

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

The GlobalSelect International Healthcare Plan is insured and fully underwritten by Sirius International Insurance Corporation (publ) who are regulated by the Financial Services Authority in the United Kingdom.

As the Plan Manager for GlobalSelect, IMG Europe Ltd acts as the authorised agent for and on behalf of Sirius International.

Type of Insurance Cover

This policy meets the general demands and needs of individuals and families who require International Medical Cover. Please refer to your insurance certificate and your policy wording for your selected cover and to check the product meets your own specific demands and needs.

Features and Benefits

Subject to the Terms of Your Plan and if no other limitations apply, after deduction of any Excesses and Coinsurance, we will pay Eligible Charges up to the overall aggregate maximum sum insured per Insured Person, per Period of Insurance. Eligible Charges for certain benefits under your plan are payable only up to a Sub-Limit per Insured Person or per Period of Insurance and/or only up to a Lifetime Limit per Insured Person, as shown in the Schedule of Cover and Excess relevant to your chosen Sub-Plan.

The currency in which you pay your premium being either £Sterling, US\$ or €Euros is the currency that applies to your plan for the purposes of the benefit limits and excesses shown in the schedule of benefits table below. Alphabetical and numeric headings in the schedule of benefits table refer to the similarly designated sections of the Policy Wording.

Pre-Certification

For many of the benefits under your plan you are required to notify us and seek approval from us prior to incurring any cost or undertaking any treatment and before being admitted to hospital (except in an emergency situation in which event we should be informed within 48 hours or as soon as reasonably possible) - **See page 26 of the Policy Wording for full list and details.** Pre-certification is a general determination of medical necessity and all such determinations are made by us in reliance based upon the completeness and accuracy of the information provided by you or on your behalf at the time of the pre-certification. Subject to all of the terms of the policy wording, if you comply with the pre-certification requirements under your plan, we will pay eligible charges for the costs or treatment which is pre-certified as medically necessary.

Global Select		Head Start	Basic	Standard	Executive
OVERALL ANNUAL MAXIMUM SUM INSURED PER PERIOD OF INSURANCE		£1 M \$1.8M €1.5M	£1 M \$1.8M €1.5M	£1.5M \$2.7M €2.25M	£5M \$9M €7.5M
A In-Patient & Day-Patient Treatment					
1	Hospital Accommodation & Theatre	Full Cover	Full Cover	Full Cover	Full Cover
2	Accidents, Emergencies, Intensive Care				
3	Surgeons, Consultants, Anaesthetists & Nurses and Ancillary Charges				
4	Medical Practitioners				
5	Prescribed Drugs, Dressings and Durable Medical Equipment				
6	Reconstructive Surgery				
7	Diagnostic Tests and Procedures, X-rays, Pathology, & MRI/CT Scans				
8	Cancer Tests, Drugs, Treatment and Consultants				
9	Physiotherapy				
10	Parental Hospital Accommodation - with an insured Child under 18				
11	Post Hospitalisation Treatment - received within 90 days of being discharged from hospital				
12	Hospital Cash Benefit	£100/\$180/ €150/night 60 nights	£100/\$180/ €150/night 60 nights	£150/\$270/ €270/night 60 nights	£200/\$360/ €300/night 60 nights
13	Organ Transplant (for major organs)	No Cover	£100,000/\$180,000 €150,000 Lifetime Limit	£100,000/\$180,000 €150,000 Lifetime Limit	£200,000/\$360,000 €300,000 Lifetime Limit
14	Prosthetic Devices	No Cover	No Cover	Full Cover	Full Cover
15	Psychiatric Treatment -after 12 months continuous cover under the Policy	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days	Full Cover to a maximum of 30 days
B Out-Patient Treatment					
1	Family Doctor, Treatment & Referrals	No Cover	Up to £1500/ \$2700/ €2250 per condition for pre and post hospital treatment	Up to £5000/ \$9000/ €7500	Full Cover
2	Specialists and Consultants	Up to £400/\$720/€600 per condition prior to admission, then up to £1000/\$1800/ €1500 following out- patient surgery or in-patient/day-patient treatment			
3	X-rays, Pathology, Diagnostic tests and procedures	Up to £200/\$360/€300 per condition prior to admission following out-patient surgery or in-patient/day- patient treatment			
4	Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment	No Cover			

