prudent insurer on notice that it needs to make further enquiries for the purposes of revealing those material circumstances.

A material circumstance is one which would influence the judgment of a prudent **insurer** (not necessarily the **Insurer** in question) in determining whether to take the risk and, if so, on what terms. Examples of such circumstances could be any ongoing serious medical conditions, or planned or pending medical treatment. Please note that these examples are for illustrative purposes only and are by no means exhaustive or conclusive.

It is important to understand who in **your** business has “knowledge” for the purposes of this duty:

- › If **you** are an individual buying cover in connection with **your** business, **you** will be presumed to know what you actually know and what is known by the individuals responsible for your insurance (such as **your** broker);
- › If **you** are a corporate entity, **you** will be presumed to know what is known by the business's “senior management” and the individuals responsible for its insurance (such as **your** risk management team and **your broker**). Senior Management means those individuals who, in connection with the risks to be insured, play significant roles in the making of decisions about how the **insured person's** activities are to be managed.

We will seek to agree with the **Insurer** in advance of any placement whose “knowledge” counts for the purposes of the duty, and will in any event provide **you** with guidance on this.

Please note that **you** will be treated as knowing:

- › material circumstances of which **you** (or the relevant persons identified above) have actual knowledge;
- › material circumstances which **you** suspect but **you** have deliberately refrained from confirming or enquiring about; and
- › material circumstances about which **you** ought to know (i.e. circumstances which should reasonably have been revealed by a reasonable search of information available to **you**).

This means that in some circumstances the responsible individuals will be required to make enquiries, and the information (and therefore the scope of those enquiries) may not necessarily be limited to that held by the business. **We** will provide advice and guidance on the nature and extent of searches that may be required to comply with the duty.

The duty of fair presentation continues up until the insurance has been concluded and ‘resurrects’ in the event of any amendment to the risk during the policy period or extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or conditions which effectively extend certain disclosure obligations post inception of the policy. In completing a proposal or claim form or any other material document relating to an insurance policy and in providing information to or for **Insurer**, the accuracy and completeness of

all answers, statements and/or information is the policyholder's own responsibility and it is of paramount importance that all relevant information is provided and that it is accurate. Should **you** so require, **you** may request that **we** assist **you** by providing examples of the sorts of matters which ought to be disclosed as being material or arguably material circumstances, in general terms, or specific to **your** risk from the knowledge **we** gain from working with **you** to understand **your** risk.

In the event that there is a breach of the duty of fair presentation, insurers are generally limited to "proportionate remedies", linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of **claims** where a higher premium would have been charged. In circumstances where insurers would not have entered into the contract on any terms they can avoid the contract and refuse all **claims**, but must return the premium. If the breach is deliberate or reckless insurers can avoid the policy, refuse all **claims** and keep the premium.

If **you** are in any doubt as to the scope of the duty of fair presentation or whether a piece of information ought to be disclosed, please do not hesitate to contact **your** broker or **us**.

2.5 Renewing your cover

This plan is a one-year contract renewable each year on the anniversary of the **start/enrolment date** by **you** if an **Individual Policy** and by **your sponsoring organisation** if a **Group Policy** (the premium rates in force at the time **you** or **your sponsoring organisation** renew, and any changes **we** have given you or **your sponsoring organisation** written notice of, will apply).

We will renew the plan when **we** receive the premium.

Expacare Limited is able to offer the choice of paying premiums on either a semi-annual or quarterly basis (frequency to be confirmed by Expacare prior to renewal of the policy). An administration charge of 2% and 4% respectively will be applied. These fees are not applicable when **Individual policies** are issued to policyholders in the EEA.

In respect of **Individual policies**, if **you** do not live in the EEA and are paying for **your** insurance via instalments then **you** will not benefit from protections under the Consumer Credit Act or the Consumer Credit Sourcebook of the Financial Conduct Authority.

Changes in cover can only be made at renewal and must be advised to **us** in writing prior to the renewal date. Any changes requested by the insured will be subject to the Underwriter's acceptance.

The Underwriters reserve the right to amend or alter premiums and terms.

2.6 Ending your cover

We may end **your** cover during the term of **your** policy for **you** (as the **insured person**) and **your dependants** in the following situations.

If **you**, **your dependants** or **your sponsoring organisation**:

- › withhold relevant information or give **us** incorrect information;
- › make any false or fraudulent **claim**;

- › fail to provide any reasonable information **we** have asked for;
- › fail to pay the premiums due;
- › are an American citizen and move to the USA;
- › move back to **your home country** on a permanent basis. (Cover can remain in force if **you** move back to **your** home country on a temporary basis, subject to approval from **Insurers**).

For a **Group Policy** only, cover may also end if:

- › **your sponsoring organisation** confirms **you** are no longer eligible for **group** membership;
- › you cease to be an **employee** of the **sponsoring organisation**.

For a **Group Policy**, **your sponsoring organisation** is responsible for telling **you** immediately if **your** cover has been cancelled.

We may decide to discontinue the plan or any part of it. **We** have the right to alter the terms of membership and the contract at any time.

We will not cancel **your** plan because of **your** age or health record.

We will, provided no **claims** have been made against the plan in the current year, refund the unused portion of the premium.

Any **claims** received after a refund will be declined.

If a policy is cancelled and a **claim** has been made then the full annual premium will be due. Any costs incurred in recovering due premiums will be the responsibility of the policyholder.

2.7 Governing Law & Jurisdiction

The plan shall be interpreted under, governed by and construed in accordance with the laws of England and for this purpose **you** and **your dependants** and the **Insurer** agree to submit to the exclusive jurisdiction of the courts of England in any dispute arising hereunder.

