UltraCare

Plan guide

For plans with a start date on or after 1 January 2017

InterGlobal

Contents

Your plan guide

This **Plan** guide, together with **your** Table of **benefits**, explains what is, and is not, covered under the **UltraCare plan** and any of the following add-on **plans** that have been chosen:

- Maternity add-on **plan**;
- Personal accident add-on **plan**;
- Travel add-on **plan**.

Different terms and conditions apply to different underwriting terms. See the 'Definitions' section for more information on **your** underwriting terms, as shown on **your** Certificate of insurance. Also see **benefit** exclusions BE1 and BE2 for more information.

This **Plan** guide will also give **you** important information about managing these **plans**.

For information about how to make a **claim** and what to do in a medical emergency please refer to **your Claims** procedures.

Please spend some time reading carefully through this **Plan** guide to make sure that **you** are completely satisfied with the cover **we** are providing and that the cover meets **your** needs. If **you** have any questions about the information in this **Plan** guide or any questions **you** think it does not answer, please contact **us** and **we** will be more than happy to help.

Some words and phrases used in this **Plan** guide, **your** Table of **benefits** and **your Claims** procedures have specific meanings that are relevant to **your plans**. **We** have highlighted them in bold print and defined them in the 'Definitions' section of this **Plan** guide.

Individual plans

The Individual application, Table of **benefits**, Certificate of insurance and this **Plan** guide form the contract of insurance with **us** and **you** must read them together.

The **planholder** must choose the currency of **your UltraCare plan** from the currencies available for that **plan** type. They must choose this at application or renewal and it will apply throughout the entire **plan year**. Any add-on **plans** that have been chosen must be in the same currency as the **UltraCare plan**.

Premiums must be paid in the same currency as **your plans**.

We can change any of the general conditions, **benefit** conditions, **benefit** exclusions or other terms and conditions in this **Plan** guide at the beginning of the **plan year**. **We** can also change the premiums and any discounts or surcharges at the beginning of the **plan year**. **We** will tell the **planholder** about any changes before the **plan renewal date**.

Cooling off period

If **you** feel a **plan** does not meet **your** needs, the **planholder** may cancel it. The **planholder** must tell **us** in writing by letter, fax or email within 30 days of receiving the Table of **benefits**, Certificate of insurance and **Plan** guide, or the **date of joining**, whichever is later. The **planholder** must return the Certificate of insurance when they cancel the **plan**. If the **UltraCare plan** is cancelled all membership cards must also be returned.

As long as no **claims** have been made by any **member** on the **plan**, the premium received will be refunded in full.

If any **claims** have been made, no refund will be due and the premium will be payable in full.

If the **UltraCare plan** is cancelled, any add-on **plans** will also be cancelled.

Premiums can only be refunded to the account they were originally paid from. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

If the **planholder** decides to cancel a **plan** after the 30-day period, the cancellation will be governed by the 'Cancellation' section in this **Plan** guide.

Individual Eligibility

Your eligibility depends on **us** accepting the application, including the medical questionnaire if **your** underwriting terms are **FMU**.

The **UltraCare plans** and add-on **plans** are available to people of all nationalities, including **dependants**, except citizens of the USA who live in the USA and people who are governed by exchange controls or local licensing regulations.

Plans may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **planholder's** responsibility to ensure that any **plans** chosen meet **your** needs.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 24 must be in continuous full-time education at their **start date**.

The minimum age of a **planholder** is 18. If none of the **members** to be included on the **plan** are 18 or above at the date of application, the application will be subject to **our** acceptance, and their parent or legal guardian must apply for them. The parent or legal guardian will act as the **planholder**, but will not have cover under the **plan**. **UltraCare plan** premiums will be based on the adult rate of 18 to 25 years for all **members** included on the **plan**. No discounts will apply.

You cannot be older than 74 at **your start date**.

The **planholder** and their **dependants** must have the same **area of cover**.

Add-on **plans** are only valid when the **UltraCare plan** is in force.

The Maternity add-on **plan** is only available with the same **area of cover** as the **UltraCare plan**. This **plan** is also only available to female **members** aged 18 to 44 at entry. Once **members** reach the age of 46 during a **plan year**, their cover on the Maternity add-on **plan** will not be renewed.

The minimum age at entry for the Personal accident add-on **plan** is 18. The maximum age at entry is 74. This **plan** can cover:

- the **planholder** only; or
- the **planholder** and any **dependants**, aged 18 and over, who are included on their **UltraCare plan**.

The Personal accident add-on **plan** provides cover for managerial, clerical and administrative occupations only. See **benefit** condition BCPA1 for more information.

The Travel add-on **plan** can cover:

- the **planholder** only; or
- the **planholder** and all of the **dependants** who are included on their **UltraCare plan**.

Additional eligibility criteria apply to some **plan** types. These are shown in **your** Individual application and Table of **benefits** where applicable.

We can refuse cover on any of **our plans** for any reason. **We** may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the Certificate of insurance.

Plan start date

With **our** agreement cover under the **UltraCare plan** will begin:

- as soon as **we** receive the Individual application; or
- on a future date given to **us** by the **planholder**;

unless **your** underwriting terms are **CPME** or **FMU**.

If **your UltraCare plan** underwriting terms are **CPME**, cover on the **UltraCare plan** will begin as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation or on a future date the **planholder** has given and **we** have agreed, as long as there is no break in cover.

If **your UltraCare plan** underwriting terms are **FMU**, cover on the **UltraCare plan** will begin as soon as **we** receive the **planholder's** acceptance of the special terms offered in the quotation.

We will tell the **planholder** the **start date** in writing.

Cover under any add-on **plans** will begin on the same day as the **UltraCare plan** or any future **UltraCare plan renewal date**.

We cannot backdate cover under any circumstances. All **plans** will continue for 12 months until the next **renewal date**.

The premiums and **benefits** applied to a **plan** will be those in force at the **plan start date**.

Premiums

Each **plan** is a yearly contract.

The **planholder** must choose how often **your UltraCare plan** premiums are paid from the payment options available for that **plan** type. They must choose this at

application or renewal and it will apply throughout the entire **plan year**. Maternity add-on **plan** premiums can be paid every year or as often as the **UltraCare plan** premium is paid. Personal accident and Travel add-on **plan** premiums can only be paid yearly.

The **planholder** is responsible for paying all premiums. Premiums must be paid in the same currency as **your plans**. The premium will be returned if payment is received in a different currency to the currency of **your plans**. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

UltraCare plan premiums are based on the age of the **planholder** and each **dependant** at the **plan start date**. Add-on **plan** premiums are based on:

- the age of any female **members** included on the Maternity **plan**;
- the number of units chosen for each **member** on the Personal accident **plan**;
- the **planholder** and any **dependants** included on the Travel **plan**.

All cover is subject to **our** eligibility criteria.

We must receive all premiums, including any taxes that apply, on or before the premium due dates.

Ways to pay

Premiums must be paid in the same currency as **your plans**.

For yearly payments, premiums can be paid by:

- **card**;
- direct debit;
- bank transfer; or
- cheque or banker's draft.

For payments made every month or every three months, premiums can be paid by:

- **card**; or
- direct debit.

Card

There are four ways to pay by **card**:

- log on to www.interglobalpmi.com/IGpayonline to use the secure payment system;
- complete and fax the Credit **card** authority form;
- complete and post the Credit **card** authority form; or
- call to make a payment by telephone.

Please do not send **card** details by email. Email and internet messages cannot be guaranteed to be completely secure, as personal information can be intercepted, lost or stolen. **Card** details sent by email will not be processed.

Completing the Credit **card** authority form or submitting **card** details online gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late premiums' section for more information.

The **planholder** is responsible for providing up to date **card** details. The **planholder** must advise any changes to the **card** details to make sure that any premiums can be collected.

Direct debit

Direct debits can only be accepted from UK bank accounts for **plans** in GB pounds (£). Completing the Direct debit form gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late premiums' section for more information.

The **planholder** is responsible for providing up to date account details. The **planholder** must advise any changes to the details to make sure that any premiums can be collected.

Bank transfers, cheques and banker's drafts

See the Individual application or renewal quotation for payment details. When making a payment, the **planholder** must give their full name and the quotation number or **UltraCare plan** number as the reference.

Unpaid or late premiums

The **planholder** must make sure premiums are paid on or before the due date. **We** will tell the **planholder**, in writing, if payments are not made on time.

We will not approve or pay any **claims** until the payments are up to date.

We will cancel a **plan** if payment is not received within 30 days of the premium due date. If **we** cancel a **plan**, the **planholder** will have to apply for a new **plan**. **We** will charge the premiums in force at that time and the cover may have new terms. Any existing no-**claims** discount will be lost.

Adding dependants

To add a **dependant** to the **plan** after the **plan start date**, please contact **us** and **we** will let the **planholder** know the information **you** will need to provide to **us** which may include completing an application form for the **dependant**, and how **we** may change the premium as a result. **We** will send the **planholder** the revised Certificate of Insurance and the new **dependant's** membership card each time **we** add a **dependant** to the **plan**.

Start dates for added dependants

If on the date the planholder contacts us to add a dependant who is less than 31 days old and we have covered one of the dependant's parents for a continuous period of at least 12 months, we will add the dependant to the plan regardless of the dependant's health with effect from the dependant's date of birth. There is no need to complete an application form.

To add any other dependant to the plan:

- if the **plan** has a **moratorium**, **we** will cover the **dependant** from the date on which the **planholder** contacts us or from a later date that they may request and a new moratorium will apply for that **dependant**. There is no need to complete an application form; or
- if the **plan** does not have a **moratorium**, **we** will (based on a completed application form for the **dependant**) either cover the **dependant** from the date on which the **planholder** accepts any terms **we** offer in relation to such **dependant** or decline to add the **dependant** to the **plan**. If **we** decline to add a dependant, we will explain to the **planholder** the reason for this in writing.

The terms of the **plan** will apply to any **dependant** the **planholder** adds, including exclusion BE51. This excludes any **treatment** needed for a newborn child if the pregnancy was the result of assisted conception.

We will not backdate cover for any requests received by **us** after the newborn child is 30 days old.

Removing dependants

With **our** agreement the **planholder** may remove a **dependant** from a **plan** after the **plan start date**. The **planholder** must make the request in writing by letter, fax or email. The last day of cover will be the date that **we** receive the request, or a future date the **planholder** has given.

The **planholder** must also confirm in writing by letter, fax or email, if there are any **claims** to be made by any **member** on the **plan** for **treatment** or services received, or costs incurred, on or before the **dependant's end date**.

- If no **claims** have been made, or will be made, for any **member** on the **plan**, a pro-rata refund will be issued.
- If no **claims** have been paid, but any **member** on the **plan** has made **claims** that **we** have not yet approved, or has **claims** to be made, **we** will not approve or pay these costs unless all premiums have been received for the entire **plan year**. A pro-rata refund will be issued if the **planholder** confirms in writing by letter, fax or email that they do not want **us** to approve the **claim**.

- If no **claims** have been paid, but any **member** on the **plan** has made **claims** that **we** have approved, the **planholder** must confirm in writing by letter, fax or email:
  - whether any costs have been incurred; and if so
  - whether the **planholder** will pay these costs or the **planholder** expects **us** to pay the **claim**.

