



Your health means the world to us

Global Choice

Member Guide

Welcome to Global Choice

International health protection that flexes around you



Introduction

Welcome to Global Choice. This member guide outlines how to use **your** plan and should be read in conjunction with **your benefit schedule**, which highlights the **benefits** applicable to **your cover**, and **your certificate of insurance**.

Please read these documents carefully to ensure **you** are aware of all the **benefits**, terms and conditions that are applicable to the **cover** provided.

If **you** have any queries regarding any of the **cover** provided, if **you** require more details about this **policy**, or if **you** have any changes in **your** personal circumstances or information, please contact **us**.

Table of Contents

Contacting us	4
Membership pack	5
Understanding your policy	6
How to make a claim	7
Definitions	9
What is covered	13
What is not covered	14
General conditions and information	16
How to make a complaint	18



1. Contacting Us

We understand that there may be times when **you** need to contact **us** for information. **Your** queries may involve clarification of the **cover you** have, whether a particular **medical condition** is covered under the **policy**, how to make a claim or obtain **pre-authorisation** for **your treatment**, or to understand the status of **your** claim. Below are the key details:

Claims and Emergency Assistance (24/7)

Customer Service

Tel: +1 905-532-3648
Fax: +1 905-762-5194
Email: globalservice@generalihealth.com

Pre-authorisation and Medical Emergencies

Tel: +1 905-532-3648
Fax: +1 905-762-5194
Email: medical@generalihealth.com

Claims Enquires

Tel: +1 905-532-3648
Fax: +1 905-762-5194
Email: claims@generalihealth.com



Our Member Portal

The member portal allows **you** to submit **your** claims online to review the status of **your** claim and to look up provider details on **our** provider network. The member portal has details of the toll free numbers nearest to **you**. Please access the portal for further details.

www.mobile.generalihealth.com



Your Membership Card

All of **your** key contact information is detailed on **your** membership card and **we** recommend that **you** carry **your** membership card with **you** at all times. This card holds **your** personal membership number and enables **us** to identify **you**.



365/24

2. Membership Pack

This member guide forms part of your membership pack which consists of the following documents/items:

membership card

The plan has been designed to be with **you** when **you** need it most and for this reason **we** provide a personalised membership card for **you** and each **insured person** in **your** family.

Please note that the possession of this card does not necessarily guarantee **cover**. If **you** are no longer covered by the **policy**, **your** card and membership number will be ineffective.

If **you** or any **insured person** loses a membership card, or if a correction is required, simply contact **us** and **we** will arrange for a new card to be sent to **you**. If **you** have urgent need of a new card, a temporary version is always available to be downloaded from **our** portal.

certificate of insurance

Your certificate of insurance outlines the level of **cover** under the **policy** and provides information on:

- what area of the world **you** are covered for
- the effective **start date of your cover**
- the **renewal date** of the **policy**
- the names and **date of entry** of any **dependant** covered by the **policy**
- any **deductible**, **co-insurance** and **waiting periods** that may apply; and
- the underwriting terms applicable to the **policy**.

You will receive a **certificate of insurance** when:

- **you** join Global Choice
- **you** change any personal details (e.g. add or remove any **dependants**)
- **your cover** is renewed at the beginning of each group **renewal date**.

Please check both **your** membership card and **certificate of insurance** to confirm all personal information is correct. Please contact **us** as soon as possible if any corrections are required.

You should look after **your certificate of insurance** as **you** may need to produce this in certain jurisdictions to renew **your** visa and to demonstrate proof of **coverage**.

benefit schedule

The **benefit schedule** outlines all the healthcare services and procedures that are covered by the **policy**. Please read this carefully so that **you** understand what is and what is not covered and the financial limits that apply.

important information

Throughout the member guide certain words and phrases appear in **bold** type. This indicates that they have a special medical or legal meaning. Please refer to section five 'Definitions'.



3. Understanding Your Policy

Your policy is designed to provide financial protection for the times **you** may require **treatment** and have incurred a financial cost. **Your benefit schedule** will confirm which **benefits** are available to **you**.

In order to help **us** support **you** effectively **we** recommend that **you** contact **us** in order to pre-authorise any admission to hospital, surgical **treatment** or major scans such as an MRI, CT or PET scan. This will enable **us** to review the required **treatment** and associated costs and confirm whether **you** will be covered under the terms of **your policy**. **We** recommend **you** notify **us** at least five business days prior to any planned, non-emergency admission or **treatment**. **You** can refer to **our** website for contact details of the Service Centre or refer to the back of **your** membership card for details. Alternatively, a **pre-authorisation** form can also be obtained from **our** website or secure member portal.

There are some services where **we** actively require **you** to pre-authorise and these are listed below:

- any **treatment** in the United States of America
- **cancer** care
- **emergency** assistance and evacuation & repatriation services, including repatriation of mortal remains
- compassionate travel
- hospice care
- **in-patient** psychiatric care
- nursing at home
- organ transplant
- **rehabilitation**; and
- renal dialysis.

