

This policy summary does not contain full details and conditions of your insurance, these are located in your GlobalFusion Policy Wording, which controls the final determination concerning eligible coverage, limitations, eligibility and exclusions.

GlobalFusion International Medical Insurance is insured and fully underwritten by Sirius International Insurance Corporation (publ) which is regulated by the Financial Conduct Authority in the United Kingdom. As the Plan Manager for GlobalFusion, IMG Europe Ltd acts as the authorised agent for and on behalf of Sirius International.

Type of Insurance Cover

This policy meets the general demands and needs of individuals and families who require International Medical Insurance. Please refer to your insurance certificate, any applicable endorsements and your Policy Wording sections relevant for your selected cover and to check that the product meets your specific demands and needs. The Maternity Cover Add-On (Bronze, Silver, Gold and Gold Plus), Terrorism Cover Add-On, Sports Cover Add-On (Platinum), Global Personal Accident Plan, Global Daily Indemnity– Hospital Income Plan and, Dental Treatment and Vision Care Benefit are optional extra coverage (available only at time of initial application and payment of additional premium(s) required).

Features and Benefits

Subject to the Terms of Your Plan and if no other limitations or exclusions apply, after deduction of any Excesses and Coinsurance, we will pay the Usual, Reasonable & Customary (URC) Eligible Charges within your selected Geographic Area of Cover, up to the Lifetime Maximum Limit per Insured Person, per Period of Insurance.

Eligible Charges for certain benefits under your Plan are payable only up to a Sub-Limit per Insured Person or per Period of Insurance and/or only up to a Lifetime Limit per Insured Person, as shown in the Schedule of Cover and Excess relevant to your chosen Sub-Plan. All sub-limits are per Insured Person, per Period of Insurance unless otherwise stated. The currency in which you pay your premium being £Sterling, US\$ or €Euros is the currency that applies to your Plan for the purposes of coverage limits and excesses shown in the schedule of cover table below, you cannot change currency at renewal. Alphabetical and numeric headings in the Schedule of Cover and Excesses refer to similarly designated sections of the Policy Wording.

Annual Excess and Co-Insurance

At time of initial application you may select from a range of Annual Excesses relevant to your GlobalFusion Sub-Plan. The Annual Excess and any amount you have agreed to pay will be shown within your Policy Wording or on your Certificate of Insurance. The Annual Excess is Per Person, Per Period of Insurance as opposed to per condition. Choose carefully as you cannot reduce your Annual Excess at renewal. Each Insured Person will need to satisfy their Annual Excess and any applicable Co-Insurance once per Period of Insurance (12 months), with a maximum of three excesses per family for the Bronze, Silver, Gold and Gold Plus Plans, and two excesses for the Platinum Plan.