  The **claim** will only be paid when all premiums have been received for the entire **plan year**. A pro-rata refund will only be issued if the **planholder** pays these costs, or no costs have been incurred.
- If any **member** on the **plan** has made any **claims** that **we** have approved and paid, no refund will be issued and all premiums must be paid for the entire **plan year**.

If a **dependant** is removed from an **UltraCare plan** they will also be removed from any add-on **plans**. The last day of cover on any add-on **plans** will be the same as their last day of cover on the **UltraCare plan**.

Premiums may change in line with any agreed requests.

If **dependants** are removed from more than one **plan**, any pro-rata refund or outstanding premium due on each **plan** will be combined.

If any refund is due, this can only be refunded to the account it was originally paid from. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

When removing any **dependants** from a **plan**, the **planholder** must return the Certificate of insurance. If a **dependant** is being removed from an **UltraCare plan**, the **planholder** must also return the **dependant's** membership card.

We will send the **planholder** a revised Certificate of insurance showing the changes and any special terms that may apply.

Transfers

If a new person wants to transfer cover from another insurer to apply for **CPME** underwriting terms with **us**, an Individual application for **CPME** must be completed, and **we** will need an original certificate of insurance from their previous insurer, which shows:

- their original start date with that insurer;
- their underwriting terms; and
- any special terms that may have applied.

If there is a break in cover between the end date of the previous insurance plan and the application to **us**, **we** will not offer a transfer of previous underwriting terms.

If **we** accept the application **we** may charge an increased premium. Cover will begin as soon as **we** receive the **planholder's** acceptance of any special terms offered in the quotation or on a future date they have given and **we** have agreed, as long as there is no break in cover.

Our plan terms, conditions and **benefits** may be different to those of the previous insurer.

Making plan changes

When making a request for changes to a **plan**, the **planholder** must take reasonable care to answer any questions **we** ask – please read the 'How to answer our questions' section for more details.

Notifying us of changes

The **planholder** must tells **us** immediately in writing about changes to the following:

- name or gender of a **member**
- occupation of a **member**
- the country in which a **member** is living
- information given to **us** in the application for the **plan** or in answer to any of **our** questions, whether in the initial application stage or when adding a **dependant** to the **plan**.

After the **planholder** tell **us** about a change, depending on the nature of the change, **we** may:

- apply different terms to the relevant **member's** coverage under the **plan**
- cancel the relevant **member's** coverage under the **plan**; or
- reduce or reject any related claim.

We will send the **planholder** a revised Certificate of insurance if **your** new address is in a different country or **your area of cover** changes. If **your area of cover** changes, **we** will also send a new membership card. The Certificate of insurance and membership card will show the changes and any special terms that may apply. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

The **planholder** cannot make changes to:

- the **UltraCare plan** type;
- **deductibles** or how often the premiums are paid on the **UltraCare plan** or Maternity add-on **plan**;
- the number of units on a Personal accident add-on **plan**; or
- the currency of any **plan**;

during the **plan year**. With **our** agreement these changes can be made at the next **plan renewal date**. The **planholder** must tell **us** about the changes in writing by letter, fax or email before the **plan renewal date**. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

Add-on **plans** cannot be added during the **plan year**. With **our** agreement these can be included from the next **plan renewal date**. The **planholder** must apply in writing by letter, fax or email before the **plan renewal date**. When making the application the **planholder** must take reasonable care to answer any questions **we** may ask - please read the 'How to answer our question' section for more details.

Renewal

With **our** agreement the **planholder** may renew the **UltraCare plan** and any add-on **plans** each year.

If the **planholder** wants to renew, they must tell **us** in writing by letter, fax or email before the **renewal date**.

The **planholder** must take reasonable care to answer any questions **we** ask before the **plan renewal date** – please read the 'How to answer our questions' section for more details.

We may change the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions that apply to the **UltraCare plan** and any add-on **plans**. Any changes will be sent to the **planholder** together with the renewal quotation at least six weeks before the **renewal date**. Renewal premiums must be paid on or before the **renewal date**.

UltraCare plan renewal premiums are based on the age of the **planholder** and each **dependant** at the **renewal date**, the countries where they live, increases in medical inflation and the **plan** type chosen.

Maternity add-on **plan** renewal premiums are based on the age of any female **members** included at the **renewal date**, the countries where they live and increases in medical inflation.

Personal accident add-on **plan** renewal premiums are based on the number of units chosen for each **member** at the **renewal date**.

Travel add-on **plan** renewal premiums are based on the **planholder** and any **dependants** included at the **renewal date**.

All cover is subject to **our** eligibility criteria.

A child will no longer be eligible as a **dependant** under any **plan** at the next **renewal date** if any one or more of the following apply:

- they marry;
- they are not in continuous full-time education and they are 18 to 24; or
- they reach the age of 25.

With **our** agreement they can apply to have their own **UltraCare plan** and add-on **plans** by completing an Individual application. As long as there is no break in their cover with **us**, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at their new **plan start date**.

Automatic renewal

If the premiums are paid by **card** or direct debit, **we** will automatically renew the **UltraCare plan** and any add-on **plans**, unless **we** tell the **planholder** otherwise. Renewal premiums will be taken from the named account as long as the payment details are still valid at the **renewal date**.

If the **card** details provided previously are not valid for at least three months after the **renewal date**, then new **card** details must be provided by logging on to the secure payment system at www.interglobalpmi.com/IGpayonline or completing, and faxing or posting, the Credit **card** authority form.

If the **planholder** does not want to renew the **plan** they must tell **us** in writing by letter, fax or email before the **renewal date**.

No-claims discount

As long as no **claims** are made by the **planholder** or any **dependant** on the **UltraCare plan**, **we** will give no-**claims** discounts on the **UltraCare plan** renewal premiums. These are based on the amount of time the **plan** has been **claim** free. If the **planholder** or any **dependant** has any **claims** paid during a **plan year**, the no-**claims** discount will be lost until the **UltraCare plan** has been **claim** free for at least one **plan year**.

The following discounts will apply to the **UltraCare plan** after it has been **claim** free for the amount of time shown.

- For less than one **plan year**: no discount.
- For one **plan year**: 10% discount.
- For two **plan years**: 15% discount.
- For three **plan years**: 20% discount.
- For four or more **plan years**: 25% discount.

The maximum no-**claims** discount is 25%.

Any **claims** made for the Wellness or Hospital cash **benefits**, or on any add-on **plans** will not affect the no-**claims** discount.

If a **claim** relating to a previous **plan year** is made on the **UltraCare plan** after **we** have given a no-**claims** discount, the full premium will be due for the **plan year** to which the discount was given. **We** will also recalculate the amount of no-**claims** discount that applies to the following **plan years** and any additional premiums that become due as a result of this will be charged.

The no-**claims** discount does not apply to the premiums of any add-on **plans**.

Cancellation

Please see the 'Cooling off period' section if a **plan** is being cancelled within 30 days of receiving the Table of **benefits**, Certificate of insurance and **Plan** guide, or the **date of joining**, whichever is later.

If the **planholder** is cancelling a **plan** at any other time, they must confirm in writing by letter, fax or email if there are any **claims** to be made by any **member** on the **plan**. The last day of cover will be the date that **we** receive the written confirmation, or on a future date given to **us**.

- If no **claims** have been made, or will be made, for any **member** on the **plan**, a pro-rata refund will be issued.
- If no **claims** have been paid, but any **member** on the **plan** has made **claims** that **we** have not yet approved, or has **claims** to be made, **we** will not approve or pay these costs unless all premiums have been received for the entire **plan year**. A pro-rata refund will be issued if the **planholder** confirms in writing by letter, fax or email that they do not want **us** to approve the **claim**.
- If no **claims** have been paid, but any **member** on the **plan** has made **claims** that **we** have approved, the **planholder** must confirm in writing by letter, fax or email:
  - whether any costs have been incurred; and if so
  - whether the **planholder** will pay these costs or the **planholder** expects **us** to pay the **claim**.

  The **claim** will only be paid when all premiums have been received for the entire **plan year**. A pro-rata refund will only be issued if the **planholder** pays these costs, or no costs have been incurred.
- If any **member** on the **plan** has made any **claims** that **we** have approved and paid, no refund will be issued and all premiums must be paid for the entire **plan year**.

If the **UltraCare plan** is cancelled, any add-on **plans** will also be cancelled. The last day of cover on any add-on **plans** will be the same as the last day of cover on the **UltraCare plan**.

No **claims** will be paid on a **plan** after it is cancelled.

An administration fee of $170, £100 or €150 will be charged for cancelling **your UltraCare plan**, depending on the currency of **your plan**. **We** reserve the right to make an additional charge if **we** incur any further or unexpected costs as a result of the cancellation.

If more than one **plan** is cancelled, any pro-rata refund or outstanding premium due on each **plan** will be combined.

If any refund is due, this can only be refunded to the account it was originally paid from. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

The **planholder** must return the Certificate of insurance when they cancel a **plan**. They must also return all membership cards if the **UltraCare plan** is cancelled.

Death

If the **planholder** dies **we** will offer their **dependants** continued cover if **we** receive a signed Individual application from them within four weeks of the date of death.

If the **planholder's dependants** do not want to continue cover, they must tell **us** in writing by letter, fax or email. **We** will then cancel the **plan** and a pro-rata refund will be issued in line with the instructions received from the **planholder's** personal representative, as long as no **claims** have been made and accepted by **us**. If **we** have accepted a **claim**, no refund will be paid.

We will ask to see a certified copy of the death certificate before any refund is issued.

How to answer our questions

In answer to any questions that **we** ask **you**, please take reasonable care to answer honestly and to the best of **your** (and **your dependant's**, where applicable) knowledge all the questions **we** may ask **you** in relation to **your** application to be added to the **plan**, the renewal of the **plan** and/or any changes to the **plan**. If **you** do not answer the questions correctly, it may:

- entitle **us** to avoid the relevant **member's** coverage under the **plan**, refuse all claims the relevant **member** has made under the **plan** and retain any premium paid in relation to that **member**,
- result in **us** applying different terms to the relevant **member's** coverage under the **plan**, or
- result in **us** reducing a claim payment due to the relevant **member** to reflect the different premium which **we** would have charged in relation to that **member**.

If **we** avoid the part of the **plan** which applies to the **planholder**, **we** may offer their **dependants** continued cover if a new **planholder** is appointed - please contact **us** for further details. The **plan** will be suspended until a new **planholder** is appointed. If a new **planholder** is not appointed within seven days of the date **we** notify removal of the **planholder**, **we** will cancel the entire **plan** from the date of the removal of the **planholder**.

Group plans

The **plan** terms apply to **you** and the **planholder**.

You must read the Group **member** application (if this applies), Table of **benefits**, Certificate of insurance, membership cards and this **Plan** guide.

The Group application, Group **member** applications (if these apply), Group declaration of health (if this applies), Group membership census, Corporate agreement, Table of **benefits**, Certificates of insurance and this **Plan** guide form the contract of insurance between **us** and the **planholder**. The **planholder** must read these together.