These **benefits** are marked with an (☎) in **your benefit schedule**.

You can access **our** services through **our** Service Centre. The contact details are available on the back of **your** membership card and in section one of this booklet.

important information

Failure to pre-authorise for these services may mean that some or all of the costs involved will be **your** responsibility to pay.



4. How to Make a Claim

There are different ways in which **your** claim can be settled. For some **treatment** services **we** will be able to arrange direct settlement of the costs with the medical provider. These will include pre-authorized **treatment** as well as certain **out-patient** services within the provider network.

There are certain **treatments** that are not available for direct settlement or do not fall within **our** medical network. For these **treatments you** will be required to pay for the cost of the claim and seek reimbursement from **us** for all eligible expenses.

If **you** receive **treatment** that is not eligible under **your policy** through the **out-patient** direct settlement network, **you** are liable for the costs incurred. **We** may offset valid claims against outstanding funds due to **us** or **we** may suspend **your benefits** until the **policyholder** or **you** have settled the outstanding amounts due to **us** in full.

Direct settlement (pre-authorization)

Contact us five days before the planned **treatment**.

We will send a **pre-authorization** form to **you** or to the hospital.

Please complete and sign the relevant sections of the form including the patient's declaration. The **hospital** will complete the medical section, attach estimates and/or invoices and send the claim to **us**.

If eligible, **we** agree to pay the hospital/clinic directly and once paid **we** will send **you** a **benefit** statement showing the details of what was paid (including details of any items that **you** may have to pay, such as any ineligible items).

Out-patient direct settlement in network facilities (where available)

For **medical practitioner/specialist** consultations and the dispensing of prescription medications (where available).

Take **your** ID card into the medical facility for validation. The medical facility will make **you** aware of any items that **you** may have to pay (such as any **co-insurances** applicable or any ineligible items).

The network facility will send the bill for all eligible items directly to **us** for settlement.

We will send **you** a **benefit** statement showing the details of what was paid.

Treatment for which you have already paid. (reimbursement claims)

The **hospital/medical practitioner** should complete the medical section of the claim form. Please complete all other sections, attach receipts and send the claim to **us**. This can be done via traditional post, through **our** on-line portal or by e-mail. Please see the section overleaf on reimbursement claims for full details of the information required to be completed.

We then pay **you** directly and will send **you** a **benefit** statement showing the details of what was paid (including details of any items that **we** were unable to pay, such as any ineligible items).

4. How to Make a Claim (continued)

reimbursement claims

A reimbursement claim form can be downloaded from the website at www.mobile.generalihhealth.com

Please fill in the relevant section of the claim form completely. Failure to complete all sections of the form could result in a delay to **your** claim.

Always get the medical section of the claim form completed by **your** treating **medical practitioner/specialist** (or get a medical report) and attach it with other reimbursement documents.

Copies of the following documents should be attached to **your** form:

- any itemized bills provided
- payment receipts/credit card slips
- prescriptions
- discharge summary (in case of **hospital** admission).

Before submitting a claim, please keep a copy of **your** claim documents for future reference, including all original documents as **we** may request these.

It may not always be possible to assess the eligibility of **your** claim from the claim form alone, therefore **we** may sometimes ask **you** for additional information. This will only ever be reasonable information that **we** need to assess **your** claim.

You can submit a reimbursement claim on-line via **our** member portal at www.mobile.generalihhealth.com

important information

You can track the progress of **your** claim by logging onto **your** internet portal.

- **you** must send **us your** claim within 6 months of the **treatment** date
- please note that any fee that **your medical practitioner** may charge for completing a **pre-authorisation** or claim form is **your** responsibility
- **we** recommend that **you** keep copies of all documents that have been forwarded to **us** for **your** records.

receiving treatment in the United States of America

If **you** require **treatment** in the USA, please check if **you** have **coverage** for **treatment** in this **geographical area**, as there may be restrictions in the **cover** that is provided under the **policy**. **We** strongly recommend **you** pre-authorise any **treatment** in the USA with **us**. **Treatment** costs in the USA can be expensive and so **we** work hard to actively create a medical network of **hospitals** who can provide **treatment** fees at preferential rates. Failure to use these **hospitals** can incur a penalty fee which will be **your** responsibility to pay. Please ensure that **you** are aware of the penalties that may apply to non-network **treatment**. If **you** are unsure as to whether a **hospital** or other medical facility is in **our** network, please contact **us** before undertaking any non-emergency **treatment**.

what to do in an emergency

Where possible, in an **emergency** situation please contact the international customer service helpline specified on the back of **your** membership card. This service is available 24 hours a day, where **our** team of specially trained advisors can help coordinate arrangements with local **hospitals** or even arrange for an evacuation or repatriation, depending on **your** circumstances. However there may be occasions where **you** have not been able to contact **us** in advance of **treatment** and **you** are admitted to **hospital**. Do not delay in receiving **treatment**. **You** or **your** representative should try to contact **us** at the earliest practical opportunity (usually within 48 hours of the **emergency** occurring). Alternatively make sure that the **hospital** is aware of **your** insurance **cover** with **us** so that they can contact **us** on **your** behalf. **We**, or **our** partners, will then communicate with the **hospital** to enable direct settlement.

waiting periods

Certain **benefits** may be subject to **waiting periods**. These **waiting periods** begin on **your policy start date** or on **your date of entry** (whichever is the later) and will be noted on **your certificate of insurance**.

