HCI GROUP

# MARINE SURE

## Essential, Complete and Premier

Policy Wording and Table of Benefits

MARINE SURE

# Contents


| SUBJECT | PAGE |
|---|---|
| About HCI Group | 2 |
| Welcome to HCI | 4 |
| Policy Introduction | 5 |
| How The Healthcare Plan Operates | 6 |
| Contact Information | 7 |
| Expat Assistance | 8 |
| Table of Benefits | 9-25 |
| Covered Medical Expenses | 26-47 |
| Pre-Authorisation | 48-49 |
| Definitions | 50-63 |
| General Conditions | 64-73 |
| General Exclusions | 74-79 |
| Making a Claim | 80-82 |
| Complaints & Key Contacts | 83 |
| Legal & Regulatory | 84-87 |

# About HCI Group

**Incorporation Details**
**Company:** HealthCare International Europe GmbH
**Registered address:** Kamener Str. 110, 59425 Unna
**Telephone:** +49 2303 9409904
**Managing Director:** Ian Wood
**Email:** Ian.Wood@healthcareinternational.com
**Commercial register:** Registry court of Hamm, HRB 10577
**Tax number:** 316/5736/0646

**Intermediary Status**
Information pursuant to § 11 of the Ordinance on Insurance Brokerage and Consulting (VersVermV):
HealthCare International Europe GmbH is an independent insurance intermediary and is registered with the Dortmund Chamber of Industry and Commerce under registration no. D-IVZX-JTLRH-97 in the insurance intermediary register in accordance with § 34 d para. 1 Gewerbeordnung.

**Validation**
The entry in the intermediary register can be validated as follows:
Deutscher Industrie- und Handelskammertag e. V., Breite Str. 29, 10178 Berlin, Tel.: +49 (0) 180-500-585-0, www.vermittlerregister.org

**Licensing Authority**
IHK zu Dortmund, Märkische Str. 120, 44141 Dortmund, Tel.: +49 (0) 231 54170, Fax: +49 (0) 2381 921410, www.dortmund.ihk24.de

# About HCI Group

HCI Group is a Managing General Agent that manufactures and distributes private medical insurance as well as life and disability insurance. **Our** products are primarily designed to meet the needs of internationally mobile individuals and groups, including marine crew, who may be working and living outside their home country. The HCI Group products cover the cost of a range of medical expenses and other unexpected costs. **Our** products may also be suitable for some individuals and groups who are living in their home country, subject to certain conditions. If **Your Country of Residence** is the same as **Your** home country, please let **Us** or **Your** broker know so that **We** can make sure **We** are able to offer **You** cover.

HealthCare International Europe GmbH is based in Germany and is regulated by The German Federal Financial Supervisory Authority (BaFin) and the local Chambers of Industry and Commerce (IHK). The basis of **Our** regulation can be found in the German Industrial code (GewO). HCI Group staff operate from the United Kingdom and Germany. **Our** entity in the United Kingdom is HealthCare International Global Network Limited, which is authorised and regulated by the Financial Conduct Authority.

**Our** medical insurance products are underwritten by VYV International Benefits, representing MGEN. **Our** life and disability insurance products are underwritten by Anker Insurance Company.

**Your Insurer** will be shown on **Your** certificate of insurance, please read **Your** certificate of insurance alongside **Our Your Insurer** guidance document.

# Welcome to HCI

Dear Valued Customer,

Thank you for choosing HCI Group to provide cover for your future medical needs. We are delighted to have the opportunity to share our many years of experience with you.

Our business is founded on the principles of integrity, ambition, collaboration, ownership, and agility. At HCI Group we believe in making things as simple as possible and we are determined to deliver outstanding customer service, especially when you need us most.

It is important that you read and understand the details in this document, and keep a copy in a safe place. If at any time you have questions for us about your policy, please contact us and our friendly staff will be happy to help.

We sincerely hope that you remain in good health. However, should the need to make a claim arise, you can rest assured that you will receive an excellent and personal level of service from our team of specialists.

Thank you again for choosing HCI Group. I hope we can be of service to you for many years to come.

Chief Executive Officer, HCI Group

# Policy Introduction

The Policy Holder is L'Association pour la Solidarité entre Personnes en Mobilité Internationale (ASPMI). ASPMI has subscribed a health and medical assistance/evacuation Policy on behalf of its Plan Holders, Insured Persons (group schemes or individuals) living primarily outside their home country.

The Plan Holder is the member company or corporation or organisation who subscribes to this Policy via the Policy Holder and pays or undertakes to pay the appropriate premium on behalf of the employees, Insured Persons covered by this Policy. All employees of a Defined Class must be covered by this Policy.

Insured person(s) an eligible individual whom is named or described on a completed Enrolment form or subsequent notification and for whom the appropriate premium has been paid to Us, and whom We have accepted for cover.

This Policy forms part of a master contract for companies effected by HealthCare International Europe GmbH, and MGEN.

MGEN, registered under the number SIREN 775 685 399, 3-7 Square Max Hymans, 75748 PARIS Cedex 15, governed by the Code de la mutualité (the French Mutual Insurance Companies Code).

The purpose of this insurance Policy is to provide cover to groups of Insured Persons who are employed by the Plan Holder. The statements from both the Plan Holder and the Insured Persons form its basis.

# How The Healthcare Plan Operates

This **Policy** describes the benefits which are available, but the cover which will be provided to each **Insured Person** will be in accordance with the selected plan as shown in the certificate issued to the **Insured Person** and with the table of benefits, each of which attach to and form part of this **Policy**. Any benefit not included in the cover selected and the table of benefits does not apply.

**We** reserve the right to modify the table of benefits from time to time, and shall provide a copy of the current table of benefits to the **Plan Holder** at the time of such modification. Provisions of the current table of benefits to the **Plan Holder** shall constitute delivery to the **Insured Person**. The table of benefits as per **Our** records shall prevail regardless of whether the **Insured Person** has received a copy.

**Covered Medical Expenses** does not cover for the disease or **Injury** itself. This means that this **Policy** will pay benefits only for expenses incurred while this cover is in force.

No benefits are payable for health expenses incurred before cover has commenced or after cover has terminated; even if the expenses incurred as a result of an **Accident**, **Injury** or disease which occurred, commenced or existed while cover was in force. An expense for a service or supply is incurred on the date the service or supply is furnished.

When a single charge is made for a series of services, each service will bear a pro rata share of the expense. **We** will determine the pro rata share. Only that pro rata share of the expense will be considered to have been an expense incurred on the date of services or supplies.

**We** assume no responsibility for the outcome of any covered services or supplies. **We** make no express or implied warranties concerning the outcome of any covered services or supplies.

The insurance is not intended to be a source of profit. The combined reimbursements from this **Policy**, another insurance **Policy** or government plan should not exceed the actual costs of the health care received by the **Insured Person** to treat a medical condition.

MARINE SURE

# Contact Information

# Contact Information

| | |
|---|---|
| **POLICY ADMINISTRATION**<br><br>For help in understanding your benefits, questions and general plan guidance, please contact our Policy Administration Team by messaging us via your member portal or calling us. | Member Portal:<br>https://members.hcigroupglobal.com/<br><br>+44 (0)20 7590 8800 or<br>+1-888-689-9661 (US Freephone) |
| **REIMBURSEMENT CLAIMS**<br><br>Submit reimbursement requests to us via your member portal | https://members.hcigroupglobal.com/ |
| **24/7 PRE-AUTHORISATION AND GUARANTEE OF PAYMENT REQUESTS:**<br><br>All hospital stays, outpatient surgery,medical transportation (except for local emergency transportation) or medical procedures must be pre-authorised. Pre-authorisations are easy and only take a few minutes of your time.<br><br>Please allow at least 2-5 business days for the pre-authorisation to be processed. You must notify us at least five business days prior to a scheduled or elective admission or treatment plan. For an emergency hospitalisation please notify us within 48 hours of admission. | Member Portal:<br>https://members.hcigroupglobal.com/<br><br>+44 (0)20 7590 8800<br><br>If you have trouble accessing your member portal, please email us at policyadmin@healthcareinternational.com |
| **EMERGENCY MEDICAL ASSISTANCE** | +44 (0)20 7590 8800 |
| **US CLAIMS AND PROVIDER INFORMATION**<br>To find a provider in US, visit: www.whyuhc.com/us1and select (United Healthcare Options PPO)<br><br>Utilising the UHC Network ensures that preauthorisation procedures are followed. If using hospital or provider outside of UHC Network in the US you or your providermust follow pre-authorisation procedures and contact: +1 800 268 50418 | |

# Expat Assistance

**Connecting you to betterhealth and well-being.**

Professional counselling support and consultation available worldwide, day or night, 365 days a year. The Telus Health (formerly LifeWorks) benefit reflects our continuing commitment to your well-being and privacy. We encourage you to use the programme anytime you need it. Please note that any onward referral will be at your own cost.

Telus Health's Privacy Policy can be viewed on their website https://www.telus.com/en/health/about-telus-health/privacy?linktype=ge-footer

| | |
|---|---|
| **CALL**<br><br>Call Telus Health and identify yourself as part of the Healthcare International Group | Find the phone number for your country here:<br><br>https://wellbeing.lifeworks.com/world/# |
| **ONLINE E-COUNSELLING** | https://app.lifeworks.com<br><br>Log in using the following credentials:<br><br>Username: HCI<br>Password: lifeworks (lower case) |
| **DOWNLOAD**<br><br>The Telus Health one app | TELUS |

MARINE SURE

# Table of Benefits

# TABLE OF BENEFITS

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| Policy Features | | Essential | Complete | Premier |
|---|---|---|---|---|
| Maximum benefit payable per **Period of Insurance** | | $1,500,000<br>€1,250,000<br>£1,000,000 | $1,500,000<br>€1,250,000<br>£1,000,000 | $2,000,000<br>€1,500,000<br>£1,250,000 |
| **Deductible(s)** | | $0, $50, $100, $200, $500, $1,000, $5,000<br>€0, €40, €75, €150, €400, €750, €4,000<br>£0, £30, £65, £125, £300, £650, £3,000 | | |
| **Out of Pocket Maximum** | **Individual** | $1,000<br>€750<br>£650 | $1,000<br>€750<br>£650 | N/A |
| | **Explanation** | An out of pocket maximum is protection for you against high medical costs from your benefits which are listed at 90%. The 10% that you pay yourself is your out of pocket expenses. Once your out of pocket costs equal the maximum indicated, your benefits that were at 90% are switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%. | | |
| **Cover Regions** | | **Cover Region 1 – Worldwide including US and Canada and their territories.**<br>This cover region option is required for all USA and Canadian nationals or crew members, whose country of residence is the USA or Canada. Please note that benefits listed are only applicable when using our Preferred Provider Network. Benefits outside of network are reduced to 70% and co-insurance does not count toward out of pocket max.<br><br>**Cover Region 2 – Worldwide but excluding US and Canada and their territories:** does not include any cover for US and Canada and their territories.<br><br>**Cover Region 3** – Mixed cover of both Cover Region 1 and Cover Region 2 due to the vessel's itinerary during the policy year. The maximum cover duration in Cover Region 1 is 6 months during each policy year. Cover Region 1 benefit limits and Preferred Provider Network rules apply as shown above while in Cover Region 1. | | |

The maximum benefit payable is determined by the plan **You** have bought, and this will only change if **You** move to another level of cover
- The **Deductible You** have chosen will be shown on **Your** certificate of insurance
- The maximum benefit and **Deductible**, are payable per **Insured Person**, per **Period of Insurance**

# TABLE OF BENEFITS:
# IN-PATIENT AND DAY-PATIENT CARE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| IN-PATIENT AND DAY-PATIENT CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Accommodation** | Yes | Semi-private room | Semi-private room | Private room |
| **In-patient treatment, day-patient, operating theatre and recovery room, prescribed medicines, drugs and dressings for in-patient or day-patient treatment** | Yes | 100% | 100% | 100% |
| **ICU** | Yes | 100% | 100% | 100% |
| **In-patient ancillary services**<br>Including physical and occupational therapy as a day-patient or in-patient | Yes | 100% | 100% | 100% |
| **Surgeon and anaesthetist fees** | Yes | 100% | 100% | 100% |
| **In-patient consultation by a specialist** | Yes | 100% | 100% | 100% |
| **Emergency room** | Yes | 100% | 100% | 100% |
| **Pathology, radiology and diagnostic tests** | Yes | 100% | 100% | 100% |
| **MRI, CT, PET Scan** | Yes | 100% | 100% | 100% |

# TABLE OF BENEFITS:
# IN-PATIENT AND DAY-PATIENT CARE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| IN-PATIENT AND DAY-PATIENT CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Private duty nursing** (Lifetime limit) | Yes | $7,500<br>€6,000<br>£5,000 | $7,500<br>€6,000<br>£5,000 | $15,000<br>€12,500<br>£10,000 |
| **Skilled nursing facility** (Lifetime limit) | Yes | $7,500<br>€6,000<br>£5,000 | $7,500<br>€6,000<br>£5,000 | $15,000<br>€12,500<br>£10,000 |
| **Home health care** | Yes | $7,500<br>€6,000<br>£5,000 | $7,500<br>€6,000<br>£5,000 | $15,000<br>€12,500<br>£10,000 |
| **Hospice Care** | Yes | $10,000<br>€8,000<br>£6,500 | $10,000<br>€8,000<br>£6,500 | $20,000<br>€15,000<br>£13,000 |
| **Emergency Dental Treatment** (as a result of an accident) | Yes | 100% | 100% | 100% |
| **Cancer Treatment** | Yes | 100% | 100% | 100% |
| **Organ Transplants** (24 month waiting period) | Yes | $500,000<br>€400,000<br>£300,000 | $500,000<br>€400,000<br>£300,000 | $500,000<br>€400,000<br>£300,000 |
| **Tissue transplants** (24 month waiting period) | Yes | $250,000<br>€200,000<br>£150,000 | $250,000<br>€200,000<br>£150,000 | $250,000<br>€200,000<br>£150,000 |
| **Child Accompaniment**<br>If the insured is a child under 16 who requires hospitalisation, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for bed and breakfast accommodation in a nearby hotel. Pre-approval is necessary. | Yes | 100% | 100% | 100% |

# TABLE OF BENEFITS: OUTPATIENT CARE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| OUTPATIENT CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Surgery** | Yes | 100% | 100% | 100% |
| **Physician office visits and specialist fees** | Yes | 100% | 100% | 100% |
| **Diagnostic and therapeutic services** | Yes | 100% | 100% | 100% |
| **Physical Therapy** (as outpatient, per visit) | Yes | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits |
| **Occupational Therapy** (as outpatient, per visit) | Yes | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits | $75<br>€60<br>£50<br>Per session<br>Policy year max 30 visits |
| **Chiropractic Services**<br>Policy year maximum for chiropractic services<br>Referral letter required from medical physician | Yes | $750<br>€600<br>£500 | $750<br>€600<br>£500 | $1,500<br>€1,250<br>£1,000 |
| **Complementary Medicine**<br>Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy, osteopathy | Yes | OPTIONAL BENEFIT<br>$500<br>€400<br>£350 | OPTIONAL BENEFIT<br>$500<br>€400<br>£350 | $1,500<br>€1,250<br>£1,000 |

# TABLE OF BENEFITS: OUTPATIENT CARE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| OUTPATIENT CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Prescriptions USA** | No | 90% generic<br>80% brand | 90% generic<br>80% brand | 100% generic<br>90% brand |
| **Prescriptions ROW (rest of world)** | Yes | 90% | 100% | 100% |

# TABLE OF BENEFITS:
# MATERNITY AND NEW BORN CARE
## 12 MONTH WAIT PERIOD APPLIES

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| MATERNITY | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Pregnancy / normal delivery**<br><br>Routine nursery, included under maternity benefits as any other treatment including room and board, physician charges and circumcision for males prior to discharge. In the case of an elective Cesarean section, which is not medically necessary, benefit will be paid at the cost of a normal delivery, up to the Pregnancy, normal delivery limit | Yes | N/A | $20,000<br>€15,000<br>£13,000 | $20,000<br>€15,000<br>£13,000 |
| **Complicated pregnancy and non elective c-section** | Yes | N/A | 100% | 100% |
| **New born**<br><br>Included in newborn cover are premature births, congenital conditions and birth anomalies. Newborn cover is only available for a covered pregnancy. | Yes | N/A | $25,000<br>€20,000<br>£15,000 | $30,000<br>€25,000<br>£20,000 |