The **planholder** must choose the currency of the **UltraCare plan** from the currencies available for that **plan** type. They must choose this at application or renewal and it will apply throughout the entire **plan year**. Any add-on **plans** that have been chosen must be in the same currency as the **UltraCare plan**.

Premiums must be paid in the same currency as the **plans**.

We can change any of the general conditions, **benefit** conditions, **benefit** exclusions or other terms and conditions in this **Plan** guide at the beginning of the **plan year**. **We** can also change the premiums and any discounts or surcharges at the beginning of the **plan year**. **We** will tell the **planholder** about any changes before the **plan renewal date**.

Group eligibility

Eligibility depends on **us** accepting the Group application, Group **member** applications if the underwriting terms are **moratorium** or **CPME**, previous certificates of insurance if the underwriting terms are **CPME**, Group **member** applications including the medical questionnaires if the underwriting terms are **FMU**, Group declaration of health (if this applies) and a complete Group membership census.

Plans must be made up of a group of employees of the same company or members of an existing affinity group. The size of a group **UltraCare plan** at the **start date** must be at least three **main members** (employees or affinity members). If there are less than three **main members** at the **start date** or at a **renewal date**, the group cannot continue and **we** will offer individual **plans** to the remaining **members**.

The **UltraCare plans** and add-on **plans** are available to people of all nationalities, including **dependants**, except citizens of the USA who live in the USA and people who are governed by exchange controls or local licensing regulations.

Plans may not meet specific visa requirements. Cover may also be illegal under local laws. It is the **planholder's** responsibility to ensure that any **plans** chosen meet **your** needs.

All **dependant** children on a **plan** must be unmarried. **Dependant** children aged 18 to 24 must be in continuous full-time education at their **start date**.

You cannot be older than 74 at **your start date**.

Main members and their **dependants** must have the same **area of cover**.

Add-on **plans** are only valid when the **UltraCare plan** is in force.

The minimum age at entry for the Personal accident add-on **plan** is 18. The maximum age at entry is 74. This **plan** can cover:

- the **main member** only; or
- the **main member** and all of their **dependants**, aged 18 and over, who are included on the **UltraCare plan.** All **dependants** must have the same level of cover as the **main member**.

The Personal accident add-on **plan** provides cover for managerial, clerical and administrative occupations only. See **benefit** condition BCPA1 for more information.

The Travel add-on **plan** can cover:

- the **main member** only; or
- the **main member** and all of their **dependants** who are included on the **UltraCare plan**.

Additional eligibility criteria apply to some **plan** types. These are shown in the Group **member** application and Table of **benefits** where applicable.

We can refuse cover on any of **our plans** for any reason. **We** may provide cover under **our plans** with any special terms that **we** may set. Any special terms will be shown on the Certificate of insurance.

Group plan start date

With **our** agreement cover under the **UltraCare plan** will begin immediately or on a future date the **planholder** has given and **we** have agreed, as long as **we** accept the application, and as soon as **we** have received the:

- Group application;
- Group **member** applications if the underwriting terms are **moratorium** or **CPME**;
- Group **member** applications including the medical questionnaires if the underwriting terms are **FMU**;
- previous certificates of insurance if the underwriting terms are **CPME**;
- acceptance of all special terms offered in the quotation if the underwriting terms are **CPME** or **FMU**;
- Group declaration of health if this applies; and
- Group membership census.

We will tell the **planholder** the **start date** in writing.

Cover under any add-on **plans** will begin on the same day as the **UltraCare plan** or any future **UltraCare plan renewal date**.

We cannot backdate cover under any circumstances. All **plans** will continue for 12 months until the next **renewal date** or until they are cancelled or extended for any reason.

Group premiums

Each **plan** is a yearly contract.

The premiums in the quotation accepted by the **planholder** will apply for the **plan year**.

The **planholder** must choose how often the **UltraCare plan** premiums are paid from the payment options available for that **plan** type. They must choose this at application or renewal and it will apply throughout the entire **plan year**. Personal accident and Travel add-on **plan** premiums can only be paid yearly.

The **planholder** is responsible for paying all premiums. Premiums must be paid in the same currency as the **plans**. The premium will be returned if payment is received in a different currency to the currency of the **plans**. The **planholder** will be responsible for:

- any shortfall as a result of exchange rate differences; and
- any associated bank charges.

We must receive all premiums, including any taxes that apply, on or before the premium due dates.

Premiums may change as a result of adding or removing **members**. The **planholder** must pay any extra premiums when the next reconciliation statement is sent, in accordance with the credit terms. Any refund due to the **planholder** will be carried forward to the next reconciliation statement.

Ways to pay group premiums

Premiums must be paid in the same currency as the **plans**.

Premiums can be paid by:

- bank transfer;
- cheque or banker's draft;
- **card**; or
- direct debit.

Bank transfers, cheques and banker's drafts

See the Group application or invoice for payment details. When making a payment, the **planholder** must give the group name and the quotation number or **UltraCare plan** number as the reference.

Card

There are three ways to pay by **card**:

- complete and fax the Credit **card** authority form;
- complete and post the Credit **card** authority form; or
- call to make a payment by telephone.

Please do not send **card** details by email. Email and internet messages cannot be guaranteed to be completely secure, as personal information can be intercepted, lost or stolen. **Card** details sent by email will not be processed.

Completing the Credit **card** authority form gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late group premium payments' section for more information.

The **planholder** is responsible for providing up to date **card** details. The **planholder** must advise any changes to the **card** details to make sure that any premiums can be collected.

Direct debit

Direct debits can only be accepted from UK bank accounts for **plans** in GB pounds (£). Completing the Direct debit form gives authorisation for the relevant amount to be collected from the named account on or around a premium due date. This also gives authorisation to collect renewal premiums until written instructions are received from the **planholder** to change the method of payment.

The **planholder** will be told in writing if, for any reason, premiums cannot be collected. Attempts to collect the premium will continue unless the **planholder** gives alternative instructions. This may mean that more than one premium needs to be collected on the next collection date. See the 'Unpaid or late group premium payments' section for more information.

The **planholder** is responsible for providing up to date account details. The **planholder** must advise any changes to the details to make sure that any premiums can be collected.

Unpaid or late group premium payments

The **planholder** must make sure premiums are paid on or before the due date. **We** will tell the **planholder**, in writing, if payments are not made on time.

We will not approve or pay any **claims** until the payments are up to date.

We will cancel a **plan** if payment is not received within 30 days of the premium due date. If **we** cancel a **plan**, the **planholder** will have to apply for a new **plan**.

The premiums may change and the cover may have new terms.

We reserve the right to charge commercial interest on any overdue premium at the Bank of England base rate, plus 5%. Interest will accrue on a daily basis from the premium due date until full payment is made for the overdue premium.

Adding group members

With **our** agreement the **plan administrator** may add **members** to the **UltraCare plan** after the **plan start date**. The **plan administrator** must make the request as follows, depending on the underwriting terms.

- **MHD** – the **plan administrator** must make the request in writing by letter, fax or email.
- **Moratorium** – if a new **dependant** is being added the **plan administrator** must make the request in writing by letter, fax or email. If a new **main member** is being added the **plan administrator** must send a group application for the **main member**, and any **dependants** to be included.
- **CPME** - see the 'Group member transfers' section.
- **FMU** - the **plan administrator** must send a Group **member** application, including the medical questionnaire.

With **our** agreement the **plan administrator** may also add **members** to any add-on **plans** at the same time they are added to the **UltraCare plan**. The **plan administrator** must request this in writing by letter, fax or email.

When making a request to add **members**, the **plan administrator**, on behalf of the **plan sponsor**, must comply with the **plan sponsor's** duty under Section 3 of the UK Insurance Act 2015 to make a fair presentation of the risk. See 'Plan Sponsor Responsibilities' section below for more information.

With **our** agreement cover will begin as follows, depending on the underwriting terms.

- **MHD** - as soon as **we** receive the request or on a future date given to **us** by the **plan administrator**.
- **Moratorium** – as soon as **we** receive the request or on a future date given to **us** by the **plan administrator**.
- **CPME** - as soon as **we** receive acceptance of the special terms offered in the quotation or on a future date the **plan administrator** has given and **we** have agreed, as long as there is no break in cover.
- **FMU** - as soon as **we** receive acceptance of the special terms offered in the quotation.

Cover under any add-on **plans** will begin on the same day as the **UltraCare plan**.

We will not backdate cover under any circumstances.

With **our** agreement the **plan administrator** may add newborn children as **dependants** during the **plan year**. When making a request the **plan administrator**, on behalf of the **plan sponsor**, must comply with the **plan sponsor's** duty under Section 3 of the UK Insurance Act 2015 to make a fair presentation of the risk. See 'Plan Sponsor Responsibilities' section below for more information.

If the **plan administrator** applies in writing before the newborn child is 30 days old **we** will not apply any underwriting terms to the newborn child's cover on the **UltraCare plan** and their **date of joining** will be their date of birth. **Benefit** condition BC5 and **benefit** exclusions BE1 and BE2 will not apply.

If the **plan administrator** applies in writing after the newborn child is 30 days old, underwriting terms will apply. If the underwriting terms on the **UltraCare plan** are:

- **MHD** - cover will begin as soon as **we** receive the written request or on a future date given to **us** by the **plan administrator.**
- **Moratorium** - cover will begin as soon as **we** receive the written request or on a future date given to us by the **plan administrator**.
- **FMU** - the **plan administrator** must send a Group **member** application, including the medical questionnaire. Cover will begin as soon as **we** receive acceptance of the special terms offered in the quotation.

We will not backdate cover for any requests received by **us** after the newborn child is 30 days old.

Premiums may change in line with any agreed requests.

When adding any **dependants**, **we** will send the **plan administrator** a revised Certificate of insurance and a new membership card, if this applies, showing the changes and any special terms that may apply.

When adding any new **main members we** will send the **plan administrator** a Certificate of insurance for the **main member** and any **dependants** included, showing any special terms that may apply. **We** will also send membership cards for the **main member** and their **dependants**.

Removing group members

With **our** agreement the **plan administrator** may remove a **member** from a **plan** after the **plan start date**. The **plan administrator** must make the request in writing by letter, fax or email. The last day of cover will be the date that **we** receive the request, or a future date the **plan administrator** has given. If a **main member** is removed from a **plan**, all of their **dependants** will also be removed.

When **members** are removed, the **plan administrator** is responsible for collecting and destroying their Certificates of insurance and membership cards on or by the **end date**. If the **plan administrator** does not collect and destroy the Certificates of insurance and membership cards and a removed **member** uses these to obtain **treatment** at a direct billing facility, the **planholder** will be responsible for paying any costs to the **treatment** provider. **We** will not be responsible for any costs after cover has ended.

If a **member** is removed from an **UltraCare plan** they will also be removed from any add-on **plans**. The last day of cover on any add-on **plans** will be the same as their last day of cover on the **UltraCare plan**.

Premiums may change in line with any agreed requests.

When removing any **dependants**, **we** will send the **plan administrator** a revised Certificate of insurance showing the changes and any special terms that may apply.

Group member transfers

If a new person wants to transfer cover from another insurer to apply for **CPME** underwriting terms with **us**, a Group **member** application for **CPME** must be completed, and **we** will need an original certificate of insurance from their previous insurer, which shows:

- their original start date with that insurer;
- their underwriting terms; and
- any special terms that may have applied.