5. Definitions

Throughout the handbook certain words and phrases appear in **bold** type. This indicates that they have a special medical or legal meaning. Wherever a word appears in bold type, please read the relevant definitions below for guidance.

A

accident

A sudden, unexpected, unforeseen or involuntary external event that results in physical injury to an **insured person** during the **period of cover**.

act of terrorism

An act of terrorism means an act, including but not limited to, the threat or use of force or violence of any person or group of persons whether acting alone or on behalf of any organisations or governments, committed for political, religious, ideological or similar purposes or reasons including the intention to influence governments and/or to put the public or any section of the public, in fear.

acute

The sudden onset of a **medical condition** which is likely to respond quickly to **treatment**.

appliances

Devices and equipment when used as an integral part of a surgical procedure administered by a **medical practitioner** or **specialist** except those defined as **prosthesis** or **durable medical equipment**.

B

benefit(s)

Insurance **cover** provided under the **policy** and any extension, restrictions, special conditions or endorsements as noted in **your certificate of insurance**.

benefit limit(s)

A limitation that applies to selected **benefits** or particular parts of a **benefit** as noted on **your benefit schedule**. These can either be limited by cost or frequency. All **benefit** limits are applied per **insured person**, and either per **medical condition** or per **period of cover**.

benefit schedule

The list of **benefits** outlining the scope of **cover** provided including **benefit** limits that may be applicable.

C

cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

certificate of insurance

The certificate outlining details of the **policyholder**, the **insured persons**, the **period of cover**, the **date of entry** of each **insured person** and the **start date** and expiry date of the **cover**, a summary of the level of **cover** provided (which should be read in conjunction with the **benefit schedule**), the **geographical area** of the **cover**, as well as any **deductible**, **co-insurance** and **waiting periods** that may apply.

chronic condition

A disease, illness or injury which has one or more of the following characteristics:

- It is recurrent in nature
- It has no known recognised cure
- It requires prolonged monitoring and/or supervision through consultations, **examinations**, check- ups, tests or medication
- It needs **palliative treatment**
- It requires **your rehabilitation** or for **you** to be specially trained to cope with it
- It may lead to disability.

co-insurance

Applies to select **benefits** and is the amount that is shared between **us** and **you** for each **treatment** undertaken. Where applied, they apply to each **insured person** for each **period of cover**.

complementary treatment

Refers to therapeutic and diagnostic **treatment** that exists outside the institutions where conventional medicine is taught and specifically refers within the **cover** to acupuncture, homeopathy, osteopathy, chiropractic **treatment**, podiatry, traditional Chinese medicine and ayurvedic medicine, provided by a practitioner who is qualified and licensed to practice in the country where the **treatment** is given.

congenital disorder

Abnormalities, deformities, diseases, illnesses or injuries present at the time of birth, whether diagnosed at the time or not.

country of residence

The country where **you** reside for a period of no less than three months per **period of cover**.

cover

The level of insurance coverage which applies to **you** and any **dependants** and is subject to financial limits which are set out in **your certificate of insurance** and **your benefit schedule**.

5. Definitions (continued)

D

day-patient

A person who is admitted to a **hospital** or day care unit where they need a period of medically supervised recovery but do not stay overnight.

date of entry

The date shown on the **certificate of insurance** on which **you** were first included under the **policy** and where **you** have been on continuous **cover** with **us**.

deductible

The annual amount that each **insured person** must pay each **period of cover** before the **policy** will pay certain **benefits**. Where applied, deductibles are payable per **insured person** per **period of cover**, unless indicated otherwise in the **benefit schedule**. Deductible amounts applicable will be indicated in **your certificate of insurance**.

dental practitioner

A person who is legally licensed to carry out this profession by the relevant licensing authority to practise dentistry in the country where the dental **treatment** is given and recognised by **us**.

dependant(s)

One spouse or adult partner or any unmarried children, step-children or legally adopted children provided that they are under the age of 19 (or under age 26 and in full-time education) on the **start date** of the **policy** or at any subsequent **renewal date**. All dependants must be named as **insured persons** in the **certificate of insurance**.

diagnostic tests

Investigations such as x-rays, blood tests and pathology to assist in finding the cause of symptoms of a **medical condition**.

drugs and dressings

Essential prescription drugs, dressings and medicines needed to treat an eligible **medical condition**, which are authorised and recognised in the country where they are prescribed and are administered by a **medical practitioner** or **specialist**.

durable medical equipment

Any items, supplies, equipment or devices used in the course of medical **treatment** or home care. These may include but are not limited to orthopaedic supports and braces (including arch-supports), crutches, wheelchairs, speaking aids and any medical or surgical supplies.