# TABLE OF BENEFITS:
# WELLNESS AND ROUTINE SERVICES - ADULT
## 6 MONTH WAIT PERIOD APPLIES*

*6 month wait period is waived for policies that are paid annually

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| WELLNESS AND ROUTINE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Adults - annual max** | No | $500<br>€400<br>£300 | $500<br>€400<br>£300 | $750<br>€600<br>£500 |
| **Routine physical exams in connection with overall health and wellbeing** | No | 100% | 100% | 100% |
| **Pap smear** | No | 100% | 100% | 100% |
| **Mammograms:**<br><br>Age 35-39 - one baseline exam<br>Age 40-49 - one exam every 1-2 years for asymptomatic women<br>Age 50+ - one exam annually<br>Any age whenever prescribed by a **Physician** | No | 100% | 100% | 100% |
| **Prostate cancer screen**<br><br>One test per **Policy** year for males aged 50+ | No | 100% | 100% | 100% |
| **Immunisations and vaccinations** | No | 100% | 100% | 100% |

# TABLE OF BENEFITS:
# WELLNESS AND ROUTINE SERVICES - CHILD
## 6 MONTH WAIT PERIOD APPLIES

*6 month wait period is waived for policies that are paid annually

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| WELLNESS AND ROUTINE SERVICES - CHILD | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Maximum per policy year: birth to age 12 months** | No | $300<br>€275<br>£225 | $300<br>€275<br>£225 | $500<br>€400<br>£325 |
| **Maximum per policy year: 13 months and over** | No | $200<br>€150<br>£125 | $200<br>€150<br>£125 | $300<br>€225<br>£200 |
| **Routine medical exams and immunisations and vaccinations** | No | 100% | 100% | 100% |
| **Child preventive care services** | No | 100% | 100% | 100% |
| **Hearing tests** | No | 100% | 100% | 100% |

# TABLE OF BENEFITS:
# VISION CARE
## 6 MONTH WAIT PERIOD APPLIES*

*6 Month wait period is waived for policies that are paid annually

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| VISION CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Vision Care** | No | $300<br>€275<br>£225 | $300<br>€275<br>£225 | $300<br>€275<br>£225 |

# TABLE OF BENEFITS:
# DENTAL CARE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| DENTAL CARE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Policy Year Maximum** | Yes | $1,500<br>€1,200<br>£1,000 | $1,500<br>€1,200<br>£1,000 | $3,000<br>€2,250<br>£2,000 |
| **Deductible** | Yes | $50<br>€40<br>£30 | $50<br>€40<br>£30 | $50<br>€40<br>£30 |
| **Class 1 expenses:**<br>Diagnostic - general preventative | Yes | 100% | 100% | 100% |
| **Class 2 expenses:**<br>Basic restorative, endodontics, periodontics, Prosthodontics - removable (maintenance), fixed bridge (maintenance), Oral surgery | Yes | 80% | 80% | 90% |
| **Class 3 expenses:**<br>Major restorative, endodontics, prosthodontics - removable (installation), fixed bridge (installation) | Yes | 50% | 50% | 60% |
| **Orthodontic lifetime maximum**<br>Only available for children under 18 years of age. | Yes | $1,500<br>€1,200<br>£1,000 | $1,500<br>€1,200<br>£1,000 | $2,500<br>€2,000<br>£1,500 |

# TABLE OF BENEFITS:
# EMERGENCY EVACUATION AND MEDICAL ASSISTANCE

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| EMERGENCY EVACUATION AND MEDICAL ASSISTANCE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Medical Evacuation and Assistance** | Yes | 100% | 100% | 100% |
| **24/7 emergency assistance hotline** | Yes | Yes | Yes | Yes |
| **Repatriation of Mortal Remains** | Yes | 100% | 100% | 100% |
| **Family Emergency Travel** | Yes | N/A | N/A | $5,000<br>€3,500<br>£3,000 |
| **Repatriation Accompaniment** | Yes | $2,500<br>€1,750<br>£1,500 | $2,500<br>€1,750<br>£1,500 | $5,000<br>€3,500<br>£3,000 |
| **Repatriation Family Accompaniment** | Yes | N/A | N/A | $3,000<br>€2,250<br>£2,000 |
| **Crew Replacement**<br>Reasonable and necessary additional travel costs of sending a replacement person to occupy the same position as a **Primary Insured** who has been **Disabled** or died while travelling with the **Vessel** | Yes | $5,000<br>€5,000<br>£5,000 | $5,000<br>€5,000<br>£5,000 | $5,000<br>€5,000<br>£5,000 |

# TABLE OF BENEFITS:
# RETURN TO FITNESS

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| RETURN TO FITNESS | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Rejoin vessel or return to country of residence due to medical treatment received onshore.**<br>Maximum benefit for transportation costs: $1,500 | Yes | 100% | 100% | 100% |
| **Long-term convalescence in home country. Repatriation and home country cover due to medical necessity** | Yes | 100% | 100% | 100% |
| **Companion travel and accommodation expenses for one person to accompany you to hospital outside of home country for duration of five days or more. One return trip, by first class rail or by economy/tourist class air travel. Overnight accommodation up to $100 each night up to a maximum of 15 nights** | Yes | $2,500<br>€1,750<br>£1,500 | $2,500<br>€1,750<br>£1,500 | $2,500<br>€1,750<br>£1,500 |

# TABLE OF BENEFITS:
# MEDICAL CONCIERGE SERVICES

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| MEDICAL CONCIERGE | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Best possible outcome programme** | Yes | N/A | N/A | Yes |
| **Advanced health screening programme** | Yes | N/A | N/A | 100% |
| **Ages 40-50 one high level physical examination every three years** | Yes | N/A | N/A | $1,000<br>€750<br>£650 |
| **Ages 50+ one high level physical examination every three years** | Yes | N/A | N/A | $1,500<br>€1,250<br>£1,000 |

# TABLE OF BENEFITS: MENTAL HEALTH

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| MENTAL HEALTH | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Lifetime max (in-patient and outpatient)** | Yes | $25,000<br>€20,000<br>£15,000 | $25,000<br>€20,000<br>£15,000 | $25,000<br>€20,000<br>£15,000 |
| **Policy year max (outpatient)** | Yes | $2,500<br>€2,000<br>£1,500<br>per policy year | $2,500<br>€2,000<br>£1,500<br>per policy year | $2,500<br>€2,000<br>£1,500<br>per policy year |
| **Lifetime max (in-patient)** | Yes | 60 Days | 60 Days | 60 Days |
| **Lifetime max (outpatient)** | Yes | 80 Visits | 80 Visits | 80 Visits |
| **Expatriate Assistance Programme**<br>Provides assistance with a variety of issues including adapting to a new culture, culture shock, personal impact of relocation etc | Yes | Yes | Yes | Yes |

# TABLE OF BENEFITS:
# OTHER BENEFITS

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| OTHER BENEFITS | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Accidental Death and Dismemberment** | No | Available as an Optional Add On | Available as an Optional Add On | $100,000<br>€80,000<br>£70,000 |
| **HIV/AIDS treatment (lifetime limit)** | Yes | $25,000<br>€20,000<br>£15,000 | $25,000<br>€20,000<br>£15,000 | $25,000<br>€20,000<br>£15,000 |
| **Durable Medical Equipment (lifetime limit)** | Yes | $15,000<br>€12,000<br>£10,000 | $15,000<br>€12,000<br>£10,000 | $20,000<br>€15,000<br>£13,000 |
| **Accidental Death Cover (adults only)**<br>Lump sum in case of accidental death | No | $5,000<br>€5,000<br>£5,000 | $5,000<br>€5,000<br>£5,000 | $10,000<br>€10,000<br>£10,000 |

# TABLE OF BENEFITS:
# OPTIONAL ADD ONS

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

| OPTIONAL ADD ONS | | | | |
|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Essential** | **Complete** | **Premier** |
| **Complementary Medicine**<br>Including TCM, bonesetting acupuncture, herbal medicine homeopathy and osteopathy | Yes | OPTION AVAILABLE<br>$500<br>€400<br>£350 | OPTION AVAILABLE<br>$500<br>€400<br>£350 | Included in cover |
| **No Wait on Maternity Benefits** | Yes | Option Available | Option Available | Option Available |
| **Private Room Upgrade** | Yes | Option Available | Option Available | Included in cover |
| **Accidental Death and Dismemberment** | Yes | Option Available | Option Available | Included in cover<br>$100,000<br>€80,000<br>£70,000 |

# TABLE OF BENEFITS:

# OPTIONAL ADD ON: ACCIDENTAL DEATH AND DISMEMBERMENT

What **We** will pay and the limits that apply to each level of cover. Limits apply per **Insured Person**, per **Period of Insurance**.

In the event of an accidental death or dismemberment of the primary insured the insurer pays a lump sum benefit equal to the principal sum subject to a maximum benefit multiplied by a percentage as shown below.

| ACCIDENTAL DEATH AND DISMEMBERMENT | | | | | |
|---|---|---|---|---|---|
| **Benefit** | **Deductible Applies?** | **Your Life** | **Your Family** | **Premier Life** | **Premier Family** |
| **Loss of Life** | No | 100% | 100% | 100% | 100% |
| **Loss of Sight of Both Eyes** | No | 100% | 100% | 100% | 100% |
| **Loss of both hands or arms** | No | 100% | 100% | 100% | 100% |
| **Loss of both feet or both legs** | No | 100% | 100% | 100% | 100% |
| **Loss of one arm and one leg** | No | 100% | 100% | 100% | 100% |
| **Loss of sight of one eye** | No | 50% | 50% | 50% | 50% |
| **Loss of one foot or one leg** | No | 50% | 50% | 50% | 50% |
| **Loss of one hand or arm** | No | 50% | 50% | 50% | 50% |

N.B. Benefits cannot exceed two times annual salary. See rate sheet for benefit sums available.

MARINE SURE

# Covered Medical Expenses

# COVERED MEDICAL EXPENSES

## HOSPITAL EXPENSES

We will arrange and pay for the Insured Person's in-patient or day-care admission to the **Hospital** and for the following **Covered Medical Expenses** and services when recommended and/or approved by Our Medical Coordinator:

| | |
|---|---|
| In-patient **Hospital** services | charges made by a **Hospital** for giving accommodation and other **Hospital** services and supplies to a person who is confined as a full-time in-patient |
| Accomodation | on the room basis specified in the table of benefits and meals. All charges in excess of the allowable room and board rate are the responsibility of the **Insured Person**. |
| Intensive care unit | when **Medically Necessary** |
| In-patient ancillary services | if **Medically Necessary** for the diagnosis and treatment of the **Illness** or **Injury** for which the **Insured Person** is hospitalised, the following services are also covered and benefits paid for charges for:<br>◦ Use of operating room and recovery room<br>◦ All medicines listed in the US Pharmacopoeia or national formulary<br>◦ Blood transfusion, blood plasma expanders, and all related testing, components, equipment and services<br>◦ Surgical dressings<br>◦ Machine testing<br>◦ **Durable Medical Equipment**<br>◦ Diagnostic X-ray examination<br>◦ Electric shock therapy rendered by a **Physician**<br>◦ Radiation therapy rendered by a radiologist for proven malignancy and/or neoplastic diseases<br>◦ Respiratory therapy rendered by a **Physician** or registered respiratory therapist<br>◦ Chemotherapy rendered by a **Physician**<br>◦ Physical and occupational therapy rendered by a **Physician** or registered physical or occupational therapist, which relates specifically to the **Physician's** written treatment plan. Therapy must:<br>a. Produce significant improvement in the **Insured Person's** condition in a reasonable and predictable period of time, and<br>b. Be of such a level of complexity and sophistication, and/ or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist, or<br>c. Be necessary to the establishment of an effective maintenance programme. |

# COVERED MEDICAL EXPENSES

| HOSPITAL EXPENSES CONTINUED | |
|---|---|
| Outpatient **Hospital** services | charges made by a Ho**s**pital for **Hospital** services and supplies, which are given to a person who is not confined as a full-time in-patient |
| Outpatient Services | charges for emergency room, outpatient or **Ambulatory Surgical Center** |
| Medical/surgical benefits | • charges for:<br>◦ Surgeon<br>◦ Outpatient Physician visit (home or office)<br>◦ In-patient medical treatment<br>◦ In-patient consultation by specialist<br>◦ Emergency medical services<br>◦ Office surgery<br>◦ Assistant surgeon<br>◦ Anesthesiologist |

| | |
|---|---|
| Specific exclusions applying to Hospital expenses | In the case of what **Our Medical Coordinator** considers to be an unreasonable length of stay or unreasonable **Hospital** charges, We reserve the right to limit payment to what **Our Medical Coordinator** considers to be **Usual, Reasonable and Customary** costs. |

# COVERED MEDICAL EXPENSES

## NON-EMERGENCY CARE IN AN EMERGENCY ROOM

If treatment:

- Is received in the emergency room of a **Hospital** while a person is not a full-time in-patient; and
- The treatment is not emergency care;

**Covered Medical Expenses** for charges made by the **Hospital** for such treatment will be paid at the same rate as a standard office visit (10 min visit).

**Hospital** level care will be deemed to be required only if care:

- Could not safely and adequately have been provided other than in a **Hospital**; or
- Adequate care was not available elsewhere in the area at the time and place it was needed.

## HOSPITAL CONFINEMENT – COMPANION TRAVEL COVER

We will pay up to the policy limits as per the table of benefits for travel and accommodation expenses for one person to accompany the insured person if they are confined to hospital outside of their home country for a duration of five days or more due to an insured event.

We will pay for the following charges for one crew member to remain with the insured person and to return to the vessel, or, if no crew member is available, for one relative or friend nominated by the insured person to travel to the location where the insured person is hospitalised;

• one return trip, by first class rail or by economy/tourist class air travel
• overnight accommodation up to $100 each night that the insured person remains confined, and up to a maximum of 15 nights

# COVERED MEDICAL EXPENSES

## MATERNITY CARE PER PREGNANCY

**We will arrange and pay up to the policy limits as per the table of benefits for:**
- Normal delivery
- Caesarean section and complications related to pregnancy

The benefits apply to the mother only and are excluded during the first twelve (12) months of the **Policy**, or as per the terms and conditions on **Your** plan.

Covered services include:
- **Hospital** services rendered in a licensed **Hospital** or approved birthing center (including anesthesia, delivery and postnatal care) for any condition related to pregnancy, including but not limited to childbirth and miscarriage
- Obstetrical services (including prenatal, delivery and post-natal care) and anesthesia services by **Physicians**

**Specific exclusions applying to maternity care:**
Any fertility/infertility services, tests, treatments, drugs and/or procedures, including the resulting pregnancy and complications of that pregnancy, delivery and postpartum care.

## NEW BORN, PREMATURE BIRTH, CONGENITAL CONDITIONS, BIRTH ANOMALIES

The **Policy** will pay up to the lifetime maximum (for newborns covered under the policy).

Hospital nursery services and medical care by the attending **Physician** for newborn infants in the hospital are covered if:
- the mother's pregnancy is covered; and
- dependent cover has already been elected; and
- we must have received the baby's application and applicable premium within thirty (30) days of birth for enrolment under a parent's cover.

Charges for hospital nursery services and professional services for the newborn infant are covered separately from the mother's maternity benefits and are subject to the satisfaction of the **Deductible** and **Coinsurance** amounts in accordance with the **Policy** and table of benefits.

Payment of benefits for the newborn child born of a non-covered pregnancy, children born to mothers who received fertility or infertility treatments or for a newborn that has not been enrolled within the thirty (30) day limit; are conditional upon receipt of an enrolment form and applicable premium and medical underwriting acceptance by us. No guarantee is made for acceptance of cover to be agreed.

Coverage for congenital conditions is only available to infants born of a covered pregnancy and having continuous cover effective from the date of birth. When cover is available, benefits are provided for M**edically Necessary** inpatient and outpatient treatment, services and supplies for congenital conditions as those conditions are defined herein. Benefits for congenital conditions and premature births are payable up to the lifetime maximum for newborn cover.

# COVERED MEDICAL EXPENSES

## DIAGNOSTIC AND THERAPEUTIC SERVICES (OUTPATIENT)

The **Policy** will pay charges for **Medically Necessary** diagnostic and therapeutic services rendered to an **Insured Person** as an outpatient of a **Hospital**, provider's office or approved independent facility up to the **Policy Limits** as shown in the table of benefits.