2.8 Liability

We shall not be liable to **you** for any loss, damage, illness and/or injury of any nature that may have occurred, arising from any act or omission carried out directly or through a third party, in connection with, or in the provision of the services as described in this document.

2.9 Local Taxes

The policyholder is liable for any local taxes due on the insurance premium unless these taxes have been shown on **your** invoice and paid. In these cases the **Insurer** will account to the local tax authorities for the tax due. For a **Group policy** please refer to the Administrator of **your** Plan or contact **us**.

2.10 Medical Advice

You are responsible for complying with any medical advice/treatment given to **you** by **your** doctor or other treating healthcare professional.

2.11 Payments

We will only make premium refunds and **claims** payments when local and international regulation allows.

3. Making a claim

We have made claiming as easy as we can, and the process is set out on the **claim** form. **Claim** forms can be found on our website www.expacare.com. Please also refer to the "Your guide to making a Claim" document on our website. Please send **us your claim** as quickly as **you** can, but no later than six months after **you** started **your treatment**. If a **claim** is submitted later than six months following the start of **treatment**, **we** will not pay the **claim**.

We will only pay for eligible **treatment** received within the period of cover. Benefits are limited to usual, **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided and is subject to the benefit limits as shown on **your** insurance certificate. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**.

Processes for making **claims**, **pre-authorisation** and **guarantees of payment** are different if **you** have purchased a **DHA plan**. Please refer to the Guide to Making a Claim sent with **your** Membership Guide for further details.

3.1 What information you need to supply

It is important for **you** to know that **we** are only able to reimburse medical expenses when **we** have received the **claim** form, all the original invoices (including a full breakdown of costs of treatment received) and any additional information deemed necessary by our medical advisors to complete our assessment within 6 months of the **treatment** date. These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium. If **claims** have been paid by **you**, **we** will also require proof of payment.

Your documents and invoices should be sent to the address shown on **your claim** form. **We** strongly recommend that **you** keep copies of these documents in case the originals are lost in transit.

We reserve the right to request that **you** attend a **specialist/doctor** of **our** choice for a second opinion. If **your** course of **treatment** exceeds 6 months, please ensure **you** obtain and submit an interim invoice

If **you** are claiming for more than one medical condition, a separate **claim** form must be completed annually for each condition.

Wherever possible please use the **claim** form which **we** have provided in order to apply for reimbursement of expenses. This form must be signed by the person providing the service or **treatment** - Section B (eg **doctor**) and by the claimant - Section A (or policy holder if the claimant is a child). The **claim** form is available to download from **our** website www.expacare.com.

If **you** are claiming **Hospital cash benefit** a certificate confirming the **inpatient treatment**, the diagnosis, the date of admission and discharge will be required.

The Insurer shall have the right and opportunity through their medical representative to examine any Insured Person whenever and as often as may be reasonably required within the duration of any **claim**. In addition the Insurer shall have the right to

require an autopsy in the case of death, where this is not forbidden by law.

We can make reasonable requests for information or proof to support **your claim**. The burden of proof is on the insured.

3.2 Claim Payments

We will normally reimburse invoices in the invoice currency.

However **we** can reimburse invoices in currencies other than the invoice currency. The preferred currency for payment should be specified on the **claim** form.

If the currency of **your** bank account is different from the currency in which expenses have been settled, the exchange rate applicable for **your claims** will be one issued by a reputable foreign exchange company and applied when the claim is being paid.

Normally reimbursement will be made to **you**. However, **we** can make reimbursement directly to the party issuing the invoice. This may be useful in emergencies or if particularly high sums are involved. If payment is to be made to a party other than **yourself** this should be indicated on the claim form (Section A).

If **we** are placing a **guarantee of payment (GOP)** in a currency different to that of **your** policy, then the value of the **excess** will be calculated using the exchange rate applicable on the date of **treatment**.

We are unable to re-issue a cheque that was originally issued more than 2 years ago.

We will not be responsible for any bank charges (other than those charged by **our** own bank) or foreign exchange currency variances which may be applied during the claims process.

Any **claims** paid incorrectly must be reimbursed to Expacare.

We will only pay for eligible **treatment** received within the period of cover and, the **geographic area** of cover shown on **your insurance certificate**. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**. **Benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided.

3.3 Pre-authorisation of Claims

Specific procedures/**treatments** must be pre-authorised and agreed by Expacare before **treatment** can take place, and a written pre-authorisation from **us** is necessary. Upon contacting **us** **you** will be advised which documents **we** require in order to authorise **your** claim.

The minimum information required in order for **us** to give pre-authorisation is:

- > Medical Diagnosis
- > Name of treating facility and doctor
- > Estimated costs
- > Estimated length of stay

Pre-authorisation must be obtained to receive benefit for the following:

- > Emergency **Medical Evacuation**

- › Hospital treatment as In-patient treatment
- › Claims likely to exceed GBP 2500
- › Psychiatric treatment (if covered)

In case of emergency admission, **you** (or someone on **your** behalf) should notify the assistance company within 72 hours of Hospital admission.

Failure to comply will affect settlement of **your claim**. If pre-authorisation is not obtained, the **insured person** shall be responsible for the first GBP 1,000 of each unauthorised event.

3.4. Guarantee of Payment (GOP)

If **you** require **inpatient treatment**, which must be **pre-authorised**, **we** can arrange to settle the costs directly with the **hospital**. This would normally involve **us** providing a '**guarantee of payment**' to the **hospital**, which the **hospital** accepts. A **GOP** may be provided to medical facilities where the value of the **treatment** exceeds GBP 300 (or equivalent) and if the facility is prepared to accept **our GOP**.