E

emergency

A sudden, serious, and unforeseen **acute medical condition** or injury requiring immediate medical **treatment** to avert death or significant bodily impairment. Such **treatment** being undertaken within 24 hours of the condition or injury occurring.

emergency dental treatment

Dental **treatment** necessary as a result of an **accident** caused by an extra-oral impact (i.e. any form of impact/ **accident** or injury occurring from outside the oral cavity) received within 48 hours from the date and time of the **accident** for the immediate relief of pain caused by natural teeth being lost or damaged.

examinations

Routine examinations including a review and record of the patient's complete medical history, a check of all body systems and a review and discussion of the exam results with the patient.

Well-child examinations include a review and record of the child's complete medical history, a check of all body systems in accordance to normal growth and development.

G/F

geographical area

The geographical scope of the **cover** provided and where **treatment** can be undertaken. This will be highlighted in **your certificate of insurance**.

group agreement

The agreement **we** have with the **policyholder** which sets out which persons are eligible to be covered under the **policy**, when **cover** begins, how it is renewed and how premiums are paid.

H

home birth

Delivery of a child in a non-clinical setting using natural childbirth methods attended by a midwife with expertise in managing home births.

hospital

Any establishment, which is licensed as a medical or surgical hospital under the laws of the country where it operates or other suitably licensed medical facilities used for the same purpose and which are licensed and supervised by the appropriate medical authorities in the country in which they are based.

I/J/K

immediate family member

A blood relative limited to mother, father, brother, sister, son or daughter.

in-patient

A patient who is admitted to **hospital** and who occupies a bed overnight or longer for medical reasons.

insured person(s)/you/your

The **principal member** and the **dependants** (if any) named on the **certificate of insurance**.

M

medical condition

Any disease, injury, or illness, including **mental health disorders**.

medically necessary

Treatment, which in the opinion of a qualified **medical practitioner/specialist** is appropriate and consistent with the diagnosis, is proven and demonstrated to have medical value and which is in accordance with generally accepted medical standards, could not have been omitted without adversely affecting the **insured person's** condition or the quality of medical care rendered. Such **treatment** must be required for reasons other than the comfort or convenience of the patient or **medical practitioner/specialist** and provided only for an appropriate duration of time.

medical practitioner

A physician who has attained primary degrees in medicine or surgery at a recognised medical school and who is licensed to practice medicine under the law in the country in which **treatment** is given within the limits of their license.

mental health disorders

Any disorder associated with substantial distress or impairment which impacts the patient's ability to function in a major life activity, such as employment. These disorders must meet international criteria classification against, for example, the Diagnostic and Statistical manual (DSM-IV-TR).

N/O

new born

A baby who is within the first 16 weeks of its life following birth.

out-patient

A patient who attends a hospital, consulting room or clinic and is not admitted as a **day-patient** or **in-patient**.

P/Q

palliative treatment

Treatment aimed at alleviating the physical/psychological suffering of progressive, incurable illness.

period of cover

The period of cover set out in the **certificate of insurance**. This will usually be a 12-month period starting from the **start date** or any subsequent **renewal date** as applicable.

physiotherapy

Treatment recommended by a **medical practitioner/specialist** as being **medically necessary** to treat an illness, bodily injury or **medical condition** where provided by a licensed and qualified **physiotherapist**.

Physiotherapy does not include ante-natal and maternity exercises, manual therapy or sports massage.

physiotherapist

A practising physiotherapist who is registered and licensed to practise medicine in the country where **treatment** is provided.

policy

Our contract of insurance with the **policyholder** and the **cover** which it provides to **you**.

policyholder

The company or other organisation that employs the **principal member** and which has taken out the **group agreement** with **us**.

policy maximum

The maximum **we** will pay for all **benefits** in total, per **insured person**, per **period of cover**.

pre-authorisation

The confirmation needed from **us** before receiving **treatment** of an injury or **medical condition** for selected **benefits** as defined in the **benefit schedule**.

pre-existing condition

Any **medical condition**, **mental health disorders** or any **related condition** for which **you** have received **treatment**, suffered any symptoms (whether investigated or not) or sought advice for prior to **your date of entry**.

pregnancy

Refers to the period of time from conception until delivery.

premature birth

A baby born prior to the start of the 37th week of **pregnancy**.

principal member

An employee of the employer who **we** have agreed to **cover** under the **policy**.

prosthesis

An artificial substitute or replacement for part of the body including but not limited to artificial heart valves, eyes, joints and limbs.

qualified nurse

A nurse whose name is currently on any register or roll of nurses, maintained by any statutory nursing registration body within the country where **treatment** is provided and recognised by **us**.