Diagnostic services covered are:

- Imaging services
- Laboratory services (excluding allergy testing)
- Machine testing

Therapeutic services covered are:

- Chemotherapy rendered by a **Physician**
- Radiation therapy provided by a **Physician** for a proven malignancy or neoplastic disease
- Respiratory therapy rendered by a **Physician** or registered respiratory therapist
- Physical and occupational therapy provided by a **Physician** or registered physical or occupational therapist. Services must be pursuant to a **Physician's** written treatment plan, which contains short and long term treatment goals and is provided to **Us** for review.

Services must either:

1. Produce significant improvement in the **Insured Person's** condition in a reasonable and predictable period of time; and
2. Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed; or
3. Be necessary to the establishment of an effective maintenance programme.

A **Medically Necessary** video laryngoscope may be performed by a registered speech therapist for the diagnosis of a swallowing dysfunction.

**Specific exclusions applying to diagnostic and therapeutic services:** All other speech therapy services or treatments not mentioned above.

# COVERED MEDICAL EXPENSES

## HUMAN ORGAN TRANSPLANT PROCEDURES BENEFITS

The **Policy** will pay up to the **Policy Limits** in the table of benefits for charges for **Medically Necessary**, non- experimental transplantation of a human organ including related services, supplies, drugs and treatments. Organs covered for transplants are limited to the following: heart, lung, kidney, liver, pancreas, and cornea. Bone marrow transplants are covered only for approved diagnosis.

Benefits are only payable if the managed transplant programme is used – all transplants need to be pre-authorised.

- Benefits are provided to the insured transplant recipients only. Costs related to organ donors are not covered
- Transplant must be deemed necessary by two independent medical or surgical consultants in the relevant medical specialty most closely related to the transplant.

Transplants resulting from or made necessary by congenital conditions are not covered under this organ transplant benefit. They are subject to the limitations and benefits applicable to the congenital condition benefit specified in this contract in accordance with the current table of benefits.

**Specific exclusions applying to human organ transplant procedures:**

- Any treatment or service which is not pre-authorised or does not use the managed transplant network
- Organ transplant benefits within the first twenty four (24) months of the **Insured Person's** cover. This period is determined from the **Date of Entry**
- Subsequent transplants if the initial transplant was not covered under this contract for any reason
- Any transplant procedures and related services **We** deem to be **Experimental**.

## MENTAL HEALTH BENEFITS (IN-PATIENT AND OUTPATIENT)

The following applies if **Your** plan includes this benefit. The **Policy** will pay up to the **Policy Limits** in the table of benefits for allowable charges in respect of psycho- therapeutic treatment and psychiatric counselling and treatment for approved psychiatric diagnosis. The relevant annual **Policy** year maximum limits will be applied to each **Insured Person** for benefits paid for both in-patient mental health treatment in a **Hospital** or approved facility and for outpatient mental health treatment.

A **Physician** or a psychiatrist or a licensed clinical psychologist must provide all mental health care services. Services of a clinical psychologist or psychiatrist must be rendered in the provider's office or in the outpatient department of a **Hospital**.

**Specific exclusions to mental health benefits (in-patient and outpatient):**

- Aptitude testing, educational testing and services for conditions **We** classify as emotional or personality **Illnesses**
- Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or neurodevelopmental disorders
- Services for mental disorders or **Illnesses** which are not amenable to favourable modification
- Services related to drug and alcohol abuse.

# COVERED MEDICAL EXPENSES

## CONVALESCENT FACILITY EXPENSES

We will pay for charges made by a convalescent facility for the following services and supplies. They must be furnished to a person while confined to a convalescent facility by a disease or injury. The confinement must start during a convalescent period.

- accommodation on the room basis as per the table of benefits – this includes charges for services, such as general nursing care, made in connection with room occupancy
- use of special treatment rooms X-ray and lab work
- physical, occupational or speech therapy oxygen and other gas therapy
- other medical services usually given by a convalescent facility
- medical supplies.

Benefits will be paid for up to the maximum number of days during any one convalescent period. This starts on the first day an insured person is confined in a convalescent facility if he or she:

- was confined in a hospital for at least three days in a row, while covered under this policy, for treatment of a disease or injury; and
- is confined in the facility within 14 days after discharge from the hospital; and
- is confined in the facility for services needed to convalesce from the condition that caused the hospital stay. These include skilled nursing and physical restorative services.

It ends when the insured person has not been confined in a hospital, convalescent facility, or other place giving nursing care for 90 days in a row.

**Specific exclusions to convalescent facility expenses**

- private or special nursing, or physician services
- drug addiction
- chronic brain syndrome
- alcoholism
- senility
- mental deficiency or neurodevelopmental disorders

# COVERED MEDICAL EXPENSES

## HOSPICE CARE EXPENSES

The **Policy** will pay up to the **Policy Limits** in the table of benefits for charges incurred in a hospice facility, **Hospital** or convalescence facility for accommodation and other services and supplies furnished to an **Insured Person** while a full-time in-patient, for pain control and other acute and chronic symptom management, when given as a part of a **Hospice Care** programme are included as **Covered Medical Expenses**. **We** must approve the **Hospice Care** programme to provide a centrally administered programme of palliative and support services to terminally ill persons and their families. Terminally ill means the patient has a prognosis of 240 days or less. A medically supervised interdisciplinary team of professionals and volunteers provides services.

The **Policy** will also pay for charges made by a **Hospice Care** agency for:

- Part-time or intermittent nursing care by a **R.N.** or **L.P.N**. for up to eight hours in any one day
- Medical social services under the direction of a **Physician**. These include:
  - Assessment of the **Insured Person's** social, emotional and medical needs, and the home and family situation;
  - Identification of the community resources which are available to the **Insured Person**; and
  - Assisting the person to obtain those resources needed to meet the **Insured Person's** assessed needs.
- Psychological and dietary counselling
- Consultation or case management services by a **Physician**
- Physical and occupational therapy
- Part-time or intermittent home health aide services for up to eight hours in any one day. These consist mainly of caring for the person
- Medical supplies, drugs and medicines prescribed by a **Physician**.

Charges made by the providers below, but only if the provider is not a participant of a **Hospice Care** agency; and such agency retains responsibility for the care of the **Insured Person**:

- A **Physician** for consultant or case management services
- A physical or occupational therapist
- A **Home Health Care Agency** for:
  - Physical or occupational therapy;
  - Part-time or intermittent home health aide services for up to eight hours in any one day; these may consist mainly of caring for the person;
  - Medical supplies, drugs and medicines prescribed by a **Physician**; and
  - Psychological and dietary counselling

Not more than **Policy Limits** as per the table of benefits will be paid for all **Hospice Care** or expenses incurred while the **Insured Person** is not confined as a full-time in-patient. If the **Insured Person's** condition improves and is no longer considered terminal, then the **Insured Person** is no longer eligible for **Hospice Care**.

# COVERED MEDICAL EXPENSES

## HOSPICE CARE EXPENSES CONTINUED

**Specific exclusions to Hospice Care expenses**

- Any charge for accommodation in a private room over the semi-private room limit
- Private or special nursing, or **Physician** services
- Drug addiction
- Chronic brain syndrome
- Alcoholism
- Senility
- Neurodevelopmental disorders
- Any other mental disorder
- Charges for any day of **Confinement** in excess of the maximum number of days for all confinements for **Hospice Care**

Charges for:

- Services not prescribed in the approved treatment plan
- Chemotherapy and radiation therapy except for palliative control
- Bereavement counselling
- Funeral arrangements
- Pastoral counselling
- Financial or legal counselling. These include estate planning or the drafting of a will
- Homemaker or caretaker services. These include:
  - Sitter or companion services for either the person who is ill or other members of the family;
  - Transportation;
  - House cleaning; and
  - Maintenance of the house.
- Respite care. This is care furnished during a period of time when the person's family or usual caretaker cannot, or will not, attend to the person's needs.

# COVERED MEDICAL EXPENSES

## EMERGENCY AIR AMBULANCE

We will pay charges for professional ambulance services including road ambulance and air ambulance, if necessary, to transport an insured person from the place where he or she is injured or stricken by disease to the first hospital where treatment is given.

- Covered based on medical necessity
- Evacuation is provided if an **Insured Person** is involved in an **Accident** or suffers a sudden **Illness** and adequate medical facilities are not available locally. A medically supervised medical evacuation to the nearest facility capable of providing an adequate level of care will be co-coordinated by **Our** emergency medical assistance provider
- Repatriation of mortal remains: **Our** emergency medical assistance provider will coordinate the necessary clearances for the return of an **Insured Person's** mortal remains by air transport to the home country.

To comply with the terms and conditions of the **Policy** the **Insured Person** must contact **Us** for pre-authorisation before any costs for evacuation and assistance costs are incurred.

**Specific exclusions to emergency ambulance services**

- Any other expenses in connection with air travel
- Any costs which are not pre-authorised
- Any costs for a road ambulance if the **Insured Person** could have been transported in a private car, whether or not one was available

## OUTPATIENT PRESCRIPTION DRUGS

Benefit is provided for prescription drugs and medicines, which by law need a **Physician's** prescription and are approved by **Us** for use outside of a **Hospital**.

Contraceptive drugs, and all related devices/treatment, are excluded even if such drugs are prescribed for other than contraceptive purposes. Weight reduction, smoking cessation, fertility/infertility or hair restoration drugs, over the counter medications are not covered, even if prescribed by the **Physician**.

Prescribed drugs related to human organ transplants and subsequent treatment are governed by the benefits and limitations listed in the human organ transplant section of this contract. All prescription drug benefits are payable in accordance with the current table of benefits.

# COVERED MEDICAL EXPENSES

## DURABLE MEDICAL EQUIPMENT

The **Policy** will pay up to the **Policy Limits** in the table of benefits for costs for prosthetic devices (artificial devices replacing body parts), orthopedic braces and durable medical equipment (including wheelchairs and **Hospital** beds) that are:

1. Prescribed by a **Physician** and
2. Customarily and generally useful to a person only during an **Illness** or **Injury**, and
3. Determined by **Us** to be **Medically Necessary** and appropriate

Rental fees of durable medical or surgical equipment must not exceed the allowable purchase price of the durable medical equipment.

The initial purchase of such equipment and accessories needed to operate it; this will only be covered if:

- Long term use is planned; and
- The equipment cannot be rented; or
- It is likely to cost less to buy it than to rent it.

Repair or replacement of such purchased equipment and accessories: replacements are only covered if:

- It is needed due to a change in the **Insured Person's** physical condition; or
- It is likely to cost less to buy a replacement than to repair the existing equipment or to rent like equipment

**Specific exclusions to durable medical equipment**

- Charges for more than one item of equipment for the same or similar purpose.
- Charges in relation to artificial limbs and eyes: eye exams and eyeglasses; hearing aids; orthopedic shoes or other devices to support the feet.

# COVERED MEDICAL EXPENSES

## VISITING NURSE/HOME HEALTH CARE EXPENSES

The **Policy** will pay up to the **Policy Limits** in the table of benefits for charges relating to visiting nurse/home health expenses if:

- The charge is made by a **Home Health Care Agency**; and
- The care is given under a home health care plan; and
- The care is given to a person in his or her home.

Visiting nurse/home health care expenses are charges for:

- Part-time or intermittent care by an **R.N.** or by an **L.P.N.** if an **R.N.** is not available
- Part-time or intermittent home health aide services for patient care
- Physical, occupational and speech therapy
- The following to the extent they would have been covered under this **Policy** if the **Insured Person** had been confined in a **Hospital** or convalescent facility:
  - Medical supplies, drugs and medicines prescribed by a **Physician**; and
  - Lab services provided by or for a **Home Health Care Agency**.

In each **Period of Insurance** there is a maximum to the number of visits covered as per the table of benefits. Each visit by a nurse or therapist is one visit. Each visit of up to four hours by a home health aide is one visit.

**Specific exclusions to visiting nurse/home health care expenses**

Charges made for:

- Services or supplies that are not a part of the visiting nurse/home health care plan
- Services to an **Insured Person** by anyone who usually lives with **You** or is a member of **Your** or **Your** wife's or husband's family
- Services of a social worker transportation

# COVERED MEDICAL EXPENSES

## PRIVATE DUTY NURSING (IN-PATIENT SERVICE ONLY)

The **Policy** will pay up to the **Policy Limits** in the table of benefits for costs of private duty nursing by an **R.N.** or **L.P.N.** if the person's condition requires **Skilled Nursing Care** and visiting nursing care is not adequate.

This benefit is provided only when all of the following conditions are met:

- The nursing service is available and the service is prescribed by the attending **Physician**; and
- The service is related to the condition for which **Hospital** care and treatment are being rendered; and
- The service is **Medically Necessary**; and
- The service is approved by the **Hospital**
- **We** may elect to review a case in advance and then approve benefits for this service for up to 80 hours at a time

**Specific exclusions to private duty nursing**

Benefits will not be paid for private duty nursing:

- For any shifts in excess of the private duty nursing care maximum shifts. Each period of private nursing of up to eight hours will be deemed to be one private duty nursing shift.
- When it is provided as a convenience for the patient, whether or not prescribed by a **Physician**, or when it is provided at the request of the patient or his/her family.
- When it is rendered in such special care facilities of the **Hospital** as self-care, selective care, and intensive care units.

Benefits will not be paid for **Skilled Nursing Care** for:

- A visit of more than four hours for the purpose of performing specific skilled nursing tasks that part or all of any nursing care that does not require the education, training and technical skills of an **R.N.** or **L.P.N.**; such as transportation, meal preparation, charting of vital signs and companionship activities; or
- Any private duty nursing care, given while the person is an in-patient in a **Hospital** or other health care facility; or
- Care provided to help a person in the activities of daily life; such as bathing, feeding, personal grooming, dressing, getting in and out of bed or a chair, or toileting; or
- Care provided solely for skilled observation except as follows:
  - More than one 4-hour period per day for a period of no more than 10 consecutive days following the occurrence of:
    - Change in patient medication;
    - Need for treatment of an emergency condition by a **Physician** or the onset of symptoms indicating the likely need for such treatment; or
    - Any service provided solely to administer oral medicines; except where applicable law requires that such medicines be administered by a **R.N.** or **L.P.N.**

# COVERED MEDICAL EXPENSES

## WELLNESS AND PREVENTATIVE BENEFITS

The following applies if **Your** plan includes this benefit. Benefits are not subject to the **Deductible**. The **Policy** will pay the costs up to the **Policy Limits** in the table of benefits for the cost of examinations of the **Insured Person** (having regard to their age) to ascertain the potential presence of **Illness** or disease; these may include (but not limited to):

- Vital signs, including blood pressure, cholesterol, pulse, respiration, temperature; and
- Cardiovascular and neurological examinations; cancer screening including mammogram, pap smear, colon prostrate.
- A physical exam may also include the materials for and the administration of immunisations and vaccinations for infectious disease and testing for tuberculosis.

**Well child examination**

For all exams given to your children under aged 6 covered medical expenses will exclude charges for:

• more than six exams in the first year of the child's life; and

• more than one exam in each year of life thereafter.

• for all exams given to your child age six and over, covered medical expenses will exclude charges for more than one exam per period of insurance.

**Specific exclusions to wellness and preventative benefits**

- Exams in any way related to employment (other than the incurred cost of the renewal of **Your** ENG1 medical fitness certificate during the **Period of Insurance**)
- Premarital exams
- Vision, hearing or dental exams
- Costs where the medical results and report from the examination have not been provided to **Us**

# COVERED MEDICAL EXPENSES

## VISION CARE BENEFIT

The following applies if **Your** plan includes this benefit. This benefit is not subject to **Deductible**. **We** will pay up to the **Policy Limits** in the table of benefits for:

**Ophthalmology**
- Benefits apply for eye examinations.

**Eyeglasses and contacts**
- Benefits apply for eyeglasses or contact lenses prescribed as the result of an eye examination to correct defective eyesight.

The benefit applies only if the eyeglasses or contact lenses are prescribed as a result of an eye examination made during the **Period of Insurance**. The date that the eyeglasses or contact lenses are ordered shall be considered to be the date that charges are incurred and the eyeglasses or contact lenses are furnished.