All necessary documentation relating to **GOP's** for non-emergency **treatment** must be received at least 5 days before the admission date to allow time for the 'guarantee' to be placed. In an emergency **you** (or someone acting on **your** behalf) should notify **us** within 72 hours of the **hospital** admission.

GOP's can only be placed where **treatment** is due to take place within 30 days of notification. **GOP's** will not be placed where **treatment** is due to take place after the expiry of the policy.

GOP's are placed in good faith and if later found to be for **treatment** that is not eligible for cover then payment must be refunded.

Expacare will settle eligible charges directly. Any costs not covered (including **excesses** which are not paid by the member), which remain unpaid, will result in future **GOP's** being declined.

Specific procedures/treatments must be pre-authorised and agreed by Expacare before treatment can take place, and a written pre-authorisation from **us** is necessary. Upon contacting **us you** will be advised which documents **we** require in order to authorise **your claim**.

In situations where a **hospital** does not accept our **GOP**, **treatment** can either be sought at an alternative **hospital** or **you** would need to pay for the **treatment** and submit a reimbursement **claim** to **us** for these **costs**.

3.5 If your claim is covered by more than one insurance plan

If at the time of any **claim(s)** covered by this Policy there is any other insurance covering the same liability, the indemnity afforded by this Policy will not apply except in the event that any limits afforded by such other insurance have been exceeded. Any amount in **excess** of such limit will be subject to the Limit of Liability as stated in the Membership Guide and on **your** Certificate. This process helps to keep down the cost of **your** insurance.

In these circumstances (where the originals have been submitted to another insurer) it will be sufficient to send **us** duplicates of

the invoices and documents.

We will also require **you** to provide contact details for the other **insurer**.

3.6. If your illness or injury was caused by someone else

If **you** are claiming for an injury or illness caused by another person (or other people), **you** must tell **us** immediately. **We** have the right to ask **you** to help **us** include the amount of **benefit you** are claiming from **us** in **your claim** against another person. This help may result in **us** prosecuting, defending or settling any **claim** in **your** or **your dependants'** name for **our benefit**.

3.7 Fraudulent Claims

If the **insured person** makes a fraudulent **claim** under this insurance contract, the **Insurer**:

- › Is not liable to pay the **claim**; and
- › May recover from the **insured person** any sums paid by the **Insurer** to the **insured person** in respect of the **claim**; and
- › May by notice to the **insured person** treat the contract as having been terminated with effect from the time of the fraudulent act.

If the **Insurer** exercises its right to terminate the contract,

- › the **Insurer** shall not be liable to the **insured person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the Insurer's liability under the insurance contract (such as the occurrence of a loss, the making of a **claim**, or the notification of a potential claim); and,
- › The **Insurer** need not return any of the premiums paid.

Fraudulent **claims** – group insurance

If this insurance contract provides cover for any person who is not a party to the contract ("an **insured person**"), and a fraudulent **claim** is made under the contract by or on behalf of an **insured person**, the **Insurer** may exercise the rights set out as above as if there were an individual insurance contract between the **Insurer** and the **insured person**. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other **insured person**.

3.8 Access to Medical Reports Act 1988

We may request reasonable information in support of **your claim** and this includes medical reports. The Access to Medical Reports Act requires that **we** advise **you** of **your** principle rights under this Act.

Option 1

You may withhold **your** consent to an application for a report. However, this may prevent **our** proceeding with **your claim**.

Option 2

You may consent to the application but indicate that **you** wish to see the report. **Your doctor** will allow 21 days for **you** to see and approve it before it is supplied to **us**. If **your doctor** has not heard from **you** within 21 days, he or she will assume that **you** do not wish to see the report and that **you** consent to it being supplied.

When **you** see the report if there is anything in it in which **you**

consider incorrect or misleading **you** can request (it must be in writing) that the **doctor** amend the report but he or she is not obliged to do so. If the **doctor** refuses to amend it **you** may:

- › Withdraw consent for the report to be issued;
- › Ask the **doctor** to attach to the report a statement setting out **your** view; or
- › Agree to the report being issued unchanged.

Note: The **doctor** is not obliged to show **you** any parts of the report which he or she considers might cause serious damage to **your** physical or mental health or that of others, or which would reveal information about a third party who has supplied the **doctor** with information about **your** health unless the third party consents. In those circumstances the **doctor** will so inform **you** and **your** access to the report will be appropriately limited.

Option 3

You may consent to the application for the report but indicate that **you** do not wish to see the report before it is supplied. Should **you** change **your** mind after the application is made and so notify the **doctor** in writing she/he should allow 21 days to elapse after such notification so that **you** may arrange to have access to the report (if the report has not already been supplied before **you** change **your** mind).

Option 4

Whether or not **you** decide to seek access to the report before it is supplied **you** have the right to seek access to it from the **doctor** at any time up to 6 months after it was supplied. **Your doctor** may charge a fee to cover the supply of a medical report, which is not covered by **your** plan.

3.9 Arbitration

Any differences of medical opinion on the results of an **accident** or illness will be settled between two medical experts appointed, in writing, by the two sides to the dispute. Any differences of opinion between the two medical experts will be referred to an umpire who will have been appointed, in writing, by the two medical experts at the time of their appointment.

3.10 How can you contact us

You can contact **us** at any time, day or night. Full contact details can be found on **your** membership card and **claim** form and on

our website www.expacare.com.