R

reasonable and customary charges

The standard fee that would typically be made in respect of **your treatment** costs, in the country where the **treatment** took place. **We** may require such fees to be substantiated by an independent third party.

rehabilitation

Medically necessary treatment in the form of a combination of therapies such as physical, occupational or speech therapy aimed at restoring independent activities of daily living and the normal form and/or function of an **insured person** following a **medical condition**.

related condition(s)

Any **medical condition** that **we** deem to be either an underlying cause of or directly attributable to the **medical condition** to which **you** are claiming.

renewal date

The anniversary of the **start date** of the **policy**. This will be the day following the expiry date as shown on the **certificate of insurance**.

5. Definitions (continued)

room and board

Refers to a standard private single room or semi-private room with a private bathroom.

new born care

Refers to any **medical condition** arising which requires **treatment** within the first 30 days of birth.

S

specialist

A surgeon, anaesthetist or physician who has attained primary degrees in medicine or surgery who is licensed to practise medicine by the relevant authority in the country where the **treatment** is given, and is recognised as having a specialised qualification in the field of, or expertise in, the **treatment** of the disease, illness or injury being treated.

start date

The date from which **your cover** begins under the **policy** as shown on **your certificate of insurance**.

T

terminal

Where **treatment** can no longer be expected to cure the **medical condition** and with death anticipated within 12 months of diagnosis.

treatment(s)

Any medical, dental or surgical services (including **diagnostic tests**) that are needed to diagnose, relieve, manage or cure any **medical condition**, illness or injury under the direction of a recognised **specialist**.

U

urgent medical care

The provision of immediate **out-patient** medical service for the **treatment** of an **acute medical condition** or injury, such that should immediate care not be provided, it could lead to deterioration or significant impairment of bodily function.

V

vaccinations

All basic immunisations and booster injections under the regulation of the country where the **treatment** is given and any **medically necessary** travel vaccinations and malaria prophylaxis. Routine vaccinations and immunisations include Diphtheria, Hepatitis A & B, Measles, Mumps, Pertussis, Polio, Rubella, Tetanus, Varicella, Haemophilus Influenza B, Rotavirus, Meningococcal and Pneumococcal Conjugate.

W/X/Y/Z

waiting period

Is a period of time starting on the **date of entry** of the **insured person**, during which the **insured person** is not entitled to **cover** for particular **benefits**. **Your benefit schedule** will indicate which **benefits** are subject to waiting periods.

we/us/our

Assicurazioni Generali S.p.A UK Branch and any company(ies) that provide administrative, management and related services involved in the operation of this **policy**.

6. What is Covered

All the **benefits** covered by this **policy** are shown in the **benefit schedule**. The **benefit limits** are per **insured person** and either per **medical condition** or per **period of cover**, with lifetime limits applicable for certain specific **benefits**.

Please remember that this guide is not intended to **cover** all eventualities. **Our policy** has been designed to provide **cover** for **reasonable and customary charges** and for **medically necessary** and active **treatment** of disease, illness or injury.



7. What is Not Covered

There are certain **medical conditions** and **treatment** that **we** do not **cover**. If **you** are unsure about anything in this section, please contact **us** for confirmation that **you** are eligible before **you** go for **your treatment**.

personal exclusions

Please check **your certificate of insurance** to see if **you** have any personal exclusions or restrictions on **your policy**.

The exclusions in this section apply in addition to and alongside any such personal exclusions and restrictions and apply to any and all **related conditions**, their complications or increases in costs arising from them.

A

artificial life maintenance

Artificial life maintenance including life support machine use where such maintenance is judged by the treating **medical practitioner** or **specialist** that it will not result in recovery or restore **you** to **your** previous state of health.

alcohol and substance abuse

Medical **treatment** and/or care for alcoholism, drug and substance abuse/dependency including any **medical condition** and/or bodily injury directly or indirectly arising from such abuse or dependency or for any **treatment** due to the **insured person** being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs, narcotics or other such substances.

B

birth control

Investigations, **treatment**, tests or prescribed **drugs and dressings** related to contraception, sterilisation, termination of **pregnancy** or family planning.

chemical contamination and exposure

Treatment of any **medical condition**, or for any claim arising directly or indirectly from chemical or biological contamination, exposure to asbestos or from contamination by radioactivity from any nuclear material whatsoever, however caused, including those caused by or contributed to by an act of war or **act of terrorism**.

C

conflict/acts of terrorism

Claims resulting from war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, riot, civil commotion, military or usurped power or any act of terrorism, except where such injury/illness is sustained as an innocent bystander and where there was no exposure to nuclear, chemical or biological weapons or contamination.

consequential loss

Consequential loss of any kind including without limitation loss of income, loss of opportunity and loss of profit.

cosmetic treatment

Treatment costs relating to cosmetic or aesthetic **treatment** or any **treatment** which is carried out to restore **your** appearance as a result of any **medical**

condition or psychological condition, injury or previous surgery except as is particularly specified in the **benefit schedule**.

convalescence

Provision of care when it is used solely or primarily for convalescence, supervision, pain management or any other purpose other than for receiving eligible **treatment** as specified in the **benefit schedule** or for the purpose of receiving services which would not normally require trained medical professionals to provide such assistance.

criminal acts

Intentional, fraudulent, illegal, criminal acts by the **insured person**, including resisting authority.