**Specific exclusions to vision care**
**Experimental** surgery, care, treatment, services or supplies. **Experimental** means:
- Not approved or accepted as essential to the treatment of an **Injury** or sickness by nationally recognised medical organisation or appropriate government agencies
- Not recognised by the medical community as potentially safe and efficacious for the case and treatment of the **Injury** or sickness; or
- Not approved for reimbursement under national medical programmes.

# COVERED MEDICAL EXPENSES

## RETURN TO FITNESS

Where an insured person has had to be signed off the vessel by a physician in order to obtain medical treatment and as a result is unable to rejoin the vessel or has to be replaced by the contractor,we will pay up to $1,500 for transportation costs (economy class) to either rejoin the vessel at the next port of call or return to the insured person's country of residence.

## LONG TERM CONVALESCENCE IN HOME COUNTRY

Where it is medically necessary for an insured person to undergo a period of convalescence longer than 14 days, consideration shall be given to repatriating the insured person to their home country (subject to medical advice). Should the convalescence period be longer than 40 days a medical report will be required to ascertain the expected return to work date and should this be greater than 60 days, extended home country cover shall be provided for up to a maximum of 12 months from the date of incapacity. This extended cover is offered subject to all premiums being paid up to date and this includes renewal premiums once a renewal date has passed during the extended home country cover period.

## CREW REPLACEMENT

We will pay up to $5,000 max to the **Vessel** relating to the travel costs of the new crew to replace the **Primary Insured** who has been **Disabled** and is unfit for work or has died while travelling with the **Vessel**. Inbound and outbound costs are covered. This claim would be processed against the policy for the **Primary Insured** who is unwell.

# COVERED MEDICAL EXPENSES

## EMERGENCY MEDICAL ASSISTANCE AND EVACUATION

**Our** 24-hour emergency medical assistance company can provide the following services, subject to the **Policy** terms and conditions, and to the table of benefits:

- Pre-travel advice to the **Insured Person** with information on visas, consulates, vaccinations and foreign office travel warnings.
- A 24-hour dedicated emergency telephone and assistance service, in the event of a **Medical Emergency**
- Liaison with **Your** attending doctor or **Hospital** administration staff to obtain medical reports on **Your** condition and treatment needs, and ongoing medical monitoring of **Your** condition
- Communication with **You** and/or **Your Close Relative** to keep **You** informed at all times
- Arrangement of emergency evacuation to the nearest suitable medical facilities, including medical escort, where **Medically Necessary**
- Arrangement of repatriation to **Your** home country where appropriate, by commercial flight or by **Air Ambulance**, and with medical escort, according to the attending doctors recommendations, and subject to medical necessity
- Locate and arrange the dispatch of medical supplies, blood or medical equipment to the **Insured Person's** location
- Guarantee payment of emergency medical expenses to the **Hospital**, doctor, or other service provider
- Arrange for and guarantee, additional reasonable travel and accommodation costs for a relative or friend of the **Insured Person** who is reasonably required to travel to and/or remain with the sick or injured **Insured Person**
- In the event of death of an **Insured Person**, arrangement of repatriation of human remains to their home country, or burial/cremation in their **Country of Residence** and return of their ashes to their home country.

Important: pre-authorisation is required in all cases of hospitalisation and medical transportation (except for local emergency transportation), and should be obtained in advance. The contact information is on your membership card. In the event of an emergency hospitalisation or medical transportation, where you are medically incapacitated from obtaining pre- authorisation, we must be notified with 48 hours of admission or transportation.

# COVERED MEDICAL EXPENSES

## DENTAL CARE BENEFITS

The following applies if **Your** plan includes this benefit. The expenses described in the three dental classes following are reimbursed at the indicated percentage subject to the annual **Deductible** and annual maximum benefit listed in the table of benefits. Class I Dental Services are not subject to the **Deductible**. Class III Services are not covered during the first three (3) months of insurance cover, or as per the terms and conditions in **Your** plan.

**Class I dental services**
Benefits are paid at 100% of **Usual, Reasonable and Customary** cost with no **Co-Pay** or **Deductible** for necessary diagnostic examinations and preventative treatment subject to the annual maximum.

Covered expenses include:

- Oral exams but not more than twice in any one **Period of Insurance**
- X-rays
  - Full mouth X-rays but not more than once every five years and Bitewing X-rays but not more than once in a calendar year
  - Preventative treatment
- Cleaning and scaling of teeth (oral prophylaxis) but not more than twice in any one **Period of Insurance**
- Topical fluoride treatment for a covered child under 19 years of age but no more than once in any one **Period of Insurance**
- Space maintenance for a covered child under 19 years of age.

**Class II dental services**
Benefits are paid at 80% of usual, reasonable and customary cost after the **Deductible** for basic restoration, endodontic, periodontal treatments and oral surgery subject to the annual maximum.

Covered expenses include:
1. Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings
2. Extractions
3. Toot canal treatment
4. Treatment of periodontal disease and other diseases of the gums and tissues of the mouth
5. Oral surgery except procedures covered under any medical plan
6. Administration of general anesthesia, when **Medically Necessary** in connection with oral surgery
7. Emergency palliative treatment
8. Injections of antibiotic drugs

# COVERED MEDICAL EXPENSES

## DENTAL CARE BENEFITS

**Class III dental services**
Benefits are paid at 50% of **Usual, Reasonable and Customary** cost after the **Deductible** for necessary crowns, bridges and dentures subject to the annual maximum.

Covered expenses include necessary supplies and services of a **Physician** for installation or replacement of:
1. Those services needed to replace one or more natural teeth that are lost while dental expense benefits for the **Insured Person** are in effect for:
- Installation of fixed bridgework done for the first time
- Installation for the first time of:
  - A partial removable denture; or
  - A full removable denture
- Replacing an existing removable denture or fixed bridgework if:
  - It is needed because of loss of one or more natural teeth after the existing denture or bridgework was installed; or
  - It is needed because the existing denture or bridgework can no longer be used and was installed at least five years prior to its replacement
- Replacing an existing immediate temporary full denture by a new permanent full denture when:
  - The existing denture cannot be made permanent; and
  - The permanent denture is installed within 12 months after the existing denture was installed
- Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed

2. Inlays and onlays

3. Crowns and their replacements, but not more than one replacement per crown every five years

4. Repair or re-cementing of:
- Crowns; or
- Inlays or onlays; or
- Dentures; or
- Bridgework.

## ORTHODONTIC TREATMENT: DESCRIPTION OF BENEFITS

Benefits are paid as per table of benefits of usual, reasonable and customary cost for orthodontic treatment with no deductible. Once this limit is reached, the insured person has no right to any further orthodontic treatment benefit.

Lifetime maximum per insured person: as per table of benefits Orthodontic treatment is not covered during the first six (6) months of insurance cover.

# COVERED MEDICAL EXPENSES

## MEDICAL CONCIERGE SERVICES

**Complimentary access to the following exclusive services is available as a benefit to premier health plan members.**

**Diagnosis verification and treatment programme – remote second opinion**
A dedicated diagnosis verification and treatment planning care management programme. In the event that you are diagnosed with a specified critical illness, the programme provides access to an appropriate specialist from a top rated hospital who will remotely review your medical reports to confirm your diagnosis and advise, in conjunction with your treating physician on your treatment options, to provide the best outcome.

Covered conditions: a remote second opinion will be available for:

- narrowed or blocked coronary arteries and valvular abnormalities
- interventional cardiology procedures (coronary angioplasty) to correct narrowing of two or more coronary arteries by means of dilating or opening the vessels major vascular procedures to repair one or more of the aorta, carotid, iliac, femoral and cerebral arteries
- cancer treatment for all forms of cancer except
- non-invasive skin cancer and cancer in the presence of human immuno-deficiency virus (HIV)
- intracranial neurosurgical procedures performed to remove a tumour or to repair an intracranial blood vessel (conditions related to trauma or injury are excluded) major organ transplants, from a living donor, of the lung, liver, kidney, pancreas or bone marrow.

Conditions/diagnoses/situations which are excluded:

- cosmetic reconstruction/plastic surgery
- first diagnosis, which is, the initiation of physical assessment and diagnostic testing to determine an initial diagnosis; and
- Traditional medicine and therapy is the focus of the opinion; not holistic, homeopathic, and/or alternative medicine

Initiating a remote second opinion:

1. the insured person must have an initial diagnosis
2. we will then ask you to complete a consultation request form
3. you will then be provided with contact details of the appropriate specialist
4. the appropriate specialist will then liaise with your physician(s) and treating hospital(s) to gathers relevant clinical data
5. you will be provided with the second opinion or consultation report within 15 working days.
6. you will then be able to liaise with us in relation to the information provided

# COVERED MEDICAL EXPENSES

## TRAVEL FOR FAMILY EMERGENCY

If the insured person needs to make an unscheduled journey to the permanent place of residence of the close relative during the period of insurance as a result of an insured event and within one month of the insured event taking place:

- we will pay reasonable and necessary costs, up to the amount listed in the table of benefits for one return trip, by economy/tourist class air travel for the insured person to travel from their country of residence to the location where the close relative is situated in their permanent place of residence
- in the event of the insured person needing to make more than one unscheduled journey to the close relative's permanent place of residence as a result of separate, unrelated and subsequent insured events, we will arrange and pay for up to a maximum of three return trips or an overall maximum as listed in the table of benefits in total under this policy during any one period of insurance.

**Specific exclusions to travel for family emergency**

The policy will not pay charges:

A. for any trip which is not taken within one month of the date of insured event occurring
B. for any claims arising directly or indirectly as a result of any pre-existing medical condition(s)
C. for any claim in respect of any close relative aged 75 or over
D. for any illness claim arising within the first three months after the commencement date
E. for any claim where we have not received all medical evidence we consider necessary from the close relative's physician(s)
F. for the close relative's failure to seek or follow medical advice
G. for any claim arising or resulting directly or indirectly from suicide, attempted suicide, or intentional self- injury
H. for any claim resulting directly or indirectly from provoked assault, fighting (except in genuine self- defence), or whilst engaged in or taking part in civil commotion or riot, or from the close relative's own criminal act
I. for any claim resulting from the following:
- sexually-transmitted diseases, including HIV or any related condition
- any psychiatric, mental or nervous disorder, including stress or depression
- pregnancy, childbirth or any related medical complication

J. for any claim if we have not been contacted prior to travel arrangements being made
K. for any claim arising from being under the effects or influence of alcohol or non prescribed drugs.

# COVERED MEDICAL EXPENSES

## ACCIDENTAL DEATH - LUMP SUM IN CASE OF ACCIDENTAL DEATH

A lump sum is paid in case of accidental death of an adult Insured Person depending on the plan chosen and as listed in your Table of Benefits. Unless you have designated a particular beneficiary, the benefit in the case of the Insured's death is attributed by order of preference:

- to the spouse not legally separated from the Insured, failing him/her, to the civil union partner
- in the absence of the latter, to the Insured's children born or to be born equally shared between them, the share of the predeceased going to his own children or to his brothers and sisters if he has no children
- in the absence of the latter, to the mother and father, equally shared between them, or to the surviving parent in the case of predecease
- in the absence of the latter, to the heirs.

The Insured can modify the above order at any time and designate any natural or legal person of his choice by sending a registered letter to the Insurer with request for acknowledgement of receipt. When the beneficiary is specifically named, the Insured must indicate the contact details of the beneficiary so that the Insurer can use them in the event of death. Where the personal designation lapses, the above standard designation shall apply. The designation of a beneficiary becomes irrevocable by the acceptance of the beneficiary. Acceptance by authentic deed or private deed signed by the Insured and the beneficiary must be notified to the Insurer in order to take effect.

In the case of death of an Insured and one or more designated beneficiaries during the same event without it being possible to determine the order of death, or when the beneficiary who died before the Insured, did not have time to accept the benefit of the payment, the Insured is assumed to have survived when determining the beneficiaries of the payment. Sums due under this benefit, which are not the subject of a request for payment, are deposited to the 'Caisse des Dépôts' after a period of 10 years from the date on which the Insurer becomes aware of the Insured's death. Six months prior to the transfer of the sums due to 'Caisse des Dépôts', the Insurer shall inform the beneficiary(s) of the transfer. For 20 years from the transfer of the sums due to the 'Caisse des Dépôts', the beneficiaries can approach the latter to claim their sums. The lump sum paid to natural persons is revalued "post-mortem" in accordance to a rate in accordance with French Decree.

**Documents to be provided in case of accidental death:**
The death will only give rights to the benefits if it is declared, except in case of force majeure, within six months of the date of death and provided the following documents are supplied:

- a medical certificate of accidental death issued by the doctor who confirmed the death,
- a complete copy of the ID,
- a photocopy of the family record book,
- a complete copy of the birth certificate of the beneficiary or beneficiaries,
- any statements from witnesses to the accident;
- the police report or statement establishing the precise circumstances of the accident.

**Specific exclusions**
The coverage excludes in any case:

- the consequences of a civil or non-civil war, an insurrection, a riot, an attack, a commotion or acts of terrorism, whatever the place of these events and their protagonists, except if the insured person does not take an active part in such event
- the consequences of an illness or accident intentionally provoked by the covered person, intentional self-injuries or suicide attempt, the participation in any sport as a professional.

MARINE SURE

# Pre-authorisation

# PRE-AUTHORISATION

## MEDICAL TREATMENT OUTSIDE OF THE USA

No restrictions are imposed regarding the choice of **Physician**, laboratory, **Hospital**, clinic and any treatment provider except that the facilities must be licensed and the treatment performed by legally qualified providers and **Physicians** practising within the scope of their license.

Pre-authorisation is required in all cases of:

- Hospitalisation,
- Outpatient surgery,
- Medical transportation (except for local emergency transportation),
- High costs claims such as MRI (magnetic resonance imaging), CT (computerised tomography) and PET (positron emission tomography).

**You** must contact **Us** at the earliest opportunity before a **Scheduled Hospitalisation**, outpatient surgery, or medical transportation. The contact details for obtaining pre- authorisation are shown on **Your** membership card.

In the event of an emergency Hospitalisation, **We** must be notified within 48 hours of admission.

## MEDICAL TREATMENT WITHIN THE USA (COVER REGION 1 OR MIXED ONLY)

Your policy provides access to our Preferred Provider Organisation (PPO) network in the USA. You are advised to utilise healthcare providers within the PPO network, and details of how to locate a network provider are shown on your membership card.

If you use a provider outside of the PPO network, benefit payments will be reduced to the percentage shown in your Table of Benefits.

Pre-authorisation is required for all medical services except for local emergency medical transportation.

# PRE-AUTHORISATION

## DENTAL TREATMENT

You must submit **Your** dental treatment plan and obtain pre-authorisation before any treatment or services (other than Class I - diagnostic and preventative) commence.

Pre-authorisation is subject to a review by **Us** of **Your** dental treatment plan and expected charges. If there is a material change in the treatment plan, a revised plan must be sent to us.