If there is a break in cover between the end date of the previous insurance plan and the application to **us**, **we** will not offer a transfer of previous underwriting terms.

If **we** accept the application **we** may charge an increased premium. Cover will begin as soon as **we** receive acceptance of any special terms offered in the quotation or on a future date the **plan administrator** has given and **we** have agreed, as long as there is no break in cover.

Our plan terms, conditions and **benefits** may be different to those of the previous insurer.

Continuing cover when leaving a group plan

If **your** cover is coming to an end, with **our** agreement **you** can be transferred to an individual **UltraCare plan**, as long as there is no break in **your** cover with **us** and **you** meet **our** individual eligibility criteria.

You must send **us your** application before **you** leave the group **plan**. If **we** accept **your** application to continue cover, **we** may charge an increased premium and **your** underwriting terms may change. The application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at **your** new **plan start date**.

The **start date** of **your** new individual **plan** will be the first day after **you** leave the group **plan**.

Changing the cover and add-on plans for groups

When making any request for changes to a **plan**, including **add-on plans**, the **plan administrator**, on behalf of the **plan sponsor**, must comply with the **plan sponsor's** duty under Section 3 of the UK Insurance Act 2015 to make a fair presentation of the risk. See 'Plan Sponsor Responsibilities' section below for more information.

If **you** change **your** address the **plan administrator** must tell **us** in writing by letter, fax or email. If **your** new address is in a different country, **we** will consider this to be the **country where you live** unless the **plan administrator** tells **us** otherwise.

If a **main member** needs to change their **area of cover** on the **UltraCare plan**, the **plan administrator** must tell **us** in writing by letter, fax or email giving the reason for the change in circumstances. With **our** agreement this change can be made at any time during the **plan year**. **We** will make this change from the date the **plan administrator** tells **us** or any future date they have given. Their **dependants** will also change to the new **area of cover** on the same day.

If there is a change to the **country where a member lives** or their **area of cover** changes, **we** will send the **plan administrator** a revised Certificate of insurance. If the **area of cover** changes **we** will also send new membership cards for the **main member** and any **dependants**. The Certificate of insurance and membership cards will show the changes and any special terms that may apply. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

The **planholder** cannot make changes to:

- the **UltraCare plan** type;
- the **UltraCare plan benefits**;
- **deductibles** or how often the premiums are paid on the **UltraCare plan**;
- the number of units on a Personal accident add-on **plan**; or
- the currency of any **plan**;

during the **plan year**. With **our** agreement these changes can be made at the next **plan renewal date**. The **planholder** must tell **us** about the changes in writing by letter, fax or email before the **plan renewal date**. Premiums, taxes and **benefit** limits may change in line with any agreed requests.

Add-on **plans** cannot be added during the **plan year**. With **our** agreement these can be included from the next **plan renewal date**. The **plan administrator** must apply in writing before the **plan renewal date**. The **plan administrator**, on behalf of the **plan sponsor**, must comply with the **plan sponsor's** duty under Section 3 of the UK Insurance Act 2015 to make a fair presentation of the risk when making an application. See 'Plan Sponsor Responsibilities' section below for more information.

Renewing the group plan

With **our** agreement the **planholder** may renew the **UltraCare plan** and any add-on **plans** each year.

If the **planholder** wants to renew, they must tell **us** in writing by letter, fax or email before the **renewal date**.

The **plan sponsor** must comply with its duty under Section 3 of the UK Insurance Act 2015 to make a fair presentation of the risk in relation to any renewal of the **plan** before the **plan renewal date**. See 'Plan Sponsor Responsibilities' section below for more information.

We may change the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions that apply to the **UltraCare plan** and any add-on **plans**. Any changes will be sent to the **planholder** together with the renewal quotation at least six weeks before the **renewal date**. Renewal premiums must be paid on or before the **renewal date**.

With **our** agreement the **planholder** can make changes to the **plan** at renewal.

All cover is subject to **our** eligibility criteria.

A child will no longer be eligible as a **dependant** under any **plan** at the next **renewal date** if any one or more of the following apply:

- they marry;
- they are not in continuous full-time education and they are 18 to 24; or
- they reach the age of 25.

With **our** agreement they can apply to have their own **UltraCare plan** and add-on **plans** by completing an Individual application. As long as there is no break in their cover with **us**, their **date of joining** will stay the same. Their application will be governed by the definitions, **benefits**, general conditions, **benefit** conditions and **benefit** exclusions in force at their new **plan start date**.

We will not renew the group **plan** automatically.

If the **planholder** does not want to renew the **plan** they must tell **us** in writing by letter, fax or email before the **renewal date**.

Cancelling the group plan

If the **planholder** wants to cancel a **plan**, they must confirm in writing by letter, fax or email. The last day of cover will be the date that **we** receive the written confirmation, or on a future date given to **us**.

If the **UltraCare plan** is cancelled, any add-on **plans** will also be cancelled. The last day of cover on any add-on **plans** will be the same as the last day of cover on the **UltraCare plan**.

As each **plan** is a yearly contract the **planholder** must pay any premium owed for the rest of the **plan year**. No refunds will be issued and the **planholder** may have to pay a cancellation charge.

The **plan administrator** must destroy all Certificates of insurance when they cancel a **plan**.

The **plan administrator** must also destroy all membership cards if the **UltraCare plan** is cancelled. If a membership card is used to obtain **treatment** at a direct billing facility after the **plan** has been cancelled, the **planholder** will be responsible for paying any costs to the **treatment** provider. **We** will not be responsible for any costs after cover has been cancelled.

Plan Sponsor Responsibilities

When applying for the **plan**, on its renewal or in the event of any changes to the **plan** (including adding **members** to the **plan**), the **plan sponsor** or such person acting on its behalf must, in accordance with Section 3 of the UK Insurance Act 2015, make a fair presentation of the risk to be insured by **us** under the **plan**. In summary, the **plan sponsor** must make sure that it discloses to **us** every material circumstance which it knows or ought to know and, failing that, it must give **us** sufficient information to put **us** on notice that **we** need to make further enquiries in order to reveal material circumstances. A matter is material if it would influence **our** judgement as to whether to offer the **plan sponsor** insurance or the terms of that insurance (including premium). Every disclosure made to **us** by the **plan sponsor** must be made in a reasonably clear and accessible way and the **plan sponsor** must ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

If the **plan sponsor** breaches the duty to make a fair presentation of the risk in relation to the **plan**, it may:

- entitle **us** to avoid the **plan**, refuse all claims and retain any premium,
- result in **us** applying different terms to the **plan**, or
- result in **us** reducing a member's claim payment to reflect the different premium which **we** would have charged in respect of that **member**.

In addition to the above, all **members** to be covered by the **plan** must take reasonable care to answer any questions that **we** ask them honestly and to the best of their knowledge before **we** accept their addition to the **plan**, on any renewal of the **plan** or in the event of any changes to the **plan**. If any **member** does not answer any question correctly it may:

- entitle **us** to avoid coverage under the **plan** for that **member**, refuse any claims made by that **member** and retain any premium paid for that **member's** coverage under the **plan**,
- result in **us** applying different terms to that **member's** coverage under the **plan**, or
- result in **us** reducing a claim payment to that **member** to reflect the different premium which **we** would have charge in respect of that **member**.

The **plan administrator**, on behalf of the **plan sponsor**, must tell **us** promptly in writing about any change in the information given in connection with the application for a **plan** (including any application to add a **member**), its renewal or any changes to the **plan**. This includes information provided about the **members** such as their name, gender, occupation or the country in which a **member** is living. After **we** have been told about a change, **we** have the right to reassess the terms of the **plan** and **we** may apply different terms to the **plan**, cancel the **plan** or reduct or reject any related **member** claim.

General conditions, benefit conditions and benefit exclusions

The **UltraCare plan** and all add-on **plans**, are governed by the general conditions shown below. The **UltraCare plan**, Maternity and Travel add-on **plans** are governed by the **benefit** conditions shown below. Some of these **benefit** conditions also apply to the Personal accident add-on **plan**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans**' section for more information. **Claims** will only be paid under a **plan** if **you** meet these general conditions and **benefit** conditions.

Extra **benefit** conditions also apply to the Maternity, Personal accident and Travel add-on **plans**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans**' section for more information.

General conditions

GC1 If **you** make a **claim** that **you** know is false or fraudulent, **we** will refuse the **claim**. If any payment has already been made, **we** will recover any costs from the **planholder**. **We** will cancel cover from a date given by **us**.

GC2 **We** will send all correspondence about a **plan** to the **planholder**.

GC3 When handling **your claim we** will always:

- communicate directly with **you** if **you** are aged 18 or over;
- communicate directly with the **main member** if **you** are under 18;

unless **you** or **your** personal representative give **us** explicit consent to contact any other individual about **your claim** in accordance with **our** data protection policy.

GC4 If **you** need to make a **claim**, **you** must follow **your Claims** procedures and send all the information **we** ask for as soon as possible.

GC5 If **we** ask for more information to support a **claim**, this must be provided or **your claim** may not be paid. **We** also have the right to instruct a **specialist** of **our** choice to examine **you** as often as **we** feel is necessary to support a **claim**.

GC6 If **we** reject a **claim** under a **plan**, for any reason, **you** will have to prove that the **claim** is covered under the **plan**.

GC7 If an eligible **claim** is submitted at any time and it relates to a **plan year** for which a no-**claims** discount was previously given, the no-**claims** discount amount must be returned before **your claim** can be paid.

GC8 If **you** attend a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, and the **claim** for this is subsequently found to be ineligible, **we** have the right to recover the full amount of the **claim** from **you** or the **planholder**. Payment of a **claim** is not an indication of **our** acceptance of liability for the **claim** or confirmation that further costs for the same **medical condition** or any **related medical condition** will be met.

GC9 If there are other insurance plans or policies that cover a **claim**, including any reciprocal health insurance arrangements, and they have any of the same, or equivalent **benefits**, only **our** share of the **claim** will be paid under **your plan** with **us**, after:

- **you** have paid any deductibles that apply on any of the other plans or policies; and
- **you** have paid any **deductible** on **your plan** with **us**.

GC10 **We** will not return the original **claim** documents to **you** after payment has been made to **you** or the provider.

GC11 If more than one currency is shown on **your** Table of **benefits**, the **benefit** limit shown in the same currency as **your plans** will apply to **you**.

GC12 If the **country where you live** is in an area where **we** have to collect any taxes, **we** will charge these on top of the premium due.

GC13 If **your area of cover** is Area 3 and **you** are a citizen of the USA, **we** will cancel **your** cover if **you** have spent more than 180 continuous days in the USA in any one **plan year**.

GC14 **We** can make an administration charge to replace or reissue **plan** documents or membership cards.

GC15 If there is a break in **your** cover with **us**, for any reason, **we** can change any **plan** terms and apply any special conditions.

GC16 The **planholder** or **plan administrator** must tell **us** immediately in writing by letter, fax or email about any proceedings or right of action against any other party, due to any circumstances which led to a **claim** under a **plan**. The **planholder** or **plan administrator** must continue to keep **us** informed in writing and take all steps **we** reasonably need, for **us** to take proceedings against the other party.