D

dental treatment

A **medical condition** or **related condition** arising from or as a consequence of gum disease, including but not limited to gingivitis or periodontitis, including the **treatment** of bone disease when related to gum disease.

Any other dental **treatment** except as outlined in **your benefit schedule** and as specified on **your certificate of insurance**.

dietary supplements

Dietary supplements and substances including but not limited to vitamins, minerals, protein supplements, infant foods and organic substances regardless as to whether prescribed by a **medical practitioner/specialist** and/or are acknowledged as having therapeutic effects. However, products classified as vitamins and minerals are covered if needed during

pregnancy, to treat diagnosed clinically significant vitamin deficiency syndromes or form part of an accepted clinical **treatment** plan.

developmental disorders

Testing or medical **treatment** for learning difficulties, autism, hyperactivity, attention deficit disorder, speech disorders, dyslexia, social or behavioural problems or child development and physical developmental problems.

E

eating disorders

Investigations or **treatment** (including cosmetic surgery) for obesity, eating disorders, weight problems or weight loss whether or not resulting from any **medical condition** or psychological condition.

epidemics

Healthcare services relating to internationally and locally recognised epidemics, or pandemics.

exempted illnesses

Diagnosis and **treatment** services for complications of exempted illnesses.

experimental treatment

Any costs in connection with **treatment**, services or drug therapy that is deemed by **us** to be experimental or unproven based on generally accepted medical practice or provided by an unlicensed physician or any **immediate family member**.

eyesight

Surgery or procedure to correct short or long sightedness.

The provision of any eyewear or contact lenses except where provided within **your benefit schedule** as indicated on **your certificate of insurance**.

F

fertility treatment

Treatment to assist reproduction, including but not limited to ART **treatment**, or surrogacy, unless particularly specified within the **benefit schedule** and **you** become eligible for that **benefit**.

footcare

Treatment for corns, calluses, or thickened or misshapen nails.

G/H/I/J/K/L

genetic testing

Genetic tests, when such tests are solely performed to determine whether or not **you** may be genetically likely to develop a **medical condition**.

hazardous activities

Claims arising as a result of participation in professional sporting activities or any hazardous sport or activity including, but not limited to:

Kite-surfing, mountain biking, rock or cliff climbing, mountaineering, yachting outside territorial waters, motor sports, aerial activities and sports, bungee jumping, scuba diving (to a depth greater than 30 metres or where a current PADI certificate is not held), any sport involving animals, speed competition, skiing off piste (unless in a recognised and authorised area) and racing of any form other than on foot.

M/N/O

medical equipment/medical error

Claims directly or indirectly arising from medical error or the failure of any medical/surgical equipment or device of any kind.

maternity

You are not covered for costs relating to normal **pregnancy** or childbirth, voluntary caesarean section, or **home birth** unless maternity **benefits** are specifically shown on **your benefit schedule** and **certificate of insurance**.

non-clinical facilities

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a **hospital**.

not following advice

Treatment arising from or related to **your** failure to seek or follow medical advice or **treatment**, **your** unreasonable delay in seeking or following such medical advice or **treatment** or for complications arising from ignoring such advice. Any claim arising as a result of air travel when the **insured person** is more than 28 weeks pregnant.

Costs incurred where the **insured person** has travelled to a country or specific area which their Government or Embassy (in their **country of residence**) have advised against travelling to under any circumstances.

organ transplantation

Treatment costs for, or as a result of transplants involving mechanical or animal organs, the removal of a donor organ from a donor, the removal of an organ from **you** for purposes of transplantation into another person or the purchase of a donor organ.

P/Q/R

physical aids and devices

Any physical aid or device which are not **appliances**, **prosthesis** or **durable medical equipment**.

routine examinations/preventative care

Routine medical **examinations**, health screening **examinations** or tests to rule out the existence of a **medical condition** for which **you** do not have any symptoms, unless these **benefits** are specified in **your benefit schedule** and on **your certificate of insurance**.

S

second opinions

The costs of any second or subsequent medical opinions from a **medical practitioner** or **specialist** for the same **medical condition** unless pre-authorised by **us**.

sexual/gender issues

Investigations and **treatment** of any sexual problems or dysfunction or any **treatment** including counselling and psychotherapy or any surgical procedure which is directly or indirectly associated with gender reassignment.

sexually transmitted diseases

Treatment for sexually transmitted diseases.

sleep disorders

Investigations or **treatment** for sleep disorders (including sleep apnoea and insomnia), snoring or other sleep related breathing problems.

suicide/self-inflicted injury/negligent or reckless behaviour

Cost of **treatment** from any suicide, attempted suicide, deliberate self-inflicted injury, negligent or reckless behaviour and/or needless self-exposure to peril, except in an attempt to save human life.