## FAILURE TO OBTAIN PRE-AUTHORISATION WHERE REQUIRED

In the event that **You** do not obtain pre-authorisation in accordance with the above requirements, **We** reserve the right to reduce benefits payable by 25%

MARINE SURE

# Definitions

# DEFINITIONS

| Term | Definition |
|---|---|
| **A** | |
| **Accident / Accidental** | A sudden, unexpected and unforeseen bodily **Injury** caused by violent, visible and external means. |
| **Air Ambulance** | Means a vehicle equipped to transport ill **Insured Persons** that:<br>• is licensed by local, county or state regulations, and/or<br>• has attendants who are fully trained in emergency care, such as emergency medical technician (EMT) or paramedics. |
| **Ambulatory Surgical Center** | Means a facility which:<br>a) has as its primary purpose to provide elective surgical care; and<br>b) admits and discharges a patient within the same working day; and<br>c) is not part of a **Hospital**.<br><br>'**Ambulatory Surgical Center**' does not include:<br>1) any facility whose primary purpose is the termination of pregnancy;<br>2) an office maintained by a **Physician** for the practice of medicine; or<br>3) an office maintained by a dentist for the practice of dentistry. |
| **Authorisation, certify and certified** | Means that **We**, following advance notification of a **Scheduled Confinement** in a **Hospital**, have acknowledged the **Scheduled Confinement**, provided the **Insured Person** with the names and addresses of **Hospitals** that are members of the participating provider organisation, to which the **Insured Person** may have access as a **Insured Person** under the Policy, and confirmed that such **Confinement** is **Medically Necessary**.<br><br>These terms also mean that **We** have received notification:<br>a. within 48 hours of an emergency **Hospital Confinement**;<br>b. 48 hours before outpatient **Skilled Nursing Care**; or<br>c. within 48 hours of an **Insured Person** being identified as a candidate for a heart, heart and lung, single lung, pancreas and kidney, or liver transplant; in advance of any **Hospital** stay, **Skilled Nursing Care**, surgery or medical care; it means **We** have acknowledged such notifications, and reviewed the **Confinement**, the outpatient **Skilled Nursing Care**, and/or the proposed transplant services and procedures for medical necessity, and, when applicable, provided the **Insured Person** with the names and addresses of **Hospitals** which are members of the participating provider network. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **B** | |
| **Birth Center** | Means a facility which:<br>a) is mainly a place for the delivery of a child or children at the end of a normal pregnancy;<br>b) and meets one or both of the following tests:<br>1) it is licensed as a **Birth Center** under the laws of the jurisdiction where it is located; and/or<br>2) it meets all the following requirements:<br>◦ it is operated in accordance with the laws of the jurisdiction where it is located;<br>◦ it is equipped to perform all necessary routine diagnostic and laboratory tests;<br>◦ it has trained staff and equipment required to properly treat potential emergencies of the mother and of the child;<br>◦ it is operated under the full-time supervision of the **Physician** or a registered nurse (**R.N.**);<br>◦ it has at all times a written agreement with at least one **Hospital** in the area for immediate acceptance of a patient in the event of a complication;<br>◦ it maintains medical records for each patient;<br>◦ and it is expected to discharge or transfer each patient within 24 hours after the delivery. |
| **C** | |
| **Close Relative** | Means mother, mother-in-law, father, father-in-law, stepmother, stepfather, daughter, daughter- in-law, son, son-in-law, (including legally adopted daughter or son), stepchild, sister, sister-in-law, brother, brother-in-law, of an **Insured Person**. |
| **Commencement Date** | Means the date **Your** cover becomes effective under this **Policy**. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Complications of Pregnancy** | Means:<br><br>a. when pregnancy is not terminated, conditions that require **Hospital Confinement**, whose diagnoses are distinct from pregnancy but are adversely affected by or are caused by pregnancy, such as:<br>• acute nephritis;<br>• nephrosis;<br>• cardiac decompensation;<br>• missed abortion; and<br>b. when pregnancy is terminated by:<br>• non-elective caesarean section;<br>• ectopic pregnancy that is terminated; or<br>• spontaneous termination of pregnancy that occurs<br>• during a period of gestation in which a viable birth is not possible.<br><br>**Complications of Pregnancy** will not include false labor; occasional spotting; **Physician** prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy that do not constitute a nosologically distinct complication of pregnancy. |
| **Confinement** | Means admission to a facility as a registered in-patient. Two or more **Confinements** will be deemed one period of **Confinement** unless the discharge from the readmission to the facility is separated by at least 60 days. |
| **Co-Pay(s)** | Means the percentage level specified in **Your** certificate of insurance which **You** are liable for in respect of each applicable claim. |
| **Country of Residence** | Means the country in which **You** have **Your** primary residence on the **Commencement Date** for each **Period of Insurance**. |
| **Covered Medical Expenses** | Means the **Usual, Reasonable and Customary Charges** incurred by an **Insured Person**, while covered under this Policy, for **Medically Necessary** services, treatments or supplies described under the provisions titled **Covered Medical Expenses** and, if applicable, covered dental expenses. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Custodial care** | Means treatment or services which could be rendered safely and reasonably by a person not medically skilled, regardless of who recommends them and where they are provided, and which are designed mainly to help the patient with daily living activities. Such activities include but are not limited to:<br>a) help in walking; getting in and out of bed; bathing; eating by spoon, tube or gastrostomy; exercising; dressing;<br>b) preparing meals or special diets;<br>c) moving the patient;<br>d) acting as a companion or sitter; and<br>e) supervising medication which can usually be self-administered.<br><br>Custodial care: includes:<br>1) the provision of accommodation, nursing care, or such other care which is provided to an individual who is mentally or physically **Disabled** and who, as determined by the individual's attending **Physician**, has reached the maximum level of recovery; and<br>2) in the case of an institutionalised person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and<br>3) rest cures, respite care and home care provided by family members. Upon receipt and review of a claim, **We** or an independent medical review will determine if a service or treatment is custodial care. |
| **Term** | **Definition** |
| **D** | |
| **Date of Entry** | Means either the **Commencement Date** or the date from which an **Insured Person's** cover become effective. |
| **Deductible** | Means the dollar amount of covered expenses which an **Insured Person** is responsible to pay before benefits are payable under this **Policy**. Such amount will not be reimbursed under the **Policy**. After the **Deductible** amount has been paid by the **Insured Person**, benefits for **Covered Medical Expenses** will be payable under this **Policy** at the percentage rates shown on the table of benefits |
| **Defined Class** | An objective category of employees approved by the **Insurer**. |
| **Disabled** | Means total incapacity to perform his/her normal work duties and activities due to **Illness** or an **Accident** |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Domestic Partner** | Means a person who has been living with you for a period of at least one year. This person will be deemed to be your dependent spouse if they have been publicly represented as your spouse. |
| **Durable Medical Equipment** | **Durable Medical Equipment** means equipment that is:<br>a) **Medically Necessary**;<br>b) made for and mainly used in the treatment of an **Injury** or an **Illness**;<br>c) not useful in the absence of an **Illness** or **Injury**;<br>d) made to withstand repeated use over an extended period of time;<br>e) suited for use in the home; and<br>f) used to improve a permanent medical condition.<br><br>**Durable Medical Equipment** does not include: insulin pumps; glaucometers; motor driven wheelchairs or beds; comfort items such as telephone arms and over-bedtables; items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners); disposable supplies such as exercycles, more wheels, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment; and similar items. |
| **Term** | **Definition** |
| **E** | |
| **Emergency Treatment** | Means a hospitalisation required as the result of a life-threatening condition that requires immediate medical or surgical care to prevent loss of life or permanent damage to the organs or systems of the body. Examples of such injuries or conditions include, but are not limited to: heart attack, stroke, poisoning, loss of breath, severe bleeding, loss of consciousness, convulsions and severe trauma. |
| **Enrolment** | Means, for the purpose of evaluating **Enrolments**, such satisfactory evidence that an individual is in good health with regard to the death benefit, based on medical information, as **We** require. |
| **Evidence of Insurability** | Means a statement of health provided by a **Physician**. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Experimental or Investigative** | Means that a medical, dental or surgical procedure, treatment, course of treatment, equipment or drug or medicine is:<br>a) under investigation or is limited to research;<br>b) restricted to use in disciplined clinical efforts and scientific studies;<br>c) not proven in an objective way to have therapeutic value or benefit;<br>d) medically questionable with respect to effectiveness; and<br>e) not generally accepted by the medical community. **We** may be contacted to determine if a particular procedure, treatment, device, drug or drug therapy is considered to be **Experimental or Investigative**. |
| **Extended Care Facility** | Means an institution that meets all of the following requirements:<br>a) it must be operated pursuant to law;<br>b) for US Facilities, it must be approved for payment of **Medicare** benefits or be qualified to receive such approval if requested;<br>c) it must be primarily engaged in providing, in addition to room and board accommodations, skilled nursing services under a licensed **Physician's** supervision;<br>d) registered or licensed practical nurses must supervise 24-hours-a-day; and<br>e) a daily record for each patient must be maintained.<br>**Extended Care Facility** does not include any institution that is primarily a clinic; a rest home; a home for the aged; a place for alcoholics or drug addicts; a place for custodial care; or a facility for mental **Illness** |
| **H** | |
| **Home Health Care Agency** | Means an agency or organisation, or subdivision thereof, which:<br>a) is primarily engaged in providing **Skilled Nursing Care** and other therapeutic services in the **Insured Person's** home;<br>b) is duly licensed, if required, by the appropriate licensing facility;<br>c) has policies established by a professional group associated with the agency or organisation, including at least one **Physician** and one registered graduate nurse (**R.N.**) to govern the services provided;<br>d) provides for full-time supervision of such services by a **Physician** or by a registered nurse (**R.N.**);<br>e) maintains a complete medical record on each patient; and<br>f) has a full-time administrator. |
| **Home Healthcare Plan** | Means a programme:<br>a) for the care and treatment of the **Insured Person** in his home;<br>b) established and approved in writing by his attending **Physician**; and<br>c) certified, by the attending **Physician**, as required for the proper treatment of the **Injury** or **Illness**, in place of in-patient treatment in a **Hospital** or in an **Extended Care Facility**. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Hospice Care** | Means an agency which provides a coordinated plan of home and in-patient care to a terminally ill person and which meets all of the following tests:<br>a) has obtained any required state or governmental license or certificate of need;<br>b) provides service 24-hours-a-day, 7-days-a-week;<br>c) is under the direct supervision of a **Physician**;<br>d) has a nurse coordinator who is a registered nurse (**R.N.**);<br>e) has a duly licensed social service coordinator;<br>f) has as its primary purpose the provision of hospice services;<br>g) has a full-time administrator; and<br>h) maintains written records of services provided to the patient. |
| **Hospital** | Means an institution which is licensed as a **Hospital** under the laws of the jurisdiction where it is located, and:<br>a) is primarily engaged in providing, for payment and on its own premises, in-patient care and treatment of sick and injured persons through medical, diagnostic and major surgical facilities;<br>b) is under the direction of a staff of **Physicians**;<br>c) provides 24-hour nursing service rendered or supervised by a registered graduate nurse; has facilities on its premises for major surgery (or a written contractual agreement with an accredited **Hospital** for the performance of surgery); and for US facilities, is accredited by the joint commission on accreditation of health care facilities.<br><br>'**Hospital**' does not include a facility, or part thereof, which is principally used as: a rest or **Custodial Care** facility; nursing facility; convalescent facility; **Extended Care Facility**; or facility for the aged or for the care and treatment of drug addicts or alcoholics, unless specifically provided in this **Policy** and/or as mandated by local law. It does not mean any institution in which the **Insured Person** receives treatment for which he is not required to pay. |
| **Term** | **Definition** |
| **I** | |
| **Illness** | Means a bodily disorder or infirmity; **Complications of Pregnancy**; and pregnancy. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **Injury** | Means a bodily **Injury** that is:<br><br>1) sustained by a **Insured Person** while insured under this **Policy**; and<br>2) caused by an **Accident** directly and independently of all other causes. A **Insured Person** must begin receiving services, supplies or treatment within 72 hours from the time of **Accident** in order for it to be considered an **Injury**.<br><br>All injuries sustained by one person in any one **Accident**, including all related conditions and recurrent symptoms of these injuries, are considered a single **Injury**. |
| **Insured Event** | Means an **Accident** or the sudden and unexpected onset of **Serious Illness**, or the sudden and unexpected death or imminent demise of a **Close Relative**, during the **Period of Insurance** within the permanent place of residence of the **Close Relative**. |
| **Insured Person** | Means an eligible employee whom is named or described on a notification by the **Plan Holder** and for whom the appropriate premium has been paid to us. |
| **L** | |
| **L.P.N** | Means Licensed Practical Nurse |
| **L.V.N.** | Means Licensed Vocational Nurse |

# DEFINITIONS

| Term | Definition |
|---|---|
| **M** | |
| **Medical Emergency** | Means the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected to result:<br>a) in placing the patient's body in serious jeopardy;<br>b) serious impairment to bodily functions; or<br>c) serious dysfunction of any bodily organ or part |
| **Medical coordinator or Our medical coordinator** | Means an organisation with a staff who performs the certification processes in conjunction with consultant **Physician**(s) qualified or specialising in the treatment of the condition (including mental illness, alcohol or drug abuse), and arrange or approve certain medical transportation. |
| **Medicare** | Means Title XVIII (Health Insurance Act for the Aged) of the United States Social Security Act, as added by the Social Security Amendments of 1965 as now or subsequently amended. |
| **Medically Necessary** | Means that a treatment, service, supply, drug or **Hospital** or **Extended Care Facility Confinement** (or part of a **Confinement**):<br>a) is appropriate and essential to diagnose or treat the patient's **Illness** or **Injury**;<br>b) does not exceed, in scope, duration, or intensity, the level of care which is needed to provide safe, adequate, and appropriate diagnosis or treatment;<br>c) is prescribed by a **Physician**;<br>d) is consistent with widely accepted professional standards of medical practice in the jurisdiction where treatment is rendered;<br>e) is not primarily for the personal comfort or convenience of the patient, the family, **Physician**, or other provider of care;<br>f) is not a part of or associated with the scholastic education or vocational training of the patient;<br>g) is not **Experimental or Investigative**; and<br>h) in the case of in-patient care, cannot be provided safely on an outpatient basis.<br><br>The fact that a **Physician** has prescribed, recommended, approved or provided a treatment, service, supply, or **Confinement** does not, in itself, make it **Medically Necessary**.<br><br>**We** may examine all conditions listed above in reviewing a claim for treatment, service, supply, drug or **Hospital** or **Extended Care Facility Confinement** or part thereof. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **N** | |
| **Nurse Midwife** | Means a person:<br>a) certified to practice as a **Nurse Midwife**;<br>b) and licensed by a board of nurses as a registered nurse (**R.N.**); and<br>c) who has completed a programme for the preparation of **Nurse Midwife**, approved by the jurisdiction in which the person is practicing. |
| **O** | |
| **Out of Pocket** | Means expenses that the insured person pays towards costs. |
| **P** | |
| **Period of Insurance** | Means the period which is shown on **Your** certificate of insurance. |
| **Physician/practitioner** | Means, with respect to any medical care and service, a person:<br>a) certified or licensed, under the laws of the jurisdiction where treatment is rendered, as qualified to perform the particular medical or surgical service for which a claim for cover under this **Policy** is made and who is practicing within the scope of such certification or licenser; and<br>b) any other health care provider if, and as, mandated by a state's or other jurisdiction's law.<br><br>This term does not include:<br>1) an intern; or<br>2) a person in training. |
| **Policy** | Means this document, including the **Plan Holder's Enrolment**, and any subsequent amendment or **Policy** endorsement, which **We** issue for attachment to the **Policy** |
| **Policy Limit** | Means the limit of applicable benefit shown in the table of benefits. |

# DEFINITIONS

| Term | Definition |
|---|---|
| **P** | |
| **Plan Holder** | Means a private individual, **Vessel** owner or a company **Vessel** owner who employs the **Insured Person** as a marine crew professional. The company is responsible for paying the premium and ensuring that the contract terms and conditions are adhered. |
| **Policy Holder** | L'Association pour la Solidarité entre Personnes en Mobilité Internationale (ASPMI), is an association governed by the French law of July 1, 1901 and the French decree of August 16, 1901 and whose head office is located in: 3 Square Max Hymans 75748 Paris CEDEX 15. ASPMI has subscribed a health and medical assistance / evacuation **Policy** on behalf of its **Plan Holders**, **Insured Persons** (group schemes or individuals) living primarily outside their home country |
| **Preferred provider/organisation (PPO)** | Means the **Hospitals**, **Physicians**, or other providers who have entered into a contractual agreement with **Us** to provide **Hospital** and medical services to **Insured Persons** at negotiated fees. |
| **R** | |
| **Reconstructive Surgery** | Means surgery which does not itself restore the function of an abnormal body structure and which is incidental to, or the result of, a previous surgery necessary due to **Illness**, **Injury**, or congenital defect. |
| **R.N.** | Means Registered Nurse |
| **S** | |
| **Scheduled hospitalisation or scheduled confinement** | Means a **Hospital Confinement**, which has been planned in advance by an **Insured Person's Physician** for a fixed future time. |
| **Serious illness** | Means any sudden and detrimental alteration in health as duly diagnosed by a **Physician**, which necessitates the **Close Relative** being admitted to a **Hospital** bed on the advice of a **Physician** for a minimum of three consecutive nights. |
| **Skilled Nursing Care** | Means services provided by, and which require the special skills of, a registered nurse (**R.N.**), Licensed practical nurse (**L.P.N.**), or licensed vocational nurse (**L.V.N.**). |