GC17 The **planholder** or **plan administrator** must tell **us** about any negotiations or settlement discussions that **you** enter into with any other party about any action which leads to a **claim** under a **plan**. **You** must not agree to a settlement with any party before **we** give **our** written agreement.

GC18 **We** are entitled to take proceedings in **your** name for **our** own benefit to recover the costs of any eligible **claim** under a **plan**. **We** will decide how **we** handle any proceedings.

GC19 If **you** want to take legal action against **us** in respect of a **plan**, **you** must do so within three years from the date the relevant event took place.

GC20 The **UltraCare plan** and add-on **plans** are governed by the laws of England and Wales. Any disputes, including non-contractual disputes and claims, will be dealt with by the exclusive jurisdiction of the courts of England and Wales.

GC21 Any translated versions of **our** documents that **we** issue are for **your** information only. In the case of any dispute or discrepancy of wording or interpretation, the English version will apply.

Benefit conditions

BC1 All **treatment** must be given by **medical practitioners**, **specialists**, **nurses** or **therapists** with the aim to cure or substantially relieve **medical conditions**.

BC2 **You** or **your** personal representative must request **pre-authorisation** for any **in-patient treatment**, **daycare treatment**, medical evacuation, compassionate **emergency** visit, or preparation or transportation of **your** body or mortal remains, before it takes place. Once **you** or **your** personal representative have received **our** approval, **we** will settle all covered costs directly with the providers. If **you** or **your** personal representative do not receive **our** approval before it takes place, **we** will only approve the costs **we** would have negotiated if **we** had been involved and given **our** approval.

BC3 **Hospital** accommodation will be paid up to the cost of a standard single room with a private bathroom. This will include **your hospital** meals.

BC4 If a local situation makes it impossible, dangerous or not practical to enter a specific location or country, **we** may be unable to arrange a medical evacuation.

BC5 If **we** have not been given details of **your medical practitioner** on **your** application and a **claim** is made that **we** believe is for a **pre-existing medical condition**:

- **we** will reject the **claim** if **your** underwriting terms are **moratorium** or **CPME previously moratorium**;
- **we** will reject the **claim** if **your** underwriting terms are **FMU** or **CPME previously FMU** and **you** did not tell **us** about the **medical condition** when **we** asked about it on the application, or **we** have not accepted it.

This **benefit** condition does not apply if **your** underwriting terms are **MHD**.

BC6 Only **reasonable** costs will be paid for **claims**. Any costs above the relevant limits shown in **your** Table of **benefits** will not be paid. If the costs are not **reasonable**, or are above the limits shown in **your** Table of **benefits**, **you** will have to pay the difference.

BC7 If **you** choose to use a **visiting doctor** instead of an **in-house doctor**, in a **hospital**, clinic or any other facility where direct billing or cashless arrangements are in place, only **reasonable** costs will be paid. If the **visiting doctor's** costs are not **reasonable** and not in line with the **in-house doctor's** costs, **you** will have to pay the difference.

BC8 If **you** move to a **plan** where a **lifetime limit** applies to a **benefit**, any amount previously paid under the same, or equivalent **benefit**:

- on any one or more **plans**;
- regardless of any previous **benefit** limit; and
- whether or not there has been a break in **your** cover;

will be deducted from the current **lifetime limit** on the **benefit**.

BC9 Physiotherapy must be referred by a **medical practitioner** or **specialist**. If more than six physiotherapy sessions are needed for any **medical condition**, **your therapist** must provide the reasons in the **Claim** form so **we** can consider cover.

BC10 Complementary **treatment** must be referred by a **medical practitioner** or **specialist**. If more than four osteopathic, chiropractic, homeopathic, podiatry, Chinese traditional medicine or acupuncture sessions are needed for any **medical condition**, **your therapist** must provide the reasons in the **Claim** form so **we** can consider cover.

BC11 All **psychiatric treatment** and psychotherapy must be given by **medical practitioners**, psychiatrists or qualified and registered psychotherapists or psychoanalysts.

BC12 The normal pregnancy and childbirth **benefit** covers no more than one routine antenatal 2D ultrasound scan in each trimester of a normal uncomplicated pregnancy. If any more ultrasound scans are needed, **your medical practitioner** must confirm the reasons in the **Claim** form so **we** can consider cover. The **benefit** also covers 12 routine antenatal visits during a normal uncomplicated pregnancy. If any more antenatal visits are needed **your medical practitioner** must provide the reasons in the **Claim** form so **we** can consider cover.

The **benefit** covers the following for the newborn child:

- one physical examination;
- vitamin K, hepatitis B and BCG vaccinations;
- routine blood tests for PKU, congenital hypothyroidism and G6PD;
- one hearing examination; and
- **reasonable** accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.

BC13 If **we** receive new information that shows a **claim we** have already approved is not eligible, no costs will be paid. If any costs have already been paid, **we** will recover these from **you** or the **planholder** and no further costs will be paid. Any approval **we** have given during the **pre-authorisation** process may also be withdrawn.

Benefit exclusions

The **UltraCare plan** and Maternity add-on **plan** do not cover **claims** for, arising from or connected with the following **benefit** exclusions unless shown on **your** Table of **benefits**, or agreed by **us** in writing.

Some of these **benefit** exclusions also apply to the Personal accident and Travel add-on **plans**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans**' section for more information.

Extra **benefit** exclusions also apply to the Personal accident and Travel add-on **plans**. See the 'Extra **benefit** conditions and **benefit** exclusions for add-on **plans**' section for more information.

BE1 *(This **benefit** exclusion applies if **your** underwriting terms are **moratorium** or **CPME previously moratorium**, as shown on **your** Certificate of insurance. See **benefit** exclusion BE2 if **your** underwriting terms are **FMU** or **CPME previously FMU**, as **benefit** exclusion BE1 does not apply to these underwriting terms. **Benefit** exclusions BE1 and BE2 do not apply if **your** underwriting terms are **MHD**.)*

A **pre-existing medical condition** or **related medical condition** that, within a 24-month period before the **date of joining** or the date shown on the special terms section of **your** Certificate of insurance, has one or more of the following characteristics:

- was **foreseeable**;
- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had.

Pre-existing medical conditions or **related medical conditions** may be covered after **you** have had 24 months' continuous cover under the **plan** and within that time **you** have not:

- experienced symptoms;
- asked for advice; or
- needed or received **treatment**, medication, or a special diet.

If **you** have:

- experienced symptoms;
- asked for advice; or
- needed or received **treatment**, medication, or a special diet;

then **you** will have to wait until **you** have completed a continuous 24-month period when none of these apply to **you**. **Pre-existing medical conditions** or **related medical conditions** may then be covered. This is the rolling part of the **moratorium**.

BE2 *(This **benefit** exclusion applies if **your** underwriting terms are **FMU** or **CPME previously FMU**, as shown on **your** Certificate of insurance. See **benefit** exclusion BE1 if **your** underwriting terms are **moratorium** or **CPME previously moratorium**, as **benefit** exclusion BE2 does not apply to these underwriting terms. **Benefit** exclusions BE1 and BE2 do not apply if **your** underwriting terms are **MHD**.)*

A **medical condition** or symptom that **you** were aware of before **your start date** unless **we** were given all the information **we** asked for in the application and **we** have not specifically excluded the **medical condition** or symptom as shown on **your** Certificate of insurance.

BE3 Costs that exceed a limit shown on **your** Table of **benefits**.

BE4 A **benefit** not included on **your plan**.

BE5 A **benefit** not included on **your plan** at the time the costs are incurred, even if the **benefit** was included in any previous **plan year**.

BE6 A **benefit** included on **your plan**, if **you** have not completed the waiting period shown on **your** Table of **benefits**.

BE7 Pregnancy, childbirth or postnatal costs, whether complicated or not.

BE8 Any journey made specifically for the purpose of receiving medical **treatment**, unless **you** have requested **pre-authorisation** and **we** have given **our** approval.

BE9 Non-**emergency** transportation.

BE10 Burial, cremation, or the costs of moving **your** body or mortal remains, if **you** die in **your home country**.

BE11 Any journey, activity, action or pursuit carried out against the advice of a **medical practitioner**, **specialist**, **nurse** or **therapist**.

BE12 **Treatment** given, or referrals made by, a **medical practitioner**, **specialist**, **nurse** or **therapist** who is in any way related to **you**, and self-prescribed **treatment** or self-referral if **you** are a **medical practitioner**, **specialist** or **therapist**.

BE13 Alcohol, drug or any other intoxicating substance **abuse**, any addictive condition of any kind and any **medical condition** arising directly or indirectly from any such **abuse** or addictive condition.

BE14 **You** being under the influence of alcohol, drugs or any other intoxicating substance.

BE15 Male to female or female to male gender reassignment.

BE16 Tests or **treatment** for, or because of, sexually transmitted infections.

BE17 Experimental or unproven **treatment**, unless **you** have requested **pre-authorisation** and **we** have given **our** approval.

BE18 Bone marrow transplants, the costs of finding and obtaining an organ, costs as a result of removing an organ from a donor, any costs related to the transplant of an organ that is not obtained in accordance with the World Health Organisation's guidelines, costs of removing an organ from **you** to transplant it into another person, and any resulting complications.

BE19 Cryopreservation, implantation or re-implantation of living cells or living tissue, whether taken from **your** own body or provided by a donor. Costs of removing living cells or living tissue from **you** to implant or re-implant into another person, and any resulting complications.

BE20 Foetal **treatment**.

BE21 Terminating a pregnancy.

BE22 **Congenital abnormalities** or **birth defects**.

BE23 Suicide, attempted suicide or any deliberate, self-inflicted **medical condition**.

BE24 Putting **yourself** in needless danger, except in an attempt to save human life.

BE25 Any **medical condition** suffered by military, naval or air force personnel engaging in any military, naval or air force operation or exercise.

BE26 Any **medical condition you** suffer as a result of taking part in, or engaging in, any one or more of the following:

- an illegal or criminal act;
- military activity, war, riot, revolution, strike, lock-out or civil commotion;
- terrorism, usurped power; or
- any similar event.

BE27 Contamination from biological, chemical or nuclear materials, including waste products from the combustion of nuclear fuel. Any biological, chemical or nuclear weapon of mass destruction, whether or not as the result of an explosion.

BE28 **Treatment** received and costs incurred outside **your area of cover**.

BE29 **You** engaging in **professional sports** or using a weapon or firearm for any purpose.

BE30 Sleep apnoea, sleep-related breathing disorders, snoring or insomnia.

BE31 Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

BE32 The costs of:

- cosmetic, reconstructive or remedial **treatment**; or
- replacing any implant;

including any related complications, whether or not the **treatment**, replacement or complications are for psychological reasons.

We will pay these costs if an in-patient or daycare surgical operation is needed as the result of an eligible **medical condition** that first occurred after **your date of joining**.

BE33 Removing fat from any part of the body, breast reduction or breast enlargement.

BE34 **Treatment** in a quarantine, isolation ward or unit, nursing home, hydro spa, spa, health farm or similar facility.

BE35 Charges incurred for overdue payment of invoices.