T

travel and accommodation

Transportation or accommodation costs **you** incurred during trips made specifically to get medical **treatment** unless these costs are for an **emergency** medical evacuation and were pre-authorised by **us**.

U/V/W/X/Y/Z

unlicensed/unrecognised treatment

Treatment provided or under the direction of a **medical practitioner**, **specialist** or medical facility that is not recognised by the relevant authorities in the country where the **treatment** takes place as having specialised knowledge, or expertise in, the **treatment** of **medical condition** or injury being treated.

8. General Conditions

eligibility

The **policy** is designed as an employee/company fully sponsored and or (partially) paid arrangement. The **policy** is available to employees and their eligible **dependants** (spouse/ partner and/or children).

Employees must be:

- employed full time by their employer
- live or work within the **geographical area** of **cover** selected by **your** employer
- **your cover** will continue under the **policy** until **you** cease employment, **cover** is removed by the **policyholder**, **you** cancel **your cover** at **your** own accord or retire from employment
- **dependants** (spouse/partner and/or children) applying to the plan must be living with the **principal member** (employee)
- **dependant** children must be under age 19 (or under 26 if a full-time student) and may remain covered under the **policy** until the first **renewal date** following their 19th birthday (or 26th birthday where in full-time education) at which time their **cover** under the **policy** will end
- **new born** babies are covered from birth provided **you** give **us** written notification within 30 days from the date they were born. If **you** notify **us** after this period then **we** reserve the right to medically underwrite the **new born** child, impose any **waiting periods** for **pre-existing** conditions as allowed by the regulatory authorities or add the **new born** child from the date **we** receive written notification and not their date of birth. Adding a **new born** can normally be done without filling out details of their medical history, however **we** will require their medical history if they are born as a result of any method of assisted conception or have been adopted. In such circumstances **we** reserve the right to apply particular restrictions to the **cover we** offer, in accordance with any regulatory requirements.

Dependants will remain covered by the **policy** whilst the **principal member** remains employed by the **policyholder**.

additions, modifications and cancellations

To add or cancel any **dependants** under this **policy** or to modify any details, please consult with the **policyholder (your employer)**.

For any addition or cancellation of members to the **group agreement**, **we** require notification from the **policyholder (your employer)** within 30 days following the date on which the addition or cancellation is to be effective. Beyond that time, **we** reserve the right to make the required change on the date of notification or invalidate the **cover**.

For enrolment to the **group agreement**, **date of entry** cannot be backdated to account for claims that have already occurred. Additionally, for any cancellation to the **policy**, **we** will not be able to backdate the cancellation if claims have been processed or if **pre-authorisation** has been granted.

We are entitled to refuse or accept an application submitted by **you** or by any **dependants** and also reserve the right to ask for evidence of age, state of health (including medical records), employment status and proof of full-time education at any time.

death of the principal member

Should the **principal member** die, their partner or spouse (provided they are already covered by the **policy** as a **dependant**) will automatically become the **principal member** for the remainder of the **period of cover** or, if earlier, the date on which their **cover** under the **policy** comes to an end.

start date and renewal date of cover

Your cover under the **policy** is effective from either **your date of entry** or the **start date** of the **policy** (whichever is the later) as shown on **your certificate of insurance** and is renewed annually the day following the expiry date thereafter. This is normally in 12 month periods unless otherwise agreed between **us** and the **policyholder**. **You** will receive a **certificate of insurance** at the beginning of each new **period of cover**. **Your cover** is renewed (by way of premium payments) by the **policyholder** under the **group agreement**.

Both **your cover renewal date** and the group **renewal date** are printed on **your certificate of insurance**.

premiums

The **policyholder** has taken out the **policy** with **us** and is responsible for paying the premiums due under the **policy**. If the **policyholder (your employer)** fails to pay those premiums or comply with the terms and conditions of the **policy we** may terminate the **policy** and refuse to pay claims.

alterations to the policy

We may change the premium rates, **benefits** and terms and conditions of the **policy** from time to time but any such changes will not apply until the next **renewal date** following the introduction of such changes, unless **we** are legally obligated to do so beforehand.

termination

Your cover under this **policy** will end in each of the following situations:

- The **policyholder** has failed to pay any premium on the date due. At **our** discretion, **we** may reinstate **cover** if the outstanding premium is paid to **us** although **we** reserve the right to make any variation in the **cover** provided
- Where **you** have misled **us** either by misstatement or concealment of a material fact or otherwise failed to act in good faith
- Where **you** have failed to observe or breached the terms and conditions of the **policy**
- Where **you** have either acted in a fraudulent manner or submitted an exaggerated claim
- On the date the **policyholder** advises **us** that **you** are no longer to be covered by the **policy**.

We will have no liability to pay for **treatment** received after the date the **policy** is terminated even if **treatment** has already been pre-authorised but not received as at the date of termination.

other insurance

If there is any other insurance covering any of the **benefits** that are provided under the **policy** for which a claim is made, then **you** must disclose this to **us** at the time of submitting the claim. In these circumstances, **we** will not be liable to pay or contribute more than **our** proper rateable proportion.