# DEFINITIONS

| Term | Definition |
|---|---|
| **U** | |
| **Usual, reasonable and customary charge/allowable charge** | Means the lower of:<br>a) the provider's **Usual Charge** for furnishing the treatment, service or supply; or<br>b) the charge which **We** determine to be the general rate charged by others who render or furnish such treatments, services or supplies to persons:<br>1) who reside in the same area; and<br>2) whose **Injury** or **Illness** is comparable in nature and severity. (**We** will determine the **Usual, Reasonable and Customary Charge** for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area.<br><br>**We** will consider such factors as:<br>1) complexity;<br>2) degree of skill needed;<br>3) type of specialist required;<br>4) range of services or supplies provided by a facility; and<br>5) the prevailing charge in other areas. The term 'area' means a city, a county or any greater area, which is necessary to obtain a representative cost of similar institutions or similar treatment. |
| **V** | |
| **Vessel** | Means any waterborne craft for which the Policyholder may employ an insured person. |
| **W** | |
| **We, us, our, Insurer** | Means MGEN or Healthcare International Europe GmbH acting on behalf of MGEN . |
| **Y** | |
| **You, your, the Insured person** | Means an **Insured Person**. |

# DEFINITIONS

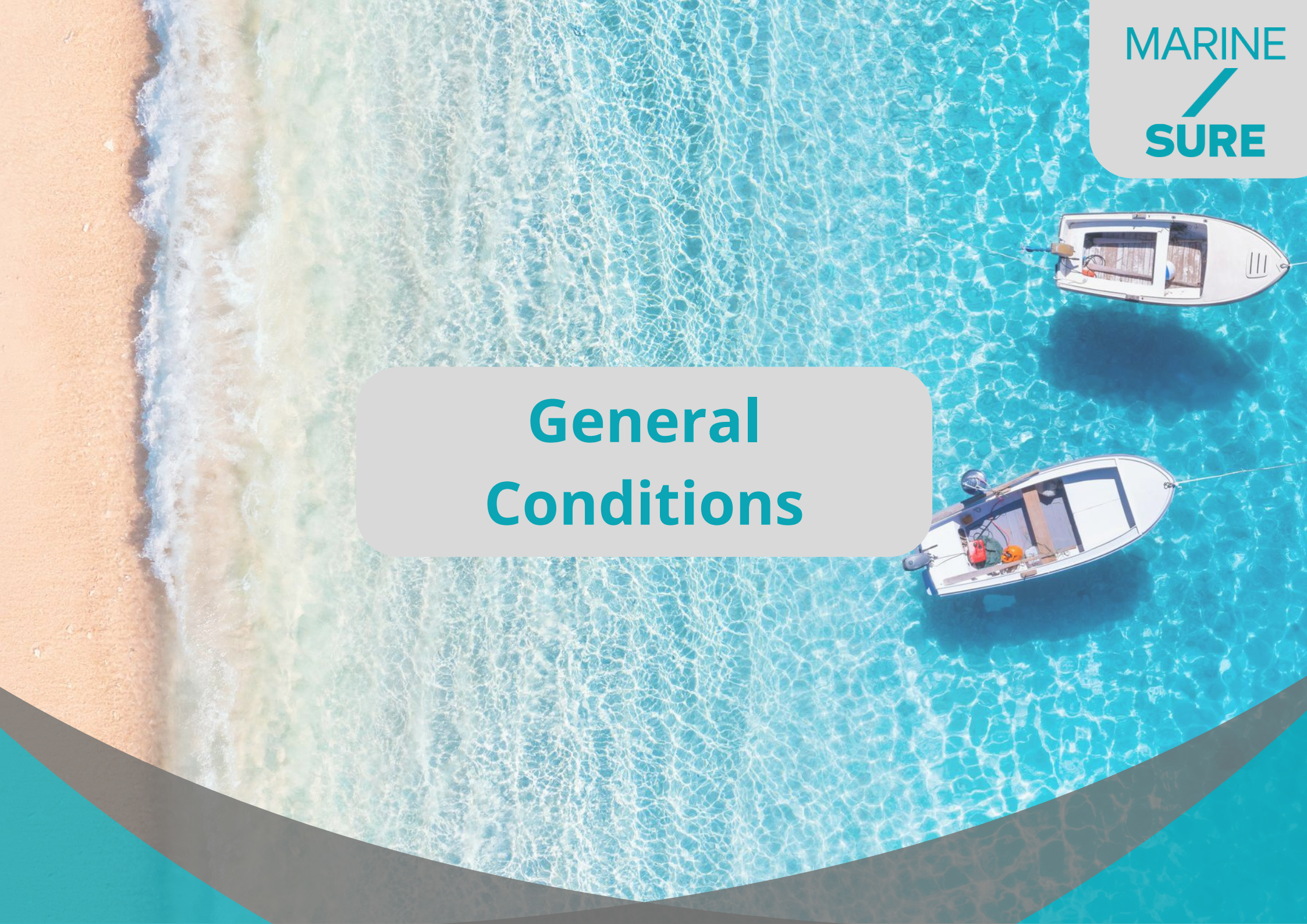
| Underwriting Types | |
|---|---|
| **FMU** | Means that You have joined this **Policy** as a **Insured Person** of a group scheme, and the **Plan Holder** has selected **FMU** underwriting terms. **You** have completed a medical questionnaire providing **Us** with comprehensive details of **Your** medical history. The answers **You** provide form the basis of **Our** decision on whether to accept **Your** application to join the group scheme, the amount of premium, or whether to decline the application. |
| **MHD** | Means that You have joined this Policy as a **Insured Person** of a group scheme, and the **Plan Holder** has selected MHD underwriting terms. Cover for pre-existing Medical Conditions and Chronic Conditions is included, subject to the Policy terms and chosen benefit plan as shown on Your Certificate of Insurance. Please see the table of benefits for Your specific Policy benefits and applicable limits. |

# DEFINITIONS: ACCIDENTAL DEATH AND DISABLEMENT (AD&D)

| Specific Accidental Death and Disablement Definitions | |
|---|---|
| If during the period of insurance an insured person sustains bodily injury resulting from an accident we will pay to the insured person the benefit specified in the certificate of insurance attached to and forming part of this policy subject to:<br><br>• payment of the premium specified; and<br>• the terms, conditions and exclusions of this policy.<br><br>The following additional definitions apply to this section: | |
| **Annual Salary** | means the total remuneration from your primary employer as declared. It excludes bonuses, overtime, commissions and any other financial incentives or benefits. |
| **Bodily Injury** | means physical injury resulting from an accident to your body resulting in your death, loss of sight or loss of limb being incurred. |
| **Loss of hand/hands/arm/arms** | means loss by physical separation of a hand at or above the wrist and includes total and irrecoverable loss of use of the hand or arm. |
| **Loss of Limb** | means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm, foot or leg. |
| **Loss of foot/feet/leg/legs** | means loss by physical separation of a foot at or above the ankle and includes total and irrecoverable loss of use of the foot or leg. |
| **Loss of sight of one eye** | means total and permanent loss of sight in one eye. |
| **Loss of sight in both eyes** | means total and permanent loss of sight in both eyes. |

MARINE SURE

# General Conditions



# GENERAL CONDITIONS

## Benefits Payable

After any applicable **Deductible**, the benefits payable under this plan are paid at the payment percentage specified in the table of benefits which applies to the type of covered medical expense which is incurred, except for any different benefit level which may be provided later in this **Policy**.

Benefits may vary depending upon whether a Preferred Provider Organisation (PPO) is utilised. Visit the website shown on your membership card for information regarding the PPO in the area of North America in which you will be seeking care. Any charge for a service or supply furnished by a PPO in excess of such provider's negotiated charge for that service or supply will not be a covered expense under the individual cover.

## Deductible

Means the amount of covered expenses which an **Insured Person** is responsible to pay before benefits are payable under this **Policy**. Such amount will not be reimbursed under the **Policy**. After the **Deductible** amount has been paid by the **Insured Person**, benefits for **Covered Medical Expenses** will be payable under this **Policy** at the percentage rates shown on the table of benefits.

## Co Pay

After the **Deductible** is met **We** will pay at the percentage level specified in the table of benefits of allowable charges up to the **Policy Limits** shown in the table of benefits.

## Lifetime Maximum

Payment of benefits is subject to the lifetime aggregate maximum per **Insured Person** as long as benefit for such **Insured Person** remains in force. The lifetime maximum includes all benefit maximums specified in this contract, including those specified in the table of benefits and in any endorsement.

## Out of Pocket Limit

This is the cap on the coinsurance limit specified in the table of benefits.

# GENERAL CONDITIONS

## Eligible Expenses

Eligible expenses shall be the reasonable charges for the services and supplies listed below, actually made to the **Insured Person** and, unless otherwise shown, will be considered eligible only if the expenses are:

- Given for the diagnosis or treatment of **Illness**, pregnancy or **Accidental Injury**;
- Ordered or performed by a **Physician**;
- **Medically Necessary**; and
- **Usual, Reasonable and Customary**.

**You** and **Your Physician** decide which services and supplies are given, but the plan only pays for **Covered Medical Expenses**, which **We** deem to be **Medically Necessary**.

A service or supply may not be **Medically Necessary** if a less intensive or more appropriate diagnostic or treatment alternative could have been used. **We** may, at **Our** discretion consider the cost of that alternative to be **Covered Medical Expenses**. In this case, **Covered Medical Expenses** are limited to the **Usual, Reasonable and Customary Charges** for that diagnostic or treatment alternative.

It is the **Insured Person's** responsibility to keep records of what has been paid. **You** will not be given notification when the maximum is approaching or when the maximum is reached and claims submitted after the maximum is reached will be disallowed.

## Eligibility

Employees of the **Plan Holder** who meet all of the following criteria are eligible for cover as an **Insured Person**:

- The Employee has completed an **Enrolment** form for cover, including a medical questionnaire and a beneficiary designation with regard to the death benefit;
- The Employee has signed and returned an **Enrolment** form to **Us**;
- The Employee resides outside of the United States of America, or any of their territories

## Residency

The **Insured Person** must reside outside the United States of America, and must provide a non-USA residential address. Permanent residence in the USA shall be ground for termination of this cover. **We** may determine that an **Insured Person** reside(s) in the USA in any case in which the **Insured Person** is in the USA for:

- 180 or more consecutive days; or
- More than 180 total days in any 12 consecutive month period

If **You** are a citizen of the USA **You** must provide **Us** with a signed statement that **You** do not qualify for or are able to obtain adequate coverage under a USA domestic insurance plan that will provide continuous coverage outside of the USA, and **You** must provide **Us** with a residential address outside of the USA.

# GENERAL CONDITIONS

## Dependents

You may cover your:
• wife or husband; civil union partner; or a person who has been living with you for a period of at least one year will be deemed to be your dependent spouse if they have been publicly represented as your spouse – such persons shall be deemed to be "your domestic partner" if you have completed and signed a "declaration of dependentship" and the declaration is acceptable to us
• unmarried children who are under 19 years of age.

Any other unmarried child under 23 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent at the child premium rate and child benefits apply.
Your children include:
• your biological children
• your adopted children
• any other child you support whom you are legally responsible for and who lives with you in a parent-child relationship.

## Date of Entry

**Your** cover will take effect on **Your Commencement Date**, if by then, **You** have signed and returned **Your Enrolment** form, have paid the premium, and **We** have given **Our** written consent. With regard to the death benefit, additional evidence may be required including **Physician's** statement and/or results of a medical examination. **You** will provide any additional information at **Your** cost and is to be provided by a **Physician You** select and **We** approve.

If **You** don't sign and return **Your Enrolment** form by **Your Commencement Date**, cover will not take effect until this has been done and **We** give **Our** written consent.

**Dependents**
Cover for those who are dependents as of the date and premium has been received by us, your cover takes effect and will become effective on that date, if, by then we have received notification of your written request for cover of such dependents and an enrolment form has been completed for the dependents, and have given our written consent and premium has been received by us. The evidence required may include a physician's statement and/or results of a medical examination performed by a physician approved by us. The evidence of insurability will be at no cost to us. Otherwise, cover for such a dependent will not go into effect until you submit evidence of insurability for the dependent which we agree is satisfactory and premium has been paid. The date of entry will be a date specified by us in writing.

If you require cover for a new dependent:
• who is your biological newborn child, cover of that dependent takes effect at birth subject to notification of birth within 30 days, otherwise, the addition will take effect from the date of notification; or
• other than who is your biological newborn child, cover for the dependent will not go into effect until you submit satisfactory evidence of insurability for the dependent. The date of entry will be a date specified in writing, by us. The evidence required may include a physician's statement and/or results of a medical examination and will be at your cost.

Any dependent aged 60 or over must supply the results of a medical exam in addition to the completion of an enrolment form. The exam will be done at the dependent's expense and performed by a physician approved by us. Cover will only become effective if the enrolment form and medical exam results are to our satisfaction. Each dependent must meet the eligibility requirement of this policy and all our underwriting requirements.

# GENERAL CONDITIONS

## Cooling Off Period

If you cancel within the first 14 days after receiving the policy documents within the first year of insurance, we will refund your full premium, providing no claims have been made on your policy. We reserve the right to deduct an administrative charge of US$30 for the costs of production and despatch of documentation.

## Early Termination of cover

Means the cancellation of **Your Policy** mid term, and is subject to the following:
According the provisions of the French law No. 2019-733 of July 14th, 2019, **You** may terminate the contract, without charge or penalty, at any time once one year has passed following the start of **Your Policy**. In this case, **Your** insurance coverage will end within 30 days following the receipt of **Your** termination notice. An early termination will be permitted if no claims have been made in the current 12 month **Period of Insurance**.

In the event of early termination, a pro-rata refund may be available in respect of the period following the cancellation date. Where premiums are paid by instalments, **We** will not charge for any complete months beyond the cancellation date and **We** will refund any premium **You** may have paid in advance.

**Policy Termination**
Cover under this **Policy** terminates at the first to occur of:

- The date on which **You** are no longer eligible an employee of the **Plan Holder**
- When the **Plan Holder** fails to make any required payment due to **Us**
- The date **You** become a resident of the United States of America
- Upon completion of any 180 day period living in the United States of America
- On the date **You** receive an old age pension or any other similar pension
- The end of the **Period of Insurance** in the year in which **You** attain the age of 69

In any case, the cover ceases on the termination date of this **Policy**:

- At the request of the **Plan Holder** with a 1 months' notice before the renewal date
- Or upon which the master contract between HealthCare International Europe GmbH and the **Insurer** is terminated.
- Termination will be effective from 1 month after the date the notice is received by **Us** or on any later date as specified in the notification.
- If the premium has been paid for any period beyond the date of termination, then subject to there being no claims in progress, a pro-rata refund will be made equivalent to the unexpired portion of the **Period of Insurance**.
- **We** may cancel **Your Policy** if **You** fail to pay **Your** premium on or before the date it is due, or if **We** are unable to collect **Your** premium via **Your** debit or credit card, or if **We** are unable to collect **Your** premium. **We** may allow **Your** cover to continue without **You** having to complete a new **Enrolment** form and 'Declaration of Health' but only if **You** pay any and all outstanding premiums within 30 days of their due date. If **You** incur medical expenses during this 30 day period, **We** will not settle **Your** claim until **We** have received all of the outstanding premiums

# GENERAL CONDITIONS

## Dependents coverage only

Coverage for an insured person's spouse will terminate at the first to occur of:
• the date this policy terminates
• the end of the period of insurance in which such spouse is legally separated or divorced from the insured person.

Coverage for all other dependents will terminate at the first to occur of:
• the date this policy terminates
• the end of the period of insurance in which the covered dependent marries
• the end of the period of insurance in which the covered dependent ceases to be a defined dependent.

A "Dependent" will no longer be considered to be a defined dependent on the earlier to occur of:
• the date this plan no longer allows cover for dependent
• the date of termination of the domestic partnership. In that event, you should provide the policyholder with a completed and signed declaration of termination of domestic partnership.

## Continuation of cover for a disabled dependent child

Covered medical expense benefits for your fully disabled child may be continued past the maximum age for a dependent child, if the child continues to be fully disabled.

Your child is fully disabled if:
• he or she is not able to earn his or her own living because of mental or a physical disablement which started prior to the date he or she reaches the maximum age for dependent children; and
• he or she depends chiefly on you for support and maintenance.

You must submit to us, proof that your child is fully disabled within 120 days after the date your child reaches the maximum age.

Cover will cease on the first to occur of:
• cessation of the disablement
• failure to give proof that the disablement continues failure to have any required exam
• termination of dependent coverage as to your child for any reasons other than reaching the maximum age.

We will have the right to require proof of the continuation of the disablement. We also have the right to examine your child as often as needed while the disablement continues at its own expense. An exam will not be required more often than once each year after two years from the date your child reached the maximum age.