Global Select		Head Start	Basic	Standard	Executive
B Out-Patient Treatment (continued)					
5	Out-Patient Surgery	Full Cover	Full Cover	Full Cover	Full Cover
6	MRI and CT Scans				
7	Cancer Tests, Drugs, Treatment and Consultants				
8	Physiotherapy, Homeopathic and Osteopathic Therapy	No Cover	Maximum 10 visits as part of the £1500/\$2700/€2250 limit	Maximum 15 visits as part of the £5000/\$9000/€7500 limit	Up to £2500/\$4500/€3750 for up to 20 visits
9	Complementary Medical Treatment - including Acupuncture & Chiropractic Therapy: see Policy Wording for full details and conditions		Up to £500/\$900/€750	Up to £2500/\$4500/€3750	
10	AIDS/HIV Treatment		Up to £5000/\$9000/€7500 with a lifetime limit of £10,000/\$18,000/€15,000	Up to £5000/\$9000/€7500 with a lifetime limit of £20,000/\$36,000/€30,000	
11	Hormone Replacement Therapy		Full Cover 18 Month Limit Lifetime	Full Cover 18 Month Limit Lifetime	
12	Home Nursing Care - Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or day care treatment	Up to £75/\$135/€115/night to a maximum of 15 visits	Up to £75/\$135/€115/night to a maximum of 30 visits	Up to £75/\$135/€115/night to a maximum of 45 visits	Up to £75/\$135/€115/night to a maximum of 60 visits
13	Rehabilitation	No Cover	Full Cover Up to 30 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
14	Extended Care Facility		Full Cover Up to 6 Months	Full Cover Up to 6 Months	Full Cover Up to 6 Months
15	Hospice Care		No Cover	No Cover	Up to £150/\$270/€225 (Nil Excess)
16	Adult Wellness and Health Check - Medical check-up, cervical smear, mammogram, prostate cancer test - After 12 months continuous cover under the Policy	Up to £150/\$270/€225 (Nil Excess)			Up to £250/\$450/€375 (Nil Excess)
17	Child Wellness and Health Check - After 12 months continuous cover under the Policy	Up to £250/\$450/€375			Up to £250/\$450/€375
18	Psychiatric Treatment - After 12 months continuous cover under the Policy	Up to £2500/\$4500/€3750			Up to £2500/\$4500/€3750
C Travel, Transportation and Out Of Area Benefits					
1	Emergency Local Ambulance	Full Cover	Full Cover	Full Cover	Full Cover
2	Emergency Evacuation and Transportation	Full Cover To nearest medical facility within Your Area of Cover	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover	Full Cover To nearest medical facility, Home Country or country of choice within Your Area of Cover
3	Accompanying Relative Travel and Accommodation	No Cover	Full Cover	Full Cover	Full Cover
4	Cremation/Burial or Repatriation of Remains	Up to £5000/\$9000/€7500	Up to £5000/\$9000/€7500	Up to £7500/\$13,500/€11,250	Up to £10,000/\$18,000/€15,000
5	Compassionate Home Visit - After 12 months continuous cover under the Policy	No Cover	Up to £1000/\$1800/€1500	Up to £1500/\$2700/€2250	Up to £1500/\$2700/€2250
6	USA Elective treatment within the Provider Network - Excludes non-emergency travel & accommodation (Applicable to insureds who have not selected Area 3 – Worldwide Cover)		No Cover	Up to £500,000/\$900,000/€750,000 with 20% Co-Insurance (Nil Excess)	Up to £500,000/\$900,000/€750,000 with 20% Co-Insurance (Nil Excess)
7	Worldwide Accident and Emergency Out Of Area Cover		30 Days Maximum, up to £15,000/\$27,000/€22,500	45 Days Maximum, up to £20,000/\$36,000/€30,000	60 Days Maximum, up to £20,000/\$36,000/€30,000
D Cover in Respect of Pre-Existing Conditions and Chronic Conditions					
1	Pre-Existing Conditions - After 24 months continuous cover under the Policy	No Cover	Up to £1500/\$2700/€2250 with a lifetime limit of £15,000/\$27,000/€22,500	Up to £2000/\$3600/€3000 with a lifetime limit of £20,000/\$36,000/€30,000	Up to £3000/\$5400/€4500 with a lifetime limit of £30,000/\$54,000/€45,000
2	Chronic Conditions and Palliative Care		No Cover	Covered as part of the pre-existing medical limits above	Covered as part of the pre-existing medical limits above
3	Stabilisation of Acute Chronic Episode		Up to £5000/\$9000/€7500	Full Cover	Full Cover
E Dental Treatment					
1	Emergency Treatment (In-Patient or Day-Patient)	No Cover	Full Cover	Full Cover	Full Cover
2	Accidental Damage - Out-Patient Treatment/Dental Surgery must be received within 5 days from the date of the accident occurring.		Up to £250/\$450/€375		
3	Emergency Treatment (Out Patient/Dental Surgery) - For relief of pain, being treatment of an abscess, cracked or broken tooth rebuild or temporary filling within 5 days of the event		No Cover	No Cover	No Cover