4. Definitions

This section explains what **we** mean by certain words or phrases in **your** plan documents in relation to the **benefits** on **your** plan. Words written in bold are important and have a specific meaning. If **you** have any questions on these or any aspects of **your** plan, please contact **us**.

The following definitions apply to the Plan:

- › **Accident** - Any sudden and unforeseen event occurring during the policy period, resulting in bodily injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

- › **Accident and Emergency Room Services** - Services performed in a **Hospital** casualty ward or **emergency** room immediately following an **Accident** or Life Threatening **Emergency**.
- › **Ambulance** - A vehicle designed for medical transport and used by staff members who are trained in **emergency** medical services to transport **you** locally in an **emergency**.
- › **Anaesthetist** - A doctor or nurse trained, accredited and legally able to handle anaesthetics and to carry out related procedures.
- › **Benefit** - The payment **we** make under **your** plan for expenses **you** incur, when as a result of a coverable event, **you** need **treatment**, **emergency medical evacuation**, or **you** qualify for cash benefit. **Your benefits** are set out in **your** insurance certificate. To receive **benefit**, **your** doctor or **we** must order services or items, and **our** medical advisor must consider them to be **medically necessary**.
- › **Birth Defects and congenital conditions** - Birth defects and congenital conditions means any abnormality, deformity, disease, illness or injury present at birth (whether diagnosed or not), hereditary conditions, problems caused by things that happened before the baby was born (for example, the effects of a drug) or problems due to an early or abnormal birth.
- › **Cancer Treatment** - Cancer **treatment** includes the costs of medically necessary tests, scans, consultations and drugs (eg chemotherapy and radiotherapy).
- › **Chronic conditions or chronic illness** - By Chronic **we** mean a disease, illness or injury which has no known cure and/or which is likely to continue or keep recurring and/or which needs prolonged supervision, monitoring or treatment and/or which requires **you** to be specially trained or rehabilitated and for which the treatment has become **palliative**, provided, as all other **benefits**, it is not a **pre-existing condition**.

Medication for **Chronic conditions** is subject to the prescriptive **benefit** limits.
- › **Claim** - A request that **we** provide benefit for **treatment**. See section 3 Making a **Claim**.
- › **Complementary Therapies - Treatments** provided by registered and properly qualified Osteopaths, Chiropractors, Homeopaths and Acupuncturists and must be recommended and ordered by a **Physician**.
- › **Complicated Pregnancy** - If **you** are eligible for **maternity care (complicated pregnancy) benefit**, no **benefit** for **maternity care (normal pregnancy)** is payable for the same pregnancy. Pregnancy and childbirth where a **Physician** has certified that a surgical procedure, or **treatment** requiring a period of inpatient **hospital** confinement is required during the pregnancy, and where a normal delivery would endanger the life of the mother and or child(ren). All costs, wherever possible, must be approved in advance by the 24 hour

Assistance Service, or in the event of an emergency situation as soon as reasonably practical.

- › **Cooling off period** - If cover is not required after thirty days from enrolment then a full refund of premium will be made, provided that notice is given in writing and that no **claim** has been filed under the policy.
- › **Country of Residence** - The country **you** normally live in, as declared on the Application Form/Certificate of Insurance as the **Country of Residence**.
- › **Daycare Surgery** - Any surgical procedure performed on an outpatient basis but where a period of recovery in a **Hospital** is required.
- › **Dental Treatment** - All dental care such as dental inspection, preservation and relief of pain including simple fillings, X-rays, **treatment** of gums, operative and gnathological procedures and dentures. Dentures include restoration of the function of dental prostheses and the installation of new prostheses, crowns, bridges, implants and pivot teeth. Orthodontic **treatment** is available for **insured persons** up to (and including) 17 years. **You** are covered for any **treatment** or appliances for the diagnosis and/or **treatment** (up to the Dental Treatment limits) of Temporomandibular Joint Syndrome (TMJ) or related disorders.

Cover is only available to **Insured Persons** who have attended for dental inspection and concluded all necessary **treatment** in the twelve month period immediately prior to claiming **Dental Treatment** benefit under the Plan. The benefit is limited to the amounts shown on the Certificate for the first time.

- › **Dental treatment following an accident - Treatment** to restore teeth that have been lost or damaged following an **accident** that caused injury to **your** face, where the medical **treatment** has been covered by **us**. **Treatment** must have been commenced within 3 months of the **accident**.
- › **Dependant** - Dependant means **your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 24 and under at the point of joining or renewing.

They will be removed from cover on the **renewal date** following their 25th birthday.

- › **DHA Plan** - A plan registered with the Dubai Health Authority where **your** Country of Residence is Dubai.
- › **Emergency** - An unforeseen or sudden occurrence, especially demanding immediate action.
- › **Emergency Medical Evacuation** - The medically necessary and available transport and care (during the transport) to move an Insured Person who has a critical, severe medical condition which requires immediate **In-patient treatment** to the nearest most suitable medical facility (not necessarily to the Insured Person's **Home Country**) if the necessary

facilities are not available locally. In this case, **you** must contact **our** 24 hours assistance company for pre-authorisation of the evacuation.

We will also pay the transport costs for an insured person to accompany **you** if it is medically necessary. Return tickets to the area **you** were evacuated from or back to **your home country** are included.

We have the right to decide where the insured person is transported.

We will only cover **emergency medical evacuation** from a landmass.

Only applicable to a condition for which **benefit** is available.