BE36 Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with **your** sight or hearing, contact lens solutions, eye drops, sunglasses or prescription sunglasses. **Preventative services** and examinations for sight or hearing.

BE37 **Treatment** needed as a result of tattooing or piercing any part of the body.

BE38 Costs of:

- precious crowns;
- **dental** implants;
- removable bridges;
- dentures; or
- false teeth,

preventative dental services, including but not limited to:

- sealants;
- fluoride **treatment**; or
- scraping, cleaning and polishing, or

orthodontic treatment.

BE39 Compulsive or addictive eating disorders or homesickness.

BE40 Obesity, special diet or weight control.

BE41 Costs of:

- vitamin, mineral or organic supplements;
- children's food or baby supplies; or
- products that can be obtained without a prescription, including, but not limited to, mouthwash, toothpaste, antiseptic lozenges or sprays, shampoo and sunscreen.

BE42 Supplying, fitting or maintaining any external prostheses, appliance or device. The cost of renting or buying wheelchairs or other equipment, medical or otherwise. **We** will pay for a spinal support, knee brace or air cast boot if it is part of a surgical operation or part of the **treatment** of an eligible **medical condition**. **We** will also pay for crutches if medically necessary for the **treatment** of an eligible **medical condition**.

BE43 Costs of:

- completing **Claim** forms;
- completing or obtaining any other documents;
- **hospital** administration fees; or
- any registration fees.

BE44 Any **consequential loss**.

BE45 Costs incurred before **your start date** or after **your end date**.

BE46 Any costs relating to **in-patient**, **daycare** or **out-patient treatment** in a **hospital**:

- received at the time of **your start date**; or
- that **you** were aware of at **your start date**;

whether the **treatment** was planned or not, unless **you** have told **us** about it and **we** have accepted it.

BE47 Drugs or dressings that:

- are not recognised by the pharmaceutical regulator in the country where **treatment** is provided;
- are available without prescription; or
- are prescribed for a **medical condition** that is different to the one that **you** are claiming for.

BE48 Costs as a result of proven medical negligence or malpractice.

BE49 Any **deductible** that applies to **your plan**.

BE50 Costs of:

- contraception or sterilisation;
- **treatment** for sexual problems, including impotence, whatever the cause;
- fertility or infertility tests or **treatment**;
- assisted reproduction; or
- surrogacy.

BE51 Any **treatment** needed for a newborn child if the pregnancy was the result of assisted conception.

BE52 Invoices, **Claim** forms, medical reports or any other documents that have been altered or amended.

BE53 Travelling in, or on, a motorised **vehicle** as a driver or passenger:

- if the driver does not have a valid licence as required by local law; or
- **you** are not wearing the necessary safety equipment.

BE54 Antenatal 3D or 4D ultrasound scans.

BE55 Health education programmes or services including, but not limited to, family planning, antenatal classes and parenting classes.

BE56 **Treatment** of birthmarks.

Extra benefit conditions and benefit exclusions for add-on plans

The following extra **benefit** conditions and **benefit** exclusions apply to the add-on **plans**. If **you** have an add-on **plan you** will receive an additional Certificate of insurance for this **plan**.

Extra benefit condition for the Maternity add-on plan

Claims will only be paid under the **plan** if **you** meet the **benefit** conditions listed in the '**Benefit** conditions' section and the extra **benefit** condition listed below.

BCM1 The **co-insurance** chosen will apply for the first 24 months' continuous cover under this **plan**.

Benefit conditions for the Personal accident add-on plan

Claims will only be paid under the **plan** if **you** meet **benefit** condition BC13 in the '**Benefit** conditions' section and the extra **benefit** conditions listed below.

BCPA1 **We** provide cover for managerial, clerical and administrative occupations only. If **you** engage in any manual or dangerous occupation or **hazardous pursuit** which puts **you** at greater risk of a **bodily injury** caused by an **accident**, the **planholder** or **your plan administrator** must tell **us**. **We** will tell the **planholder** or **plan administrator** if **we** agree to cover **you** and let them know any extra premium that applies.

BCPA2 No amount above the maximum accumulation limit shown on the Table of **benefits** will be paid for **claims** arising from any one event in any one location or **vehicle**, if they are made by multiple **members** on the same Personal accident add-on **plan**. If the total value of **claims** exceeds the maximum accumulation limit, the amount paid for each **claim** will be reduced proportionately to the amount each **member** is due, up to the maximum accumulation limit.

BCPA3 **You** will not be paid more than the overall maximum limit for each unit shown in the Table of **benefits** for any one or more **accidents**.

BCPA4 If **you** suffer one or more permanent total or permanent partial disablements within 12 months of an **accident**, **you** will only be paid up to the **benefit** limits shown on **your** Table of **benefits** that applied in the **plan year** when **you** had the **accident**. **You** will not be paid any more than the overall limit shown on **your** Table of **benefits**.

BCPA5 If **you** die within 12 months of an **accident**, payment will only be made up to the **benefit** limit shown on **your** Table of **benefits** that applied in the **plan year** when **you** had the **accident**, in line with the instructions received from **your** personal representative. If **you** die before any disablement **benefit** is paid, only the accidental death **benefit** will be paid.

If any disablement **benefit** has already been paid under this **plan** for any **accident** that happened in the same **plan year**, the accidental death **benefit** amount paid will be reduced by the value of any **claims** already paid.

No payment will be made for any more than the overall limit shown on **your** Table of **benefits**.

BCPA6 **We** must be told as soon as possible about any **accident** that causes or may cause a **claim**.

BCPA7 Cover is not provided for sickness or disease.

BCPA8 **You** must make all medical records, notes and correspondence **we** need available to **us**, and any medical advisor **we** have appointed.

BCPA9 For any **claim** to be considered for loss of sight of both eyes, **you** must be diagnosed as blind on the authority of a fully qualified ophthalmic **specialist**.

BCPA10 For any **claim** to be considered for loss of sight of one eye, the degree of sight after correction must be 3/60 or less on the Snellen Scale, seeing at 3 feet what **you** should see at 60 feet, or an equivalent scale.

BCPA11 If **you** have an existing **medical condition** and suffer a **bodily injury** because of an **accident**, **we** will ask an independent **specialist** to assess if **your** existing **medical condition** has contributed to **your** disability after the **accident**, or if **your** disability after the **accident** has made **your** existing **medical condition** worse. **We** will decide the difference between **your** existing **medical condition** and the disability suffered after the **accident** and pay any **claim** based on this difference. This will be expressed as a percentage and applied to the appropriate **benefit**.

An example of this is:

You are partially deaf in **your** right ear. **You** have an **accident** that causes total permanent loss of hearing in **your** right ear.

We will ask an independent ENT **specialist** to assess the difference between the level of deafness **you** had before and after the **accident**. If the independent ENT **specialist** advises that the deafness in **your** right ear before the **accident** was at 25%, **you** will be paid 75% of **your benefit** limit for total deafness of one ear.

Benefit exclusions for the Personal accident add-on plan

The Personal accident add-on **plan** does not cover **claims** for, arising from or connected with the **benefit** exclusions, BE3 to BE4, BE11 to BE14, BE23 to BE27, BE29, BE43, BE44, BE47, BE52 and BE53 listed in the '**Benefit** exclusions' section and the extra **benefit** exclusions listed below.

BEPA1 Aviation other than as a fare-paying passenger in a fully-certified passenger carrying aircraft, flown in the course of licensed operation for transporting passengers by licensed crew.

BEPA2 Engaging in manual or dangerous occupations or **hazardous pursuits**.

BEPA3 Any **accident** that happens before **your start date** or after **your end date**.

Benefit conditions for the Travel add-on plan

Claims will only be paid under the **plan** if **you** meet the **benefit** conditions listed in the '**Benefit** conditions' section and the extra **benefit** conditions listed below.

BCT1 **You** should tell **us** about a **claim** no later than 31 days after a **trip** has ended and send the **claim** within a maximum period of six months.

BCT2 **We** have the right to move **you** from one **hospital** to another or arrange to move **you** to a different location. **We** will do this if, in **our** opinion or that of the attending **medical practitioner**, **you** can be moved safely to continue **treatment**.

BCT3 **You** must take care of **your** property at all times and take all practical steps to recover any item or items lost or stolen. If **you** do not do this, it may affect **your claim**.

BCT4 Any loss of, or damage to, an item or items when in the custody of an airline or other carrier:

- must be reported to the airline or other carrier immediately upon discovering the loss or damage; and
- must be supported by a written report from the airline or other carrier.

BCT5 Any theft, suspected theft or loss must be reported to the local police within 24 hours of discovery and supported by a police report.

BCT6 **You** must keep any damaged items that **you** want to **claim** for and, if **we** ask, send them to **us** at **your** own cost. If a **claim** is paid for the full value of an item, it will become **our** property.

BCT7 **We** may discharge any of **our** legal responsibilities under this **plan** by replacing or repairing any item or items lost or damaged.

BCT8 If **you** want to change **your** original plans for returning home and **claim** any extra costs, **you** must tell **us**. If **you** do not tell **us**, it may affect **your claim**.

BCT9 When making a **claim** for a delayed departure or delayed baggage **you** must provide **us** with a written report from **your** carrier giving the details.

BCT10 When making a **claim** for a missed departure **you** must have planned to arrive at **your** departure point before **your** earliest scheduled check-in time and give **us** a written report from the carrier at the place of departure, police or relevant **public transport** authority, confirming the delay and stating its cause.

BCT11 When making a **claim** because **your** transport was hijacked **you** must provide **us** with a police report giving the details.

Benefit exclusions for the Travel add-on plan

Section A of the Travel add-on **plan** does not cover **claims** for, arising from or connected with **benefit** exclusions BE3 to BE5, BE9 to BE27, BE29 to BE45, BE47 to BE53 and BE56 listed in the '**Benefit** exclusions' section and the extra **benefit** exclusions below.

BET1 **Trips** made for the specific purpose of receiving medical **treatment**.

BET2 A **medical condition** that:

- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had;

within the 24-month period before:

- the date of booking a **trip**; or
- **your date of joining** as shown on **your** Certificate of insurance;

whichever is later.

BET3 A pregnancy when:

- **you** are travelling against **your medical practitioner's** advice;
- **you** are 26 weeks or more into **your** pregnancy when **you** start **your trip**;
- there have been complications relating to your pregnancy before **your trip**;
- it is a multiple pregnancy; or
- the pregnancy is the result of assisted reproductive programmes, for example, IVF.

BET4 Any **treatment** that is not immediately necessary and can wait until **you** return to the **country where you live**.

Sections B to I of the Travel add-on **plan** do not cover **claims** for, arising from or connected with **benefit** exclusions BE3 to BE5, BE11 to BE17, BE22 to BE35, BE37, BE39, BE43 to BE49, BE52, BE53, BE56, BET2 and the **benefit** exclusions listed below.

BET5 Leaving **your** baggage:

- with a person **you** have not previously met;
- in a public place where it can be taken without **your** knowledge; or
- at a distance from which **you** cannot prevent it from being taken.

BET6 Unauthorised use of **your** traveller's cheques or credit cards.

BET7 An aircraft or sea vessel being withdrawn from service, whether temporary or otherwise, on the recommendation of a relevant port authority, the civil aviation authority or any similar organisation.