Global Select		Head Start	Basic	Standard	Executive
E Dental Treatment (continued)					
4	Routine Treatment (Out-patient) *** a) examinations, check-up and x-rays b) tooth cleaning and polishing c) normal compound fillings, simple or non-surgical extractions *** incurred after 180 days from the Effective Date of Coverage	No Cover	No Cover	No Cover	Up To £400/\$720/€600 in aggregate a) £50/\$90/€75/visit, maximum two visits each period of insurance b) £50/\$90/€75/visit, maximum two visits each period of insurance c) £50/\$90/€75 each tooth (£80/\$145/€120 wisdom tooth) Subject to 25% co-insurance (Nil Excess)
	5	Major Restorative Treatment **** -Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy, new or repair of bridgework, new or repair of crowns (not precious metal), root canal treatment, new or repair of upper or lower dentures **** incurred after 12 months from the Effective Date of Coverage			
F Maternity Cover - after 12 months continuous coverage					
1	Pregnancy Complications Including Medically Required C-Section		Up to £5000/\$9000/€7500	Up to £10,000/\$18,000/€15,000	Full Cover
2	Normal Pregnancy and Delivery - including Premature Birth Treatment, Pre-, Post- and Routine Natal care		No Cover	No Cover	Up to £5000/\$9000/€7500 subject to 20% co-insurance Up to 14 Days
3	Newborn Hospital Accommodation	No Cover	No Cover	No Cover	Up to £150/\$270/€225
4	Newborn Examination				£100/\$180/€150
5	New Baby Benefit				
6	Cover for Newborns		£5000/\$9000/€7500, must enrol with parents in 31 days	£10,000/\$18,000/€15,000 must enrol with parents in 31 days	£25,000/\$45,000/€37,500, must enrol with parents in 31 days
G Non-Medical Covers and Benefits					
1	Out of Country Legal Expenses	No Cover	No Cover	Up to £5000/\$9000/€7500 £250/\$450/€375 Excess	Up to £7500/\$13,500/€11,250 £250/\$425/€375 Excess
2	Vision Contribution Benefit			No Cover	£200/\$360/€300 subject to 50% co-insurance
3	Out of Country Car Rental Insurance *	For trips up to 31 days maximum, Insureds aged 21-74 years			
3.1	- Loss/Damage waiver			\$50,000	\$50,000
3.2	- Supplemental Liability Insurance	No Cover	No Cover		\$1,000,000
3.3	- Hit & Run, Uninsured and Under Insured Motorists			No Cover	\$100,000
H Other Services and Benefits					
1	24 Hour Emergency Helpline	Included	Included	Included	Included
2	Lost Possession Identification and Retrieval Service **	Included	Included	Included	Included

* Insured by White Horse Insurance Ireland Limited and cover issued under separate policy documentation included within the Global Select fulfilment pack. Please refer to separate Policy Summary in respect of Out of Country Car Rental Insurance.

**Service provided by third party and membership issued under separate documentation included within the Global Select fulfilment pack.

Conditions

It is essential that you refer to the 'insurance conditions relating to health' section in the policy wording as failure to comply with these conditions may jeopardise your claim or cover. If your health changes after you have purchased your policy, you must telephone 01444 465577 to make sure that your cover is not affected.