Accommodation costs for the evacuated member only, immediately following discharge from **hospital** up to a maximum of 20 nights or until fit to fly (whichever is sooner). Covered up to GBP200 per night up to a maximum of 20 nights. **We** do not cover the costs of accommodation for any accompanying member.

- › **Excess/Co-insurance** - The portion of costs for which the **Insured Person** is liable. The **excess/co-insurance** will be applied as specified on the Certificate.
- › **Geographical Area** - The specified area of the world, selected by the **Insured Person**, in which your benefits apply and for which the appropriate premium has been paid.

Area One is worldwide excluding the USA, Canada and Caribbean. The Caribbean is deemed to include Anguilla, Antigua and Barbuda, The Bahamas, Barbados, Bermuda, The Cayman Islands, Cuba, Dominica, The Dominican Republic, Dutch Caribbean (including Curacao, St Maarten, Aruba), Grenada, Guadalupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad & Tobago, Turks and Caicos Islands and the Virgin Islands.

Area Two is worldwide.

- › **Group** - Five or more employees, employed by the same employer, or members of a trade union, or any other association or other institution (along with their dependants), whose membership of the scheme is compulsory, unless agreed in writing with Expacare.
- › **Group Policy (Business contracts)** - Group Policy means a Securus plan issued by Expacare Ltd to a **Group**.
- › **Guarantee of Payment (GOP)** - Guarantee of payment means a financial guarantee between **us** and a medical provider which enables **us** to settle costs directly with a provider. **Our GOP** does not replace any contract which will exist between **you** and the medical provider.
- › **Home Country** - The country of which the **Insured Person** holds a passport. Where the **insured Person** holds

more than one passport the **Home Country** will be taken to mean the country, which the **Insured Person** has declared on the Application Form.

- › **Hospital** - Any institution which is legally licensed as a medical or surgical **hospital** in the country in which it is located and whose main activities are not those of a spa, hydroclinic, sanatorium, nursing home, or home for the aged. It must be under the constant supervision of a resident **Physician**.
- › **Hospital Cash Benefit** - An alternative cash benefit which may be paid where **treatment** is provided in a government **Hospital** where no charge is made. The maximum payable is 30 days in any one Certificate period.
- › **Hospital Services** - All medical **treatment**, excluding Organ Transplantation, provided to the **Insured Person** only when appropriate diagnostic procedures and/or **treatments** are not available as **Outpatient Services** and when admitted as a registered inpatient to a **Hospital** for a period of not less than 24 hours. **Hospital Services** include reasonable and customary charges in the area where **treatment** is provided, for **Hospital** accommodation up to the cost of a single-bedded room, meal charges, all **Hospital** medical facilities, and all medical **treatment** and medical services ordered by a **Physician**. Where intensive care unit accommodation as well as radiotherapy, chemotherapy and computerised tomography is medically required the reasonable and customary charges will be met. **Hospital services** excludes any costs relating to pregnancy, except ectopic pregnancies.
- › **Individual Policy (Consumer contracts)** - Individual Policy means a Securus plan issued by Expacare Ltd to an individual, and any **dependants**.
- › **Inpatient Treatment** - Treatment for which it is medically necessary for **you** to stay in hospital overnight.
- › **Insured Person** - In respect of **Individual Policies** only (Consumer Contracts), **insured person** means the policyholder or their **dependant** we have confirmed **benefit** cover for, and who we have also issued an **insurance certificate** to.

In respect of **Group Policies** only (Business Contracts), **insured person** means an employee or their **dependant** we have confirmed **benefit** cover for, and who we have also issued an **insurance certificate** to.
- › **Insurer** - The name of the **Insurer** is shown on **your** insurance certificate.
- › **Lifetime Benefit** - Lifetime benefit means the maximum amount that the plans will ever pay for **your claims** whilst **you** are insured with **us**.
- › **Local Ambulance Services** - The necessary medical transportation to a local **Hospital** for emergency or inpatient care.
- › **Maternity Care** - Pre-natal, childbirth and post-natal

treatment and prescriptions for the **Insured Person** with respect to both Normal and **Complicated Pregnancy** up to the limits shown on the Certificate per policy year. An elective Caesarean section is covered under this benefit subject to all the usual **reasonable and customary** costs of a vaginal delivery.

Where this benefit is included in the Certificate, it will apply only to pregnancies whose expected date of delivery is at least 10 months after the commencement date for

Maternity Care benefit of the **Insured Person**.

In respect of termination - please see the Exclusions section (Pregnancy or Maternity) of the guide.

In respect of **DHA Plans**, no waiting periods apply to the maternity benefit and the Maternity benefit limit on the Ultracare plan increases after the first renewal date.

- › **Medical History Disregarded** - Note: this definition is only applicable to a Group Policy with 30 + employees where MHD has been offered and is subject to acceptance by Expacare.

Medical History disregarded means that any pre-existing medical conditions will be covered providing that all material circumstances, including but not limited to any planned/pending **inpatient treatment** or serious medical condition, have been disclosed to and accepted by the **Insurer** and they fall within the terms and conditions of the plan (where MHD underwriting is offered to your sponsoring organisation by Expacare)

MHD is subject to acceptance of completed relevant forms and submission of full membership.

- › **Medical Necessity** - Sometimes referred to as medically necessary. **Treatment** for bodily injury, sickness, disease or pregnancy that, in the opinion of **our** medical advisor, is necessary to maintain or restore the health of the patient or foetus.
- › **Morbid Obesity** - Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition, or where the body mass index (BMI) is greater than 39.
- › **MRI, CT and PET scans** - Magnetic resonance imaging (MRI), computerised tomography (CT) and positron emission tomography (PET) scans ordered by a treating **Physician**.
- › **Newborn Care - Treatment** received by a newborn child from the date of birth until 30 days following discharge from **Hospital**, provided that an Application form has been completed for the child within 14 days of birth. No other benefits are available to newborns until 30 days following discharge from **Hospital** when the selected Plan benefits and Rules will apply.
- › **Normal Pregnancy** - Pregnancy and childbirth, including pre and post-natal care of the mother only, where no special obstetric procedure is required.