BET8 Strike or industrial action taking place, or publicly declared on, or before, the date the **trip** is booked.

BET9 Neglect, or failure to act, by the provider of transport or accommodation, or any agent the travel arrangements were made through.

BET10 Expenses payable by, or to, the travel agent, tour operator, accommodation provider, airline or other carrier.

BET11 Proceedings taken against a tour operator, travel agent or carrier.

BET12 Any person, organisation or company becoming insolvent or being unable or unwilling to fulfil any part of their obligation to **you**.

BET13 Shortages due to loss of value, omission, exchange or mistakes.

BET14 Changes in exchange rates.

BET15 Any costs **you** have to pay for visas needed in connection with **your trip**.

BET16 Any costs **you** would normally have to pay in connection with **your trip**.

BET17 More than the cost of the original **trip**.

BET18 Government regulations or acts and currency restrictions.

BET19 Loss, damage or expense, as a result of travelling to an area that the government of the **country where you live**, or the government of **your home country**, has advised against travelling to.

Sections B, D, G and H of the Travel add-on **plan** do not cover **claims** for, arising from or connected with the below.

BET20 **You** deciding not to travel, not enjoying **your trip**, or not travelling because **you** could not afford it.

BET21 Cancellation due to terrorist acts or the threat of a terrorist act, unless the government of the **country where you live**, or the government of **your home country**, has advised against travelling to the area.

BET22 Unused accommodation, activities or travel arrangements, or any administration costs that **your** travel agent, tour operator or provider charge for refunds in relation to these.

BET23 Extra charges made by the travel agent, tour operator, accommodation provider, airline or other carrier.

BET24 Failure to tell **your** travel agent, tour operator or provider of transport or accommodation as soon as **you** know that **you** need to cancel **your** travel arrangements.

BET25 Cancellation or **curtailment** of **your trip** if **you** knew that **you** may need to do so at **your date of joining** this **plan** or when booking **your trip**, whichever is later.

Sections F, G, H and I of the Travel add-on **plan** do not cover **claims** for, arising from or connected with the below.

BET26 Any extra value an item may have had because it formed part of a pair or set.

BET27 Costs of:

- damage due to moth, vermin, atmospheric conditions or climatic conditions;
- wear and tear, or gradual deterioration;
- loss of value;
- mechanical or electrical breakdown;
- damage caused by any process of cleaning, repair or restoration; or
- damage caused by leaking powder or fluid carried within **your** baggage.

BET28 Breakage of fragile items, including, but not limited to china, glass and sculptures.

BET29 Damage to clothing or sports equipment when in use.

BET30 Loss due to customs or any other authority legally taking or destroying **your** belongings.

BET31 Loss of, or damage to, stamps, documents, deeds, manuscripts or securities of any kind.

BET32 Loss of, or damage to, goods, samples or tools hired or held in trust by **you**, that **you** do not own.

BET33 Loss of, or damage to, jewellery or photographic equipment carried in **your** baggage unless with **you** at all times.

BET34 Loss of, or damage to, contact or corneal lenses.

BET35 Loss or theft of cash, traveller's cheques, postal or money orders, passports, travel documents, or any **valuables** not personally carried by **you**, unless held in a safety deposit box or safe that is not in **your** room or apartment.

Data Protection

The words 'Aetna' and 'other Aetna entities' mean Aetna Global Benefits (UK) Limited and include any other Aetna International Inc. group company as the context requires.

We are committed to protecting **your** personal data and privacy. Any personal information that **we** collect will be kept confidential and will be processed in accordance with The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679), medical confidentiality guidelines, other related legislation and **our** own strict internal policy.

We will use any personal data to process **your claims**, administer **your plan**, service **our** relationship with **you**, provide **you** with products and services and evaluate their effectiveness, provide **you** with better customer services and for statistical analysis.

We may, in carrying out **your** instructions, processing and administering **claims**, transfer **your** personal data to other Aetna entities and/or third parties acting on **our** behalf inside or outside the European Union where there may be less stringent data protection laws. However, wherever it is held and processed, **your** personal data will be protected by a strict code of security which **we** and any third parties working on **our** behalf are subject to and will only be used in accordance with **our** instructions.

Your information may also be used for fraud prevention and audit purposes. If **you** give **us** false or inaccurate information and **we** suspect fraud, **we** will record this. **We** may pass such information to other Aetna entities or agents or others as permitted by law so that they may do the same, and they may pass information held by them about **you** to **us** so that **we** may do the same. **We** may also disclose **your** information if **we** are required to do so by law enforcement or other legal agencies, governmental or judicial bodies, or to **our** regulators under proper authority.

In order to assess the terms of **your** insurance cover, including specific medical exclusions, or to administer **claims**, **we** may collect medical information which The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) defines as Special Categories of Personal Data. **Your** medical information will only be disclosed to those involved with **your treatment** or care, including **your medical practitioner**, or their agents. If **you** ask **us** to, **we** will also send **your** medical information to any person or organisation that may be responsible for meeting **your treatment** expenses, or their agents. **Your** information may be discussed with **your** agent or broker if **you** have requested the broker to assist **you** in handling **your claims** and **you** have authorised **us** to provide them with such medical information.

We will not disclose **your** medical information to any other individual without **your** explicit consent. If **you** want **us** to disclose **your** medical information to another individual or next of kin, **you** must tell **us**. In exceptional emergency situations, and in accordance with medical confidentiality guidelines and relevant law, **we** may be required to disclose such information to relatives, family members or other third parties.

To help **us** ensure that **your** personal information remains accurate and up to date, please inform **us** of any changes.

You have the right to see personal information about **you** held by **us**. There may be a charge for this.

Please write to:

Data Protection Officer
Aetna Insurance Company Limited
25 Templer Avenue
IQ Farnborough
Farnborough
Hampshire
GU14 6FE
United Kingdom.

Complaints

We always aim to give **you** a first-class service. However, there may be times when **you** may feel that **we** have not achieved this aim. If this is the case, please contact:

The Complaints Team
Aetna Global Benefits (UK) Limited
25 Templer Avenue
IQ Farnborough
Farnborough
Hampshire
GU14 6FE
United Kingdom.

Telephone: +44 (0)1252 745 910
Email: AetnaInternationalComplaints&Appeals@aetna.com

We will deal with **your** complaint fairly and promptly and in accordance with relevant regulation.

Our aim is to resolve **your** complaint by the end of the next business day after the day **we** receive it. Sometimes this may not be possible, in which case **we** will acknowledge **your** complaint within five working days of receipt of **your** complaint, and give **you** regular updates until **your** complaint is resolved. **We** will give **you** a final response within eight weeks of receipt of **your** complaint.

If **you** remain dissatisfied with the outcome of **your** complaint, **you** may be able to refer it to The Financial Ombudsman Service within six months of receiving **our** final response. Their details are provided below:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
United Kingdom.

Telephone from a UK landline: 0800 023 4567
Telephone from a UK mobile: 0300 123 9 123
Telephone from outside the UK: +44 20 7964 0500
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

To help **us**, please give **your plan** number and **claim** number (if this applies) with as much information as **you** can about **your** complaint, as well as **your** full contact details.

Full details of **our** complaints procedures are available on **our** website and other product documentation.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). **You** may be entitled to compensation from the scheme if **we** cannot meet **our** financial responsibilities. This depends on the type of business and the circumstances of the **claim**. Insurance advising and arranging is covered for 90% of the **claim**, with no upper limit. **You** can find more information about the Financial Services Compensation Scheme from the FSCS website at: www.fscs.org.uk or write to:

Financial Services Compensation Scheme
10th floor, Beaufort House
15 St Botolph Street
London
EC3A 7QU
United Kingdom.

How you can help us contain your premium

Fraud, let's beat it together

Healthcare fraud increases premiums for **our** customers and **we** do our very best to eliminate it.

There may only be a relatively small number of individuals or providers who engage in medical insurance related fraud, but maladministration, including innocent and careless overcharging for **treatments** and services, also raises the cost of medical insurance.

Fraud is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

Fraud is a crime

Examples of fraud include:

- giving false or misleading information in order to obtain insurance or a reduction in premium;
- claiming for **treatments** or services not received;
- altering or amending invoices or any other documents;
- deliberately failing to disclose previous medical history when required;
- falsifying diagnosis;
- claiming from more than one insurer for the same **treatment** or service; and
- using somebody else's insurance to obtain **treatments** or services.

Examples of maladministration include:

- duplicate billing;
- incorrect billing for **treatments** or services; and
- providing unnecessary treatments or services.

Here are some simple steps you can take to help protect yourself and keep premiums down:

- Compare invoices with **your** records. Check the dates are correct and the **treatments** or services were actually provided to **you**.
- Ask questions if **you** do not understand, or if there are any discrepancies.
- Liaise closely with **us** in the event of a **claim**.
- Contact **us** if **you** are concerned that **your medical practitioner** is providing **treatment** that is not necessary for **you**.
- Carefully complete any **Claim** forms. If there is anything **you** do not understand or are unsure of, please ask **us**.
- Look after **your** insurance details and documentation.
- Make sure **you** understand any documentation before **you** sign.
- Keep copies of any documentation and correspondence.
- Report suspected fraud to **us**.

We are committed to protecting **you** against fraud and also have statutory responsibilities to prevent **our** products from being used as a vehicle for financial crime.

We operate strict controls to deter, prevent, detect and investigate fraud.

We work closely with others to prevent fraud

We work in conjunction with other insurance providers and the following organisations to prevent and detect fraud;

- International Insurance bodies;
- International Police and Investigative agencies; and
- Governmental departments.

Suspect fraud?

Fraud and Investigation referrals:

Fraud and Investigation e-mail: fraudgovernance@aetna.com

Fraud and Investigation Confidential telephone line: +44-(0)1252-896-383

Definitions

Wherever **we** use the words 'including', 'include', 'in particular', 'for example' or any similar expression any following information is given as an example only, not a full list, and will not limit the sense of the words, description, definition, phrase or term before those words.

Abuse – the excessive use of alcohol, drugs or any other intoxicating substance. This includes use of drugs in a manner or in quantities other than as directed or prescribed on medical authority or for a reason other than that for which it was originally prescribed.

Accident – any involuntary, sudden or unexpected event resulting in a **bodily injury** to **you**.

Acute – a **medical condition** that responds to **treatment**, which aims to return **you** to **your** previous state of health or leads to **your** full recovery.

Area of cover – the geographic area of the world in which **your plan** applies. This is shown on **your** Certificate of Insurance.

Benefit – the cover provided by **your plan** and any extensions or restrictions shown in **your Plan** guide, Certificate of insurance or Table of **benefits**.

Birth defect – any deformity, abnormality or disability caused during childbirth.

Bodily injury – any physical harm or damage to **you**.

Business colleague – an associate who is employed by the same company as **you**.

Card – Visa or MasterCard.

Chronic – a **medical condition** that has one or more of the following characteristics:

- needs ongoing or long-term monitoring through consultations, examinations, checkups or tests;
- needs ongoing or long-term control or relief of symptoms;
- needs rehabilitation or special training to cope with it;
- continues indefinitely;
- has no known cure;
- comes back or is likely to come back.