Significant or unusual exclusions or limitations

- United States Citizens must be residing outside of the USA as of the Effective Date (or Renewal Date) and must arrange to reside outside of the USA for at least 180 consecutive days during each Period of Insurance (12 months) – **see section 7.2, page 22 of policy wording**
- Non-US citizens must comply with at least one of the following conditions – **see section 7.1, page 22 of policy wording** :
 - (i) You must reside outside the USA at time of application (or renewal) ; or
 - (ii) You must arrange to reside outside of the USA for at least 180 consecutive days during each period of insurance with departure from the USA not more than 30 days after the effective date; or
 - (iii) If you are located inside the USA at the time of application (or on the renewal date):
 - (a) You must not have been (or arrange to be) located in the USA for any more than 24 consecutive months before (or from) the effective date; and you must maintain a permanent residence outside of the USA; or
 - (b) You must not be eligible for any other medical insurance which is available to persons similarly situated and located within the USA; and you must provide us with an affidavit of eligibility.

Your plan will automatically terminate if you are still residing in the USA 24 months after the effective date (unless you otherwise remain eligible under the terms of the policy wording).
- The plan does not cover certain conditions which manifest themselves or involve procedures which take place or are recommended during the first 90 days of coverage, beginning on the effective date. These are: any condition of the breast or prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; hernia; intervertebral disc disease; gall stones; or kidney stones – **see exclusion 5, page 19 of policy wording.**

General exclusions and limitations

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| <ul style="list-style-type: none"> • War risks, military action, terrorism – see exclusion 4, page 19 of policy wording • Pre-existing conditions in the first 24 months – see exclusion 1, page 19 of policy wording • Any charges in excess of what is Usual, Reasonable and Customary – see exclusion 9 (vi), page 19 of policy wording • Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs – see exclusions 23,24 & 27, page 20 of policy wording | <ul style="list-style-type: none"> • Any treatment which is not medically necessary – see exclusion 9 (iv), page 19 of policy wording • Any treatment which is not administered or ordered by a Medical Practitioner – see exclusion 9 (iii), page 19 of policy wording • Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism – see exclusion 39, page 21 of policy wording • Injury or illness sustained whilst taking part in hazardous pursuits – see exclusion 20, page 20 of policy wording |
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See pages 19 to 21 of policy wording for the complete list of exclusions and page 4 of policy wording for definition of pre-existing conditions. All other limitations, terms and conditions of the plan are contained within the policy wording.

Duration

This is an annually renewable policy – please refer to your certificate of insurance for your selected cover.

Geographical Area of Cover

Europe/Worldwide excluding US & Canada/Worldwide - please refer to your certificate of insurance for your selected cover.

Cancellation Period

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

Claims Notification (see pages 24 to 26 of policy wording)

To make a claim, send completed claim form and accompanying invoices to:
 Claims Dept., IMG Europe Limited, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom
 Or telephone: (UK) : +44 (0)1444 465 588, or (US): +1 317 655 4500

Complaints Procedure (see page 27 of policy wording for full procedure)

Any complaint you may have should in the first instance be addressed to one of our customer service advisors. If you wish then to register a complaint, please contact us **...in writing to**

Operations Director, IMG Europe Ltd. 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom

...by phone

Telephone Number: +44 (0)1444 465577

If you cannot settle your complaint with us and you wish to take your complaint further, please write to the General Manager at Sirius International Insurance Corporation (publ). If you are still not satisfied you may be entitled to refer your complaint to the Financial Ombudsman Service. Referral to the Financial Ombudsman will not affect your right to take legal action.

Full details of addresses and contact numbers can be found on page 27 of the Policy Wording.

Financial Services Compensation Scheme (FSCS)

IMG Europe Ltd, Sirius International Insurance (publ) and White Horse Insurance Ireland Ltd. are covered by the FSCS, which is triggered when an authorised firm goes out of business. This depends on the type of business and the circumstances of the claim. In this unlikely event you may be entitled to compensation from the scheme. Non-compulsory insurance is protected in full for the first £2,000 and 90% of any amount above this threshold. Full details are available at www.fscs.org.uk