- › **Nursing at Home** - Medical services, excluding home help, provided by a government licensed nurse in the **Insured Person's** home when prescribed by a **Physician** and related directly to an illness or injury for which the **Insured Person** has received and is receiving **treatment** covered under the terms and conditions of the Plan. Cover will be limited to 26 weeks in any one Certificate period. Nursing at home is not for assistance with daily activities or age-related infirmity.

- › **Oncology, Chemotherapy and Radiotherapy** - Charges for consultations, tests and **treatment** related specific to the **treatment** of cancer.

- › **Organ Transplantation Surgery** - Surgical treatment of a disease by replacing a diseased organ with a healthy one from a donor. Kidney, heart, lung, liver and skin transplants are covered up to a maximum limit as shown in the Certificate. No other organ transplantation is covered.

The cost of acquisition of the organ and any costs incurred by the donor are not covered.

- › **Out of Area Cover** - Short-term cover available when travelling outside the **Geographical Area** selected by the **Insured Person**. Cover is only available outside the selected **Geographical Area** for a maximum aggregate period of 30 days in any one Certificate period, provided always that the trip was not specifically made for the purpose of, or with the intention of, obtaining medical **treatment**. This cover only applies to emergency conditions and acute episodes of existing covered conditions.

- › **Outpatient Services** - Medical **treatments** provided to the **Insured Person** when the **Insured Person** is not a registered inpatient in a **Hospital**, or any other facility for medical care. **Outpatient Services** include services provided by or ordered by a **Physician** who is licensed as a General Practitioner. Specialist or Consultant, laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. **Outpatient Services** also includes **Complementary Therapies**, Physiotherapy and **Prescription Drugs** as separately defined.

- › **Overall Limits** - The total aggregate amount of benefits that may be received in any one Certificate period by an **Insured Person**, and is shown in the Certificate.

- › **Palliative care** - **Treatment** and medical services provided for the care of patients with life-limiting or incurable illnesses for the purpose of relieving symptoms and improving quality of life. **Palliative care** is covered under the plans, subject to all **benefits** and limits shown on **your insurance certificate**.

- › **Parental Accommodation** - If your child under 18 is hospitalised for treatment covered under this plan, we will pay the hospital charges for you to stay in hospital with your child (one parent only to stay with the child)

- › **Physician/Therapist** - A legally licensed medical practitioner/therapist recognised by the law of the country

where **treatment** is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training.

- › **Physiotherapy** - Must be provided by a licensed Physiotherapist and ordered by a **Physician**.
- › **Pre-Existing Conditions** - Any known medical condition (or related condition) that has, within a two year period immediately prior to the commencement of the policy one or more of the following characteristics;
 - It has been diagnosed.
 - It has needed medical **treatment** (including drugs, special diets, injections or other procedures or investigations).
 - Medical advice has been sought including routine medical examinations.
 - Medical advice should have been sought if recognised clinical advice had been followed.
 - It has undiagnosed symptoms, whether recognised or not.

After two years of continuous cover, **pre-existing conditions** will become eligible for cover (unless the condition or benefit is specifically excluded) if, at the first time of receiving **treatment** the **insured person** has not:

- Suffered any symptoms.
- Consulted any medical practitioner for check-ups, follow up examinations, medical **treatment** or advice.
- Been prescribed or taken medicine including over the counter drugs, special diets, injections, physiotherapy

for that medical condition or any related condition for a continuous two years.

- › **Prescription Drugs** - Medications whose sale and use are legally restricted to the order of a **Physician**, and do not include items that may be purchased without a **Physician's** prescription (including, but not limited to over-the-counter drugs).
- › **Professional sport** - Professional sport means a sport for which **you** are being paid to take part.
- › **Reasonable and Customary - Benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided. This means **we** are unable to cover charges above the usual amount that medical practitioners, other healthcare professionals and/or **treatment** facilities charge for that **treatment** in the same country or region.
- › **Rehabilitation Care** - Inpatient medical **treatment** or other care where the purpose is to restore health and mobility after injury or illness to a state in which the **insured person** can be self-sufficient. This benefit is subject to a lifetime maximum limit of GBP 100,000.
- › **Repatriation or Local Burial** - Repatriating **your** body and local burial means if **you** die outside your **home country** either:
 - the cost of preparing **your** body for burial and cremation in **your country of death**; or

- the costs of preparing **your** body and the reasonable costs of transporting **your** body to your **home country**.

We will identify 'reasonable transport costs'.