# GENERAL CONDITIONS

## Premium Payment

The first premium payment for this **Policy** is due by the **Plan Holder** on the **Commencement Date** and for the premium amount shown on the certificate of insurance. The **Plan Holder** is solely responsible for the payment.

The premiums are set regarding the area of coverage, the age of the employees, the selected plan, and they are paid by the **Plan Holder** according to the selected frequency of payment.

Should the **Plan Holder** fail to pay all premiums within the month following their due date, the cover is suspended 30 days after the **Plan Holder** has been served with formal notice. If, beyond that period, the **Plan Holder** has not made the requested payment, the **Policy** may be terminated without any further formality 10 days after expiry of the 30 day period.

## Revision

Premiums are automatically indexed and effective on the **Policy** anniversary date, according to the technical results and the medical costs trend. The premiums may also be revised according to the changes in the laws and regulations in force on the effective date of the **Policy** or at the earliest, from the effective date of the new provisions.

When a new rate is established by the **Insurer**, it must be notified to the **Plan Holder** two months before their entry into force. In case of disagreement, the **Plan Holder** may request the termination of the **Policy** by registered letter within one month from the date of notification. The termination shall take effect on the first day of the month following the receipt of the registered letter by the **Insurer**.

## Renewal

**Your** cover is renewed by tacit agreement on each anniversary date for a period of one year, unless cancelled by **You** by means of a registered letter sent to HealthCare International Europe GmbH at latest one month before the anniversary date, which is the effective date of termination.

## Physical examinations

**We** will have the right and opportunity to have a **Physician** of **Our** choice examine any person for whom certification or benefits have been requested.

This will be done at all reasonable times while certification or a claim for benefits is pending or under review. This will be done at no cost to **You**.

## Entire contract – changes

**We** must approve any change in this **Policy**, such approval must be confirmed by a **Policy** endorsement.

# GENERAL CONDITIONS

## Legal Action

No legal action can be brought to recover under any benefit on this **Policy** sooner than 60 days after the required proof of claim has been furnished. No legal action can be brought to recover under any benefit after two years from the deadline for filing claims.

## Fraud/non-disclosure/mis-representation

**We** may terminate cover by giving written notice to the **Insured Person** for misrepresentation on the **Enrolment** form or for fraud in obtaining cover.

Termination is effective as of the **Commencement Date** under this **Policy** and the **Policy** becomes void from the date of commencement. **We** will refund all premiums paid on behalf of the **Insured Person** less benefit payments paid to or on behalf of the **Insured Person**. If the value of the benefits paid exceeds the amount of premium paid, the **Insured Person** will pay **Us** an amount equal to such excess

## Recovery of benefits paid

As a condition to payment of benefits under this **Policy** for expenses incurred by an **Insured Person** due to **Injury** or **Illness** for which a third party may be liable:

**We** shall, to the extent of benefits it has paid, be subrogated to (have the right to pursue)all rights of recovery of **Insured Persons** against:

- Such third party; or
- A person's insurance carrier in the event of a claim under the uninsured or under insured auto cover provision of an auto insurance Policy

**We** may recover from the **Insured Person** amounts received by judgment, settlement, or otherwise from:

- Such third party or his or her insurance carrier; or
- Any other person or entity, which includes the auto insurance carrier which provides the **Insured Person's** uninsured or under insured auto insurance cover

The **Insured Person** (or person authorised by law to represent the **Insured Person** if he or she is not legally capable) shall (at their own expense); execute and deliver any documents that are required; and do whatever else is necessary to secure such rights.

## Assignment

Cover may be assigned only with **Our** written consent

# GENERAL CONDITIONS

## Recovery of overpayment

If a benefit payment is made by **Us**, to or on behalf of any person, which exceeds the benefit amount such person is entitled to receive in accordance with the terms of the Policy, **We** have the right:

- To require the return of the overpayment on request; or
- To reduce by the amount of the overpayment, any future benefit payment made to or on behalf of that person or another person in his or her family.

Such right does not affect any other right of recovery **We** may have with respect to such overpayment

## Claims

**Proof of claim**

- Bills identifying patient, date of treatment, cost and describing in detail the medical services performed or the medical products purchased
- Doctor's prescription for prescription drugs, laboratory tests, physical therapy and eyeglasses and contact lenses
- The original reimbursement statements from social security, government programmes, or other insurance plans.

The **Insured Person** must also answer any questions concerning the **Illness** or **Accident** and, in particular, provide a complete description of the **Illness** or **Accident** and indicate, when requested, the date when it was first identified or treated by a medical **Practitioner**, etc.

**Notice of claim and time limitation**

A claim must be submitted to **Us** in writing. It must give proof of the nature and extent of the loss. Please contact **Our** claims administrators for a claim form.

All claims should be reported promptly. **We** request that a claim for any benefits is filed up to 180 days after the date of the loss causing the claim, however **We** will consider claims filed up to 2 years after the date of the loss causing the claim. After expiration of this term, the **Insured Person**, has no rights or obligations.

After termination of this **Policy**, claims for expenses incurred while the **Policy** was in force shall be considered if they reach **Us** within 2 years of the event that caused the claim. No action for the recovery of any claim for benefits shall be sustainable thereafter.

## Payment of benefits

All benefits are payable to **You**. However, **We** may pay any health benefits to the service provider. This will be done unless **You** have told **Us** otherwise, by the time **You** file the claim.

# GENERAL CONDITIONS

## Age limit

If **We** accept a premium for an **Insured Person** after the date such person would cease to be insured due to age, that person's cover will terminate and premium will be refunded less any claims paid out. If an **Insured Person's** age is misstated and if, according to the true age, the cover provided by this **Policy** for that person would not have been effective or would have ceased before acceptance of premium, **Our** liability will be limited to the refund, on request, of all premiums paid for the period not covered by the **Policy**.

## Currency

Premium payments will be made to **Us** in EUR or in any other major currency as agreed with **Us**. All references in this **Policy** to dollars and cents mean dollar and cents of lawful United States of America money. Euros and cents means the lawful currency of the European Monetary Union and Pounds and pence means the lawful currency of the United Kingdom of Great Britain.

## Record of expenses

Keep complete records of the expense of each **Insured Person**. They will be required when a claim is made. Very important are:

- Names of **Physicians**, and others who furnish services
- Dates of expenses are incurred
- Copies of all bills and receipts.

## Medical services

**We** are not responsible for the availability, quantity, quality or results of any medical treatment received by an **Insured Person** or for the failure of an **Insured Person** to obtain medical services.

## Applicable Law

This **Policy** is governed by French law.

# GENERAL CONDITIONS
# ACCIDENTAL DEATH AND DISABLEMENT (AD&D)

| Specific Accidental Death and Disablement Conditions | |
|---|---|
| 1 | The insured must declare to us all facts which are likely to affect this cover. Failure to do so may prejudice a claim. If there is doubt whether or not a fact is material it should be declared to us. |
| 2 | Any benefit payable under this policy will be payable to the insured unless otherwise specified in writing and agreed by us. |
| 3 | The insured person must take all reasonable steps to avoid or minimise any claim and must avoid needless self-exposure to peril unless attempting to save human life. |
| 4 | The maximum sum payable under this policy in respect of any one accident to any one insured person shall not exceed the largest of any one benefit specified in the schedule applicable to that insured person. |
| 5 | The maximum benefit payable in respect of any one Accident resulting in bodily injury to more than one insured person shall not exceed the aggregate limit specified in the table of benefits and in any case shall not exceed two times annual salary. |
| 6 | Written notice must be given to us as soon as practicable in the event of any change in an insured person's occupation or country of residence involving increased personal hazard. Bodily injury arising from such changed occupation will not be covered hereunder until our agreement has been obtained and any additional premium that may be required has been paid. We reserve the right to withhold such agreement. |
| 7 | Cover shall not apply where the period of insurance is less than two complete months. |
| 8 | In the event of a claim under this section notice must be sent to us as soon as practicable. The insured person will permit our own appointed medical adviser or advisers to examine them as often as may be deemed necessary. |

MARINE SURE

# General Exclusions

# GENERAL EXCLUSIONS

**You** are not insured, and **We** will not pay under any part of this **Policy** for:

| These things are always excluded under Your Policy | |
|---|---|
| 1 | Services and supplies which **We** deem to be unnecessary for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended or approved by the attending **Physician** or dentist. |
| 2 | Care, treatment, services or supplies that are not prescribed, recommended and approved by the **Insured Person's** attending **Physician** or dentist |
| 3 | Expenses covered under workers' compensation or similar law or programmes. |
| 4 | Charges for services or supplies ordered or received prior to the **Date of Entry** of cover or after the termination date of cover. |
| 5 | Health check-ups, inoculations, visits and tests necessary for administrative purposes, for example for determining insurability. |
| 6 | Plastic surgery; **Reconstructive Surgery**; cosmetic surgery; or other services and supplies which improve, alter, or enhance appearance, whether or not for psychological or emotional reasons, unless required because of a non-occupational **Injury** that occurs while covered under the **Policy**. |
| 7 | Treatment for morbid obesity, weight control, gastric bypass or gastric stapling procedure |
| 8 | Tobacco dependence treatment |
| 9 | Infertility and/or fertility procedures and any resulting pregnancy or childbirth(s). |
| 10 | Charges related to in-vitro fertilisation, artificial insemination or similar procedures |
| 11 | Travel and hotel expenses related to medical or dental care |
| 12 | Routine podiatry or other foot treatment not resulting from an **Illness** or **Injury** |
| 13 | Hearing aids |

# GENERAL EXCLUSIONS

**You** are not insured, and **We** will not pay under any part of this **Policy** for:

| These things are always excluded under Your Policy | |
|---|---|
| 14 | Treatment for or in connection with pregnancy or childbirth during the first 12 months a person is insured, or as per the terms and conditions on **Your** plan, unless so indicated under 'waiting periods' |
| 15 | Radial keratotomy procedures (myopia surgery), lasik, or eye surgery to correct refractive error or deficiencies |
| 16 | Dental care which is not the result of **Accidental Injury** of sound, natural teeth sustained while covered under this **Policy** |
| 17 | A dental surgical implant of any type |
| 18 | Care in a nursing home or home for the aged or custodial care. **Custodial Care** means care comprised of, services and supplies including room and board, and other institutional services, which are provided to an individual, whether **Disabled** or not, primarily to assist in the activities of daily living. Such services are considered **Custodial Care** without regard to the **Practitioner** or provider by whom or by which they are prescribed, recommended or performed |
| 19 | Anything not ordered by a **Physician** or not necessary for medical care, as well as medical and dental services that do not meet professionally recognised standards or are not considered as being necessary for proper treatment |
| 20 | Services or supplies that **We** deem to be **Experimental or Investigational**. A drug, a device, a procedure or treatment will be determined to be **Experimental or Investigational** if:<br>• There are insufficient outcomes data available from controlled clinical trials published in the peer reviewed to substantiate its safety and effectiveness for the disease or **Injury** involved; or<br>• If required by the Food and Drug Administration approval has not been granted for marketing; or<br>• A recognised national medical or dental society or regulatory agency has determined, in writing, that it is **Experimental**, **Investigational** or for research purposes; or<br>• The written protocol or protocols used by the treating facility or the protocol or protocols of any other facility studying substantially the same drug, device, procedure or treatment or the written informed consent used by the treating facility or by another facility studying the same drug, device, procedure or treatment states that it is **Experimental**, **Investigational** or for research purposes. |
| 21 | Treatment not recognised by the medical community as potentially safe and efficacious for the care and treatment of the **Injury** or sickness |
| 22 | Treatment not approved for reimbursement under national medical programmes |
| 23 | Charges which **We** deem to be unusual or excessive |

# GENERAL EXCLUSIONS

**You** are not insured, and **We** will not pay under any part of this **Policy** for:

| These things are always excluded under Your Policy | |
|---|---|
| 24 | Expenses covered by a government programme such as Social Security, whether or not an **Insured Person** applies for reimbursement from that programme |
| 25 | Care provided in a government **Hospital** or medical facility for which an individual would not be charged in the absence of this cover |
| 26 | Expenses reimbursed or reimbursable by another insurance contract or programme |
| 27 | Missed appointments |
| 28 | Orthodonticts and Class III dental expenses incurred during the first three months from the **Insured Person's Date of Entry**, if the dental cover is included in **Your** benefits plan. |
| 29 | All treatments, services or supplies covered by the optional benefit groups identified as dental, or orthodontic cover, unless the insured person has chosen one or more of these covers and the cover is specifically indicated in the dental insurance option endorsement. |
| 30 | Any **Injury** or sickness in connection with or caused by war or an act of war whether declared or undeclared, riot, civil commotion, or police action whether participating or not |
| 31 | Donor expenses connected with organ transplant are not covered |
| 32 | Any expense for male or female: reversal of sterilisation; sex change or implantation; or treatment for sexual transformation; sexual dysfunctions or inadequacies |
| 33 | Charges for breast reduction or augmentation and complications arising from this procedures |
| 34 | Personal or comfort items such as radio, television, barber or beauty services or supplies |
| 35 | An **Injury** or **Illness** that is self-inflicted, or an attempt at self-destruction, while sane or insane |
| 36 | Any participation in an assault, felony or illegal act, including but not limited to injuries sustained in fights initiated by **You** |

# GENERAL EXCLUSIONS

**You** are not insured, and **We** will not pay under any part of this **Policy** for:

| These things are always excluded under Your Policy | |
|---|---|
| 37 | Any treatment for alcoholism or drug addiction. |
| 38 | Over-the-counter (OTC) drugs or supplies, which do not require a **Physician** prescription, smoking cessation drugs, appetite suppressant, hair regenerative drugs, anti-photo aging drugs, cosmetics and beauty aids, acne drugs (retin A for cosmetic purposes), megavitamins, vitamin, prenatal vitamins prescribed or not, nutritional supplements. |
| 39 | Charges made by a member of **Your** family to look after **You** |
| 40 | Charges relating to hypnosis or biofeedback |
| 41 | Charges for education or special education or job training whether or not given in a facility that also provides medical or psychiatric treatment |
| 42 | Charges for or related to services, treatment, education testing or training related to learning disabilities or development delays including but not limited to attention deficit/hyperactivity disorder (ADD/ADHD). |
| 43 | Charges for or in connection with speech therapy. This exclusion does not apply to charges for speech therapy that is expected to restore speech to a person who has lost existing speech function (the ability to express thoughts, speak words and form sentences) as the result of a disease or **Injury** |
| 44 | Services and supplies related to visual therapy or orthoptics |
| 45 | Orthotics, including all equipment, devices, foot inserts, arch supports, lifts and correct shoes |
| 46 | Diagnostic examinations or laboratory tests performed as a **Hospital** in-patient for inconvenience or observation when these services can be safely performed as an outpatient |
| 47 | Treatment by naturopaths, homeopaths, naturopathic or homeopathic medications or supplements and any other alternative methods of treatment **We** do not recognise unless specified in the table of benefits |
| 48 | Any condition, **Illness**, **Injury** or emergency air services related to nuclear **Accident** |
| 49 | Allergy testing and treatment |

# GENERAL EXCLUSIONS

**You** are not insured, and **We** will not pay under any part of this **Policy** for:

| These things are always excluded under Your Policy | |
|---|---|
| 50 | Elective abortions and complications thereof |
| 51 | All services supplies and treatment related to primal therapy, rolfing, psychodrama, megavitamin therapy, carbon dioxide therapy and bioenergetics therapy |
| 52 | All services, supplies and treatment related to cognitive therapy both in-patient and outpatient |
| 53 | **We** will cover medical expenses related to an **Injury** caused through participation in a hazardous sport/ activity with the exception of the following: base jumping, bungee jumping, cliff diving, flying in an unlicensed aircraft or as a learner, martial arts, motor sports, riding off-road on a motorbike or a quad-bike as a driver or passenger, free climbing or mountaineering without ropes, mountaineering with ropes over a height of 2,500 metres, off-piste winter sports, scuba diving to a depth of more than 30 metres, trekking over a height of 5,000 metres. All expenses related to evacuation/ repatriation of search/rescue are not eligible for reimbursement |
| 54 | Any claim relating to:<br>a. self-inflected **Injury** (including suicide or attempted suicide);or<br>b. self-exposure to peril (except in an attempt to save human life). |

# GENERAL EXCLUSIONS
# ACCIDENTAL DEATH AND DISABLEMENT (AD&D)

| Specific Accidental Death and Disablement Exclusions | |
|---|---|
| 1 | From the insured person('s):<br><br>a. engaging in:<br>• v. riding or driving in any kind of race,<br>• vi. horse riding,<br>• vii. riding on a motorcycle as a driver or passenger,<br>• viii.rock climbing or mountaineering of any type,<br>• v.hang-gliding, paragliding, parachuting or bungee jumping,<br>• vi.snow skiing or snowboarding whilst away from prepared and marked runs and/or against the advice of the local ski school or local authoritative body;<br>• vii.sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters; or<br>• viii. aviation except when traveling by air as a fare paying passenger;<br><br>b. bodily injury resulting from any occupation not declared to and accepted by us.<br>c. being a member of the police or armed forces of any nation or international authority or a member of any reserve forces;<br>d. being under the influence of alcohol or drugs,<br>e. otherwise than under the direction of a registered medical practitioner provided that such direction is not for treatment for drug addiction or dependence; |
| 2 | Sickness or disease not directly resulting from bodily injury; |
| 3 | From or is traceable to or is caused by any gradually developing deterioration whatever the cause of that deterioration; |
| 4 | Work related accidents other than from normal crew activities; |
| 5 | War, hostilities (whether war be declared or not), terrorist activity, revolution, military or usurped power, civil commotion or any similar event; |
| 6 | Radiation or contamination or the effects of radiation; |
| 7 | After the expiry of the period of insurance during which the insured person attains the age of 65 years; or |
| 8 | From any injury arising more than 12 months after the accident giving rise to bodily injury. |

MARINE SURE

# Making a Claim

# MAKING A CLAIM

**MEDICAL EMERGENCIES: CALL US ON + 44 (0) 20 7590 8800 (24/7)**
**EMAIL: CLAIMS@HEALTHCAREINTERNATIONAL.COM**

## FINDING YOUR PROVIDER

Finding a provider nearby is easy! Log in to **Your** Claims Portal at **https://members.hcigroupglobal.com/** and go to the Find a Medical Provider section. Pre-authorisation requirements as shown below are applicable

Contact **Your** provider and quote **Your** membership number which **You** can find in **Your** app. There are then 2 routes available for **You** to access the care **You** need:

## PRE-AUTHORISATION AND DIRECT BILLING

Pre-authorisation is required in all cases of **Scheduled Hospitalisation**, surgical procedures (including diagnostic procedures), medical transportation, psychiatric care, pregnancy and childbirth, non-routine dental and high cost scans, such as MRI, PET and CT.

If **Your** claim is eligible, direct billing can be arranged for the above treatment types so that invoices come directly to **Us** for settlement.

Upload a completed Treatment Guarantee Request Form along with cost estimates to **Your** member portal at:
**https://members.hcigroupglobal.com** - look for the Submit GOP Request section.

**Please contact Us 7 working days before Your planned treatment where possible.**
Failure to obtain pre-authorisation may reduce the benefits payable by 25%.

Payment will be subject to any **Deductibles**, **Co-Payment**, and benefit limits (where applicable).

## REIMBURSEMENT

**You** pay for **Your** treatment and **We** reimburse **You** for all eligible expenses.

This route is preferred for any outpatient consultations, therapy or diagnostic tests (not including high value scans or surgical procedures)

Complete a Claim Form and submit to **Us** with copies of **Your** invoices, proof of payment and any relevant medical reports via **Your** member portal.

**https://members.hcigroupglobal.com**

Claims must be sent to **Us** within 180 days of treatment and a separate Claim Form will be required for each person claiming and for each medical condition being claimed for.

# MAKING A CLAIM

## Notice of claim and time limitation

- A claim must be submitted to **Us** in writing. It must give proof of the nature and extent of the loss. Please contact **Our** claims administrators for a claim form.
- All claims should be reported promptly. **We** request that a claim for any benefits is filed up to 180 days after the date of the loss causing the claim; however, **We** will consider claims filed up to 2 years after the date of the loss causing the claim. After expiration of this term, the **Insured Person**, has no rights or obligations.
- After termination of this **Policy**, claims for expenses incurred while the **Policy** was in force shall be considered if they reach **Us** within 2 years of the event that caused the claim. No action for the recovery of any claim for benefits shall be sustainable thereafter.

## Important information about making a claim

- In the event of a claim, benefit payment is likely to be paid in the currency **You** have elected. Medical service providers may be paid in their local currency.
- Benefits are payable to the healthcare provider unless agreed otherwise. Where **You** incur costs that are covered as part of a valid claim, they will be reimbursed to **You** directly by **Us**, subject to the submission of receipts and evidence of expenditure. Benefit payments will be processed by claims administrators, specialising in the handling of medical claims, who are appointed by **Us**.
- In the event of the **Insured Person**'s incapacity, their **Close Relative** will have the right to act for them or their estate.
- **You** must make contact with **Us** and obtain pre-authorisation for treatment before **You** incur costs where **You** may require in-patient or day-patient treatment (other than in the case of a **Medical Emergency**), as well as travel expenses and ancillary costs.
- In the case of an emergency, and if **You** cannot physically contact **Us** immediately, the medical provider, a **Close Relative or Relative in the First Degree** must contact **Us** within 48 hours.
- **You** must make no admission of liability, offer, promise or payment without **Our** prior consent

# MAKING A CLAIM

## Important information about making a claim

- **Your** claim may not be paid if **You** do not have pre-authorisation for treatment relating to the following:
  - o All in-patient and day-patient surgery and treatment benefits.
  - o MRI (Magnetic Resonance Imaging) scans.
  - o Convalescence facility and nursing care (in-patient only).
  - o Pregnancy and childbirth (in-patient only).
  - o Psychiatric Treatment for metal and nervous disorders; alcohol and drug abuse, and speech therapy.
  - o Eye surgery.
  - o Palliative (in-patient and day-patient treatment only);
  - o Emergency Medical Transfer or Evacuation.
  - o Travel Expenses for one **Close Relative** or friend accompanying an evacuated / repatriated **Insured Person**.
  - o Repatriation of mortal remains.
  - o Elective Home Country Treatment
- **We** reserve the right not to pay 100% of **Your** claim costs if pre-authorisation was not obtained for the medical treatment required. If, after the event, it transpires that such treatment was proven **Medically Necessary**, and no pre-authorisation was sought, **We** may cover only 75% of **Your** claim costs.
- For **Hospital** charges guaranteed by **Us** prior to **You** receiving treatment, **You** agree to reimburse **Us** the amount of the **Deductible** and any **Co-Insurance** amount specified in the certificate of insurance, prior to the date upon which **We** are required to guarantee such **Hospital** charges.
- In respect of all other claims, these must be notified to **Us** as soon as practically possible. A claim form must be forwarded to **Us** which should be completed and returned together with the original claim cost invoices and other supporting documentation. Emailed and scanned documents are acceptable
- Where You received treatment as an outpatient, You must pay all costs in full at the time of receiving the treatment. You must then submit a claim to Us for reimbursement.
- Evidence of costs incurred must be submitted to Us within 3 months after the date the treatment started. Consideration will only be given to settling claims exceeding this date if the Policy is still in force and We accept Your mitigating circumstances for the delay.
- Reimbursement claims will be settled with You in the currency of which You paid the premium. We will apply an exchange rate taken from HSBC, Barclays, Royal Bank of Scotland, or Lloyds Bank, on the day of payment.
- Hospitals, Physicians, pharmacies and other providers have information We may need to determine eligibility for Your benefits under this Policy. You agree that, within the limitations of the law of the country in which treatment occurs, to authorise any Physician, Hospital, pharmacy or other medical facility to share information with Us at Our request. We will be responsible for any associated costs. This may include the diagnosis and history of any Illness or symptom You may have had, or other medical information. We will keep this information confidential to the extent permitted and required by law. If such information relates to fraud or misrepresentation, We may disclose it to the police or other relevant authorities and / or use it in legal proceedings.

MARINE SURE

# Complaints and Key Contacts

# MAKING A COMPLAINT

## The steps You need to take in order to make a complaint

**We** trust **You** will be satisfied with **Your Policy**, but in the event that **You** do have any cause for a complaint, the most important thing for Us is to help resolve Your concerns as quickly as possible.

If **You** wish to make a complaint, please contact HealthCare International Global Network Limited (HCIGN) using the following details. HCIGN is a company within the HCI Group, and is authorised and regulated by the Financial Conduct Authority (FCA). Complaints will be handled primarily in accordance with the FCA's rules.

The HCI Group acts as a Managing General Agent on behalf of the **Insurer**. For certain types of complaints, the **Insurer** is ultimately responsible and can be reached using the following details. When **You** submit a complaint to **Us**, **We** will tell **You** whether the complaint is within **Our** remit or that of the **Insurer**. However, **You** are of course at liberty to contact the **Insurer** directly at any time. **We** will investigate and respond to **Your** concerns as quickly as possible; however, **We** have up to 8 weeks to render a final decision.

**Our contact for complaints is**: Director of Governance & Risk
**Email**: compliance@healthcareinternational.com
**Tel**: +44 (0) 20 7590 8800
**Post**: HealthCare International Global Network Ltd, WRAP, 83 Queens Road, Brighton, East Sussex, BN1 3XE, United Kingdom

Complaints will be handled fairly and promptly and in an independent manner, obtaining additional information as necessary. **We** will always communicate with complainants clearly and in plain language that is easy to understand, and will reply to the complaint without undue delay.

If **You** are not satisfied with **Our** final response to **Your** complaint, **You** may be entitled to refer it to the UK Financial Ombudsman Service and request that they investigate the matter further on **Your** behalf.

**Email**: complaint.info@financial-ombudsman.org.uk
**Tel**: 0800 023 4567 (free from mobile phones and landlines)
**Post**: Financial Ombudsman Service, Exchange Tower, London, E14 9SR, United Kingdom
**Website**: www.financial-ombudsman.org.uk

If **You** would like to address **Your** complaint directly to the **Insurer**, their contact details are:

**Email**: clients@vyv-ib.com
**Post**: VYV International Benefits, 7 Square Max Hymans, 75748 Paris Cedex 15, France

In the event of disagreement with a decision by the **Insurer** and having exhausted all means of appeal offered by the **Insurer**, the **Insured Person** may contact the MGEN ombudsman at:

**Post**: CNPM - Médiation – Consommation, 27 Avenue de la Libération 42400 Saint-Chamond
**Website**: https://www.cnpm-mediation-consommation.eu

MARINE SURE

# Legal and Regulatory

# LEGAL & REGULATORY

## The Contract

Unless **We** agree otherwise with **You** , the law which applies to this insurance is that of the United Kingdom. Any legal proceedings between **Us** and **You** in connection with this insurance will only take place in the courts of the United Kingdom. The contractual terms and conditions and other information relating to this contract will be expressed in the English language.

This contract does not give, or intend to give, rights to anyone other than **You**, **Us** and anyone covered under the **Policy**. No one else can enforce any part of this contract. **Your Policy** provides **You** with a range of benefits. Not all benefits contained in this **Policy** may apply to **You**. The benefits **You** have selected will be shown in **Your Policy** schedule and are subject to the terms, conditions and exclusions set out in this **Policy** document as well as any subsequent written notices sent to **You** by **Us** or **Your** broker.

The **Policy** is not complete without a **Policy** schedule. **Your Policy** schedule will be issued to **You** if **Your** application for insurance is accepted. **Your Policy** will be in force for the **Period of Insurance** shown on **Your Policy** schedule and cover **You** and others named on the schedule for the **Insured Events** that occur during that period.

This document, the application form, certificate of insurance, and schedule are proof of **Our** contract and should be read as if they are one document. Please read them carefully to ensure that **Your** cover is exactly what **You** need and keep all documents in a safe place.

When creating this contract, **We** have relied on the information and statements **You** have provided. If **You** give **Us** incorrect or incomplete information, the wrong terms may be quoted and **We** may be entitled to reject payment of a claim, or payment could be reduced. In certain circumstances **Your Policy** might be invalid, and **You** may not be entitled to a refund. It is important, therefore, to ensure that information **You** have provided to **Us** is accurate and complete.

# LEGAL & REGULATORY

## Cancellation

**Your** membership may be terminated:

At the **Insurer's** initiative:
• if **You** don't pay the premiums.
• on the date on which **You** are no longer a member of the **Plan Holder**.
• in the event of misrepresentation.

At **Your** initiative:
• on the **Renewal Date** of the contract, by notifying **Us** at least 1 month before this date.
• without fees or penalties at any time during the year, after the expiration of a minimum period of 12 months from the date of the first subscription to the contract. **Your** membership will end 30 days after **We** have been notified.

In addition, **Your** membership will be automatically terminated in the event of termination of a **Group Scheme** contract.

# LEGAL & REGULATORY

## Data Protection

We collect and maintain personal information in order to underwrite and administer the policies of insurance that we issue. All personal information is treated with the utmost confidentiality and with appropriate levels of security. We will not keep your information longer than is necessary. Your information will be protected from accidental or unauthorised disclosure. We will only reveal your information if it is allowed by law, authorised by you, to prevent fraud or in order that we can liaise with our agents in the administration of this policy.

Where personal information is collected about individuals in connection with the arranging of insurance, this information will be collected and processed in accordance with our Privacy Policy which can be viewed on our website: https://hcigroupglobal.com/privacy-policy. Alternatively, you can contact us for a copy.

You have the right to ask for a copy of any information we hold on you and to require a correction of any incorrect information held. Any inaccurate or misleading data will be corrected as soon as possible. The above principles apply whether we hold your information on paper or in electronic form.

Pursuant to the Regulations (EU) 2016/679 of 27 April 2016 on the protection of individuals concerning the processing of personal data and on the free movement of such data (known as General Data Protection Regulation) and for the purpose of the management of the insurance contract, the personal data of the Insured Person may be transferred to the Insurer and to its delegates, service providers, subcontractors, or reinsurers. Insured Members are informed that processes concerning them, and their Dependants if any, are implemented for the signing, management, and execution of this insurance contract along its commercial management. Personal data may also be used for control operations, fight against fraud and money laundering and the financing of terrorism, search for beneficiaries of unpaid Life contracts and the implementation of legal and regulatory provisions, with respect of the enforcement of this contract.

Collected Data are indispensable for the implementation of these processing and are intended for the relevant departments of the Insurer as well as its outsourced Administrator and where applicable, its subcontractors, providers, or partners. The Insurer is liable to ensure that this data is accurate, complete, and up to date when necessary. The data collected will be kept for the entire duration of the contract which may be increased by legal prescriptions or to be compliant with the periods provided for by the CNIL Commission Nationale de l'Informatique et des Libertés (the French National Commission for Data Protection).

These personal data may be transferred to service providers or subcontractors which are established in countries outside of the European Union. Only countries recognized by the European Commission as providing an adequate level of personal data security, or recipients who have appropriate assurances, are eligible for these transfers.

Insured Members and/or Dependants have a right of access, rectification or deletion, limitation of the processing of their data, portability, opposition to processing, along with the right to provide instructions on the outcome of the data after their death. They can exercise their rights towards the Data Protection Officer of the VYV International Benefits, 3 Square Max Hymans, 75748– Paris CEDEX 15, or at dpo@vyv-ib.com. When exercising their rights, a proof of identification may be requested. In the event of a persistent conflict, they have the right to appeal to the CNIL on www.cnil.fr or at 3, place de Fontenoy – TSA 80715 – 75334 PARIS CEDEX 7, FRANCE.

Data related to medical information on the Insured Members may be processed for the conclusion, the management and the execution of the contract, as their processing is necessary to fulfil the obligations and to exercise the rights of the Insurer or the rights of the Insured Members to social protection. These data are exclusively intended for the medical department of the Administrator. The exercise of rights is carried out by mail, along with a proof of identity, to the medical advisor of medical@vyv-ib.com.

# LEGAL & REGULATORY

## Subrogation

This will be considered the primary insurance for all eligible medical claims under this **Policy** including any injuries occurring whilst the **Insured Person** is conducting their duties for the **Plan Holder**. If the **Insured Person** has any claim or right of action against any third party in respect of the events resulting in his injuries, the **Insured Person** shall pass to **Us/The Insurer** all such rights and **We/The Insurer** are entitled to take conduct of such claim or right of action in the **Insured Person's** name to recover any liabilities **We** have incurred on the **Insured Person's** behalf under this **Policy**.