Claim – when **you** or **your** agent, personal representative, assignee or trustee in bankruptcy seek payment or settlement under the terms and conditions of the **plan**.

Close family member – a son, daughter, stepson, stepdaughter, legally adopted son, legally adopted daughter, husband, wife, partner, parent, step-parent, legally adoptive parent, parent-in-law, grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law or legal guardian.

Co-insurance – the percentage of costs that **you** must pay for a covered **claim**.

Congenital abnormality – a **medical condition** that is present at birth or is believed to have been present since birth, whether it is **inherited** or caused by an environmental factor.

Consequential loss – any costs **you** must pay that may be associated with a **claim**, but are not covered under a **plan**. For example, loss of earnings as a result of a **medical condition**.

Continuation of Personal Medical Exclusions – continuation of the same underwriting terms, including any special exclusions, that applied to **you** with a previous insurer. The underwriting terms with **us** can be **CPME previously moratorium** or **CPME previously FMU**. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**. See the 'Transfers' or 'Group member transfers' section and the **CPME previously moratorium** and **CPME previously FMU** definitions in this **Plan** guide for more information.

Country where you live, country where a member lives – the country **you** live in for most of the time, usually for a period of at least six months during a **plan year**.

CPME – see **Continuation of Personal Medical Exclusions.**

CPME previously FMU – continuation of **your** full medical underwriting terms with a previous insurer. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**, including **benefit** exclusion BE2. **Benefit** exclusion BE1 will not apply.

CPME previously moratorium – continuation of **your** moratorium start date if **you** had moratorium underwriting terms with a previous insurer. **You** will not be subject to any new personal underwriting terms. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us**, including **benefit** exclusion BE1. **Benefit** exclusion BE2 will not apply.

Critical – a **medical condition** that is unstable and serious, where the outcome cannot be medically predicted, prognosis is uncertain and the person may die.

Curtailed, curtailment – **you** abandon a **trip**.

Date of joining – when **you** first became a **member** on the **plan**.

Daycare treatment – **treatment** at a **hospital** or daycare unit when medical supervision is needed for four or more hours for recovery, but **you** do not stay overnight.

Deductibles – any **co-insurance** or **excess** that applies to **your plan**.

Dental – that which affects the teeth and gums.

Dependant – a **planholder**, employee or affinity **member's**:

- husband, wife or partner;
- unmarried child, stepchild or legally adopted child under the age of 18;
- unmarried child, stepchild or legally adopted child aged 18 to 24 who is in continuous full-time education. **We** may need written proof from the educational facility where they are enrolled.

Diagnostic tests and procedures – a **medically necessary** test or examination to investigate the cause of **your** symptoms.

Emergency – a sudden, unexpected **acute medical condition** or an unexpected **acute** episode of a **chronic medical condition** that, without **treatment** within 48 hours of onset, could result in death or serious damage to bodily functions.

End date – the last day **you** have cover under a **plan**.

Excess – the amount **you** must pay towards the cost of a covered **claim** as shown on **your** Table of **benefits**. The different types of **excess** are:

- **Excess** for each visit - **you** must pay this **excess** for each consultation with a **medical practitioner** or **specialist**, no matter how many **medical conditions** are treated by them during one consultation.
- **Excess** for each **medical condition** - this **excess** applies to each **medical condition** claimed in each **plan year**. For example, if **you** make four **claims** for two **medical conditions**, **you** must pay two **excesses** in the **plan year**.
- **Excess** for each **member** - this **excess** applies to **you** once every **plan year**, no matter how many **claims you** make in each **plan year**.
- **Excess** for each **claim** - **you** must pay this **excess** for each **claim you** make.

FMU – see **Full Medical Underwriting**.

Foreseeable – a **medical condition** that could be reasonably anticipated.

Full Medical Underwriting – the process that **we** use to assess **your** medical history and decide the special terms **we** offer **you**. Cover will still be governed by the **benefits**, terms and conditions of **your plan** with **us** except for **benefit** exclusion BE1.

Hazardous pursuit – any activity or sport that places **you** at an increased risk of suffering a **medical condition** or making an existing **medical condition** worse.

Home country – the country **you** are from as given to **us** on **your** application.

Hospital – a legally licensed facility providing **treatment** under the laws of the country in which it is located.

Immediate family – a blood relative.

Inherited – a **medical condition** which is hereditary.

In-house doctor – a doctor who is employed by the **hospital**, is considered a permanent member of staff and charges in line with **hospital** tariffs.

In-patient treatment – **treatment** at a **hospital** where **you** need to stay in a bed for one or more nights.

Intrinsic value – the actual cash value of an item at the time of loss or damage, including appropriate deductions for wear and tear.

Lifetime limit – the total amount that will be paid for any eligible costs incurred during any time **you** are covered on any one or more **plans** with the same, or equivalent **benefit**, even if there is a break in **your** cover. See **benefit** condition BC8 for more information.

Main member – the person who is named first on a valid Certificate of insurance.

Medical condition – signs or symptoms, injury, illness, sickness or disease.

Medical History Disregarded – **we** will cover **pre-existing medical conditions** suffered by **you**, subject to the **benefits**, terms and conditions of **your plan**. **Benefit** condition BC5 and **benefit** exclusions BE1 and BE2 will not apply.

Medical necessity, medically necessary – **treatment** prescribed by **your medical practitioner** or attending **specialist**, which is appropriate for **your medical condition** and is in line with accepted medical standards.

Medical practitioner – a person who is registered and licensed to practise medicine in the country where **treatment** is provided and has obtained the primary degrees in medicine and surgery following attendance at a recognised medical school listed within the World Directory of Medical Schools published by the World Health Organisation.

Member – see **you**, **your**, **yourself**.

MHD – see **Medical History Disregarded**.

Moratorium – a waiting period of 24 months from **your date of joining**, or the date shown on the special terms section of **your** Certificate of insurance, that must have passed before **claims** for **pre-existing medical conditions** or **related medical conditions** may be eligible under the **UltraCare plan**. See **benefit** exclusion BE1 for more information. The **moratorium** also applies to the Maternity add-on **plan**.

Natural teeth – any teeth that are original and organic, not artificial implants or replacements.

Nurse – a person who is qualified in nursing, currently practising and on the professional register of nursing in the country where **treatment** is provided.

Orthodontic – that which affects the structure, function, development or appearance of the teeth, upper or lower jaw or the oral cavity.

Our – see **us**.

Out-patient treatment – **treatment** in a **hospital**, consulting room or clinic when **you** do not need a bed.

Palliative treatment – any surgical or medical services aimed to relieve the symptoms rather than to cure, stop, reverse or delay progression of the **medical condition** causing them.

Personal effects – personal belongings, including clothing worn and baggage owned by **you**, that **you** take with **you** on **your trip**.

Physiotherapist – a person who is qualified to practise physiotherapy and is licensed in the country where **treatment** is provided.

Plan – the contract between the **planholder**, **you** and **us**.

Plan administrator – the person who acts as co-ordinator with **us** for **your** group **plan**, as chosen by the **planholder**.

Planholder – the person or organisation **we** have issued the **plan** to as named on a valid Certificate of insurance.

Plan start date – the date the **plan** begins each year.

Plan year – a period of 12 months from the **plan start date**, as shown on a valid Certificate of insurance.

Pre-authorise, **pre-authorised**, **pre-authorisation** – the process **you** must follow to obtain approval from **us** before receiving **treatment** or services, or incurring costs.

Pre-existing – any **medical condition** or **related medical condition** which has one or more of the following characteristics:

- was **foreseeable**;
- clearly showed itself;
- **you** had signs or symptoms of;
- **you** asked for advice about;
- **you** received **treatment** for;
- to the best of **your** knowledge, **you** were aware **you** had.

Preventative services – medical services where no **medical condition** or symptoms are present.

Professional sports – any sport that **you** are paid to engage in and where any payment received is the main source of **your** income.

Psychiatric – that which affects **your** mind, mental function or emotions, whether the cause is organic, traumatic or reactive.

Public transport – any paid and licensed form of transport.

Reasonable – the average cost of **treatment**, expertise or services given by similar types of provider:

- within the same country or geographical region; and
- based on **our** experience and knowledge.

Related medical condition – a **medical condition** that in the opinion of both **your medical practitioner** or **specialist**, and **us** is:

- a direct or indirect result of another **medical condition**;
- associated with another **medical condition**; or
- an associated risk factor of another **medical condition**.

Renewal date – the anniversary of the **plan start date** as shown on a valid Certificate of insurance.

Routine health check – **diagnostic tests and procedures** where no **medical condition** or symptoms are present.

Specialist – a **medical practitioner** who is practising and has a recognised:

- certificate of higher specialist training;
- consultant appointment or equivalent;

in the relevant field of medicine in the country where **treatment** is provided.

Start date – the date **you** join the **plan** or any future **renewal date** as shown on a valid Certificate of insurance.

Terminal – the end stages of a **medical condition** where life expectancy is considered to be days or weeks and only **palliative treatment** is given.

Therapist – an osteopath, chiropractor, homeopath, podiatrist, acupuncturist or Chinese herbalist who is qualified and licensed in the country where **treatment** is provided.

Treatment – any surgical or medical services, including **diagnostic tests and procedures**, that are needed to diagnose, relieve or cure a **medical condition**.

Trip – a journey or period of travel which does not exceed the duration shown on **your** Travel add-on **plan** Table of **benefits**. This includes the dates of departure from and the return to the **country where you live** as given to **us** by the **planholder**.

UltraCare plan – the healthcare **plan**.

Us – the insurer as shown on the Certificate of insurance.

Valuables – photographic, audio, video, computer or electrical equipment of any kind, mobile phones, glasses, sunglasses, binoculars, telescopes, musical instruments, antiques, fine art, furs, leather goods, animal skins, watches, jewellery, and any items made of, or containing, gold, silver, precious metals, precious or semi-precious stones.

Vehicle – any mode of transport that carries people on land, water or by air.

Visiting doctor – a **medical practitioner** who is not employed by the **hospital**, but has a contract to use the **hospital** facilities and may have different charges to the **hospital** tariffs.

We – see **us**.

You, **your**, **yourself** – a person who has met the eligibility criteria of the **plan** and is named on a valid Certificate of insurance.

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InterGlobal

Following an acquisition by Aetna Inc., InterGlobal Insurance Company Limited has changed its name to Aetna Insurance Company Limited. The company will continue to trade under the 'InterGlobal' brand until further notice. InterGlobal Limited has changed its name to Aetna Global Benefits (UK) Limited.

The words 'Aetna' and 'other Aetna entities' when used in this document mean Aetna Insurance Company Limited and include any other Aetna International Inc. group company as the context requires.

Whenever coverage provided by any insurance policy would be in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

Plans are underwritten by Aetna Insurance Company Limited, registered in England (Company Registration No. 5956141), which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Firm Reference No. 458505). Plans are administered on behalf of the insurer by Aetna Global Benefits (UK) Limited, registered in England (Company Registration No. 03554885), which is authorised and regulated by the Financial Conduct Authority (Firm Reference No. 312279). Both companies are registered at 50 Cannon Street, London, EC4N 6JJ, United Kingdom.

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