- › **Sponsoring organisation (Business contract) - Your** employer, or the **group** that **you** belong to. The plan is arranged through **your** sponsoring organisation, who is approved by **us**. The rules of **your** membership and details of insurance cover have been agreed between **your** sponsoring organisation and **us**.
- › **Start Date/Enrolment Date** - The date of commencement or renewal of cover shown on the certificate.
- › **Treatment** - The method a doctor or other licensed health practitioner uses to diagnose, relieve or cure a disease, illness or injury. The treatment must be provided in line with the generally accepted standards of medical practice.
- › **Us, we, our** – These mean Expacare Limited acting on behalf of the **Insurer**. **Our** claims and assistance services are outsourced to specialist organisations who act on **our** behalf.
- › **Vaccinations** - The following **vaccinations** are covered under the **Out-patient services** benefit on Extensivecare and Ultracare only when prescribed by a **doctor** if this **benefit** appears on your **insurance certificate**:
 - › tetanus
 - › diphtheria
 - › polio
 - › pertussis
 - › heamophilus influenza type B
 - › meningococcal B & C
 - › pneumococcal disease
 - › rotavirus
 - › MMR (combined vaccine only)
 - › HPV vaccine
 - › hepatitis A & B
 - › typhus
 - › shingles vaccine
 - › BCG (tuberculosis)
- › **Wellness Benefit** - Cover is provided for one full medical examination including the Doctor's consultation, every two years up to a maximum limit as shown on the **insurance certificate**. This **benefit** is only available to adult members who have maintained two years of continuous cover under the Expacare Ultracare Plan.
 - › Bodily measurements
 - › Blood pressure
 - › Urinalysis and stool exam
 - › Dietary counselling
 - › Blood test
 - Blood type
 - Anaemia
 - Liver, kidney, pancreas, thyroid function test
 - Arteriosclerosis
 - Diabetes
 - Gout
 - Calcium

- Hepatitis
- AIDS, syphilis, etc
- Cholesterol
- › Tumour markers
 - Liver, lung, prostate, digestive system
- › Chest X-ray (front)
- › ECG
- › Pulmonary function test
- › Serum helicobacter test
- › Abdominal ultrasound
- › Gastroscopy (or gastrointestinal series)
- › Mammogram
- › Cervical cancer check-up
- › Prostate check-up

- › **You, your, yours, yourself** – Any persons named on the insurance certificate.

5. Exclusions

In respect of **DHA plans**, the following exclusions do not apply for treatment in Dubai:

- › Acting against medical advice
(restricted to an overall aggregate limit of AED 150,000.)
- › Fees for police reports
(restricted to an overall aggregate limit of AED 150,000.)
- › Learning difficulties
(restricted to an overall aggregate limit of AED 150,000.)
- › Pre-existing conditions

The following treatment, conditions, activities, items, and their related expenses are excluded from the insurance on all plans and the **Insurer** shall not be liable for:

- › **Area of cover - We** will not pay for any **treatment** received outside **your geographic area** unless it is covered by the **out of (geographic) area benefit**.
- › **Acting against medical advice - You** are not covered for medical or other costs **you** incur if **you** act against given by your treating Doctor or **our** Medical advisor.
- › **Alcohol and drug abuse** - Costs resulting from dependency on or abuse of alcohol, drugs or other addictive substances.
- › **Artificial heart** - Acquisition and implantation of artificial Heart.
- › **Benefits in the US** - No cover will be available in the US from the day on which **the insured person** becomes a US resident.
- › **Birth defects and congenital** - Diagnostic and/or treatments relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
- › **Cosmetic surgery** - Any elective cosmetic surgery and the consequences thereof. **We** will pay for reconstructive surgery which is required to restore appearance/function following an **accident** or illness, which **we** have covered and which is

required within twelve months of the **accident**/illness occurring. **We** will pay for breast implants within two years of breast cancer surgery that **we** have covered.

- › **Cryopreservation** - Any expenses of cryopreservation.
 - › **Dangerous circumstances and/or activities** - Any costs relating to the following:
 - Search, rescue or recovery, unless as defined under Emergency medical evacuation.
 - **Treatment** and/or disabilities and expenses resulting from participation in war, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act, including resultant imprisonment.
 - The release of weapon(s) of mass destruction (nuclear, chemical or biological) whether such involve(s) an explosive sequence(s) or not.
 - Injury or illness while serving as a member of a police or military force or unit.
 - All expenses directly or indirectly caused by or contributed to or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - All expenses directly or indirectly caused by or contributed to or arising from the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - › **Dental treatment** - All dental care unless these benefits are included in **your** insurance certificate. Routine dental treatment does not include cover for elective dentures or costs for precious metals used in dental treatment.
 - › **Deposits** - **We** do not pay for any deposits you have made until a **claim** is settled.
 - › **Doctors' home visit** - Any costs relating to Doctors' or **therapists'** home visits unless in case of emergency.
 - › **Emergency medical evacuation or repatriation** - **You** are not covered for any costs of **emergency medical evacuation** or repatriating your body that **we** did not **pre-authorise** and arrange.
- We** will not pay for **emergency medical evacuation** that is not from a landmass or where due to a condition for which **benefit** is not available under **your** plan.
- › **Experimental treatment** - Any **treatment** and drugs that are not scientifically recognised by Physicians. **We** use the UK as a guide.
 - › **Face Transplants** - **We** do not pay for the costs and expenses related to face transplants.
 - › **Fees for police reports** - Any fees charged for the provision of a police report (even if required).
 - › **HIV and AIDS** - Any **treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related

to the virus HIV positive.