If it transpires that **you** have been paid for all or some of the claim costs by another source of insurance **we** have the right to a refund from **you**. **We** reserve the right to deduct such refund from **you** from any impending or future claim settlements or to cancel **your policy** from the **start date** of the **policy**, or **your date of entry** (whichever is the later) without a refund of premium.

subrogation

If **we** feel it is appropriate **we** may exercise rights of subrogation. This means that if **you** have suffered an injury of loss that has resulted in a claim under the **policy** **we** may take over **your** right to seek compensation from the party that caused the injury of loss.

help and intervention

Our provision of help and intervention under the **policy** is subject to national and international laws and the availability of qualified medical facilities. Whilst **we** will do **our** best to overcome any local restrictions there may be times when these either prevent **us** from providing help and intervention or limit **our** ability to do so.

third party rights

The **policy** is a contract between **us** and the **policyholder**. The **policyholder** is the only entity with the right to enforce the terms of the **policy** or, with **our** consent, to vary its terms. **We** have agreed with the **policyholder** that third parties will not have any right to enforce the **policy**. This does not affect **your** right to bring a complaint against **us**.

data protection

In order to provide services under the **policy** **we** will collect and hold certain personal information about **you** and **your dependents**. This may include **your** address, bank details, evidence of age, state of health (including medical records) and employment status.

The personal information **you** supply to **us** and to any third party acting on **our** behalf may be used for a variety of reasons. For example: to administer **your** claim; to arrange for medical **treatment**; to calculate the premium payable by the **policyholder**; to deal with any complaints and to enable **us** to obtain payment from **our** reinsurers.

We are also required to review the information that **we** hold for the purposes of crime prevention and compliance with international sanctions. **We** may share **your** information with, and obtain information about **you** from, other parties who are involved in provision of services relating to the insurance **policy**. For example: companies providing administration, claims and medical services on **our** behalf.

If **you** require any further information please contact:

The Data Protection Officer,
Assicurazioni Generali S.p.A
100 Leman Street
London
E1 8AJ

governing law

The **policy** has been issued in accordance with and is governed by the laws of England & Wales unless otherwise specified on the **certificate of insurance**.



9. How to Make a Complaint

The most important thing for **us** is to help resolve **your** concerns as quickly as possible. Upon receipt of **your** complaint, **we** will do all **we** can to resolve **your** complaint by the end of the next business day. However, if **we** can't do this, **we** will contact **you** within five working days to acknowledge **your** complaint and explain the next steps. Letting **us** know when **you** are unhappy with **our** service gives **us** the opportunity to put things right for **you** and improve **our** service for everybody.

You can call **us** on:
Tel: +1 905-532-3648

or write to:
Assicurazioni Generali SpA
100 Leaman Street
London
E1 8AJ

To help **us** resolve **your** complaint, please supply the following information:

- **your** name and membership details
- a contact telephone number
- a description of **your** complaint
- any relevant information relating to **your** complaint that **we** may not have already seen.

the Financial Ombudsman Service

We will generally issue **our** final response within eight weeks from when **you** originally contacted **us**. However, **we** will respond sooner than this, if **we** are able.

If it looks as though **our** review of **your** complaint will take longer than this, **we** will let **you** know the reasons for the delay and will keep **you** informed and updated. If **we** cannot respond fully to **your** complaint within eight weeks, or **you** are unhappy with **our** final response, **you** can refer **your** complaint to the Financial Ombudsman Service for an independent review. The Financial Ombudsman Service will only consider **your** complaint once **we** have issued a final response, or if eight weeks has passed since **you** first notified **us** of **your** complaint.

how to contact the Financial Ombudsman Service

The Financial Ombudsman Service
Exchange Tower
London, E14 9SR

+44 (0) 800 023 4567
From abroad: +44 (0) 207 964 0500

Email: complaint.info@financial-ombudsman.org.uk

www.financial-ombudsman.org.uk

Regulatory Information

We are an Italian public company incorporated with limited liability. **We** were established in 1831 and have our Head Office in Trieste, Italy. **We** are registered on the Italian register of insurance and reinsurance companies in Section 1 under No.1.00003.

We are authorised to transact insurance business by the Italian regulator (Istituto per la Vigilanza sulle Assicurazioni Private e di Interesse Collettivo). As the **Policy** is issued by the UK Branch of our company **we** are also subject to limited regulation by the Financial Conduct Authority. Details about the extent of **our** regulation by Financial Conduct Authority are available upon request.

We have been operating in the UK since 1963 and our UK Branch is registered with Companies House under number BR1185





Your health means the world to us

Global Choice

International health protection that flexes around you.

Generali Global Health is a division of Assicurazioni Generali S.P.A. UK Branch, 100 Leaman Street, London E1 8AJ United Kingdom.
MGROW001