- › **Hormone Replacement Therapy** - Costs in respect to Hormone Replacement Therapy.
- › **Introduction of Living Cells** - Any expenses related to introduction or re-introduction of living cells or living tissue, whether autologous or provided by a donor. However, the Insurer will pay 80% of all covered expenses associated with and necessitated by both autologous and donor provided bone marrow transplants. Expenses relating to the acquisition of transplant materials and donor's expenses are not covered.
- › **Learning difficulties** - Any **treatment** related to learning difficulties (e.g. dyslexia) or behavioural problems (e.g. Attention Deficit Hyperactivity Disorder ADHD.)
- › **Local burial** - **We** will not pay for the costs relating to burial or cremation in **your home country**.
- › **Medical Exclusions** - **We** will not pay for any **treatment** relating to medical exclusions that have been applied to **your** policy. **We** will confirm any excluded medical conditions that will apply in **our** offer to **you**. Any medical exclusions applied to **your** policy may be reviewed upon **your** request and only at renewal. The Insurer's decision of the review is final.
- › **Medical History Disregarded (MHD)** - Note: this exclusion is only applicable to a **Group Policy**. **You** are not covered for any **claims** related to any material circumstances, including but not limited to planned/pending **inpatient treatment** or serious medical condition, that the **insured person(s)** was aware of at the time of **start/enrolment** date but which was not disclosed to and accepted by the **Insurers**.
- › **Medical opinion** - After initial diagnosis **we** will cover costs for a second opinion (if this is necessary) **we** will not pay for any subsequent medical opinions, unless deemed necessary by **our** medical advisors.
- › **Morbid obesity** - All costs of **treatment** for, or related to, morbid obesity.
- › **Nursing Homes and Care Facilities** - Services or **treatment** in any long term care facility, spa, hydroclinic, sanatorium, nursing home, home for the aged or similar establishments that are not a **Hospital** as defined in this policy.
- › **Organ Transplantation** - Any Organ Transplantation costs other than as defined under the Organ Transplantation Surgery Benefit.
- › **Out of Area cover** - Any costs incurred outside the **Geographical Area** except as defined in the Rules.
- › **Pre-existing conditions** - Any pre-existing conditions (as defined earlier). (Unless this exclusion has been waived on the Certificate). **We** will tell you about any additional excluded medical conditions on **your** Insurance Certificate.

- › **Pregnancy or Maternity** - Any costs relating to pregnancy or child birth (other than ectopic) unless maternity care benefits are shown on **your** insurance certificate. **We** do not pay for ending a pregnancy unless there is an immediate life threat to the mother.
- › **Professional sports** - Costs resulting from all professional sports or racing of any form other than on foot. Any person who takes part in a professional sport will not be covered for any treatment required for an **accident** or injury arising from taking part in this sport either professionally or recreationally.
- › **Psychological and Psychiatric Disorders** - The treatment of any psychological or psychiatric disorders, and the treatment of anxiety, stress, depression and phobic states other than hospital confinement, subject to 30 days maximum per Certificate period.
- › **Reproductive treatment** - Any costs relating to infertility and fertility. **You** are not covered for the cost of contraception or sterilization.
- › **Routine eye and ear examinations** - **You** are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses or contact lens solutions, hearing aids or cochlear implants. **We** do not pay for any **treatment** or eye surgery related directly or indirectly to refractive errors including myopia, hyperopia, astigmatism or presbyopia.
- › **Routine medical examinations** - Routine medical examination other than the Ultracare plan (see Wellness Benefit definition), including vaccinations (other than on the Extensivacare and Ultracare plan - see Vaccinations Definition), the issue of medical certificates and attestations, and examinations as to suitability for employment or travel.
- › **Sanction Limitation** - **We** will not provide cover or be liable to pay any **claim** which would expose **us** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
- › **Self-inflicted injuries or attempted suicide** - Costs resulting from self-inflicted injury, suicide, or attempted suicide.
- › **Sexual problems and Sex Change** - Any costs related to sexual problems including impotence and sex change. **You** are not covered for the costs of treating sexually transmitted diseases.
- › **Surgical or medical appliances and equipment** - Prosthesis, corrective devices and medical appliances, which are not required intra-operatively.
- › **Travel/Accommodation costs** - Any transportation and accommodation costs occurring during trips specifically made for the purpose of obtaining medical treatment if not part of an **Emergency Medical Evacuation**, except as

defined under **Local Ambulance Services**. **You** are not covered for any costs of **emergency medical evacuation** or repatriating **your** body that we did not pre-authorise and arrange. For further details see definition of **Emergency Medical Evacuation**.

- › **Treatment by a family member** - Any **treatment** by a family member and any self-therapy including prescription drugs.

6. Data Protection

We take **our** responsibility for confidentiality very seriously. Any information **you** give **us** will be held securely and fairly in accordance with the Data Protection Act 1998.

How **we** may use **your** personal data or disclose it to third parties:

- › To administer **your** plan and process **your claims**
- › To liaise with providers about medical care and costs
- › To process **claims** that are also covered by another **insurer** or third party
- › To help **us** develop services **we** think will be in **your** interest
- › For statistical analysis to help **us** assess how the scheme **you** belong to is being used
- › To detect fraud and improper **claims**

Giving **you** information:

- › **You** have a right to know what information **we** hold about **you**. **We** may request an administration fee for supplying a copy of any personal information.

Communication:

- › **We** may monitor **our** communications with **you**, including telephone conversations to ensure **we** have an accurate record, and have followed **your** instructions.

Website:

- › **Website:** **We** use cookies only to track visits to **our** website. Visitors have the option to decline cookies.

At times, the provision of **our** services may necessitate the transfer of **your** personal data outside the European Economic Area and/or the disclosure of the same to the **Insurer**, partners, agents and professional advisers. Such employees, contractors and agents who have access to **your** personal data are required to keep that information confidential and are not permitted to use it for any other purposes.

International healthcare you can rely on from a team you can trust

- Flexible plans for Individuals, Families and Companies
- Global expertise and infrastructure with over 30 years experience
- Clients can choose where they are treated and who treats them
 - Emergency evacuation included on all plans
 - Emergency assistance available 24/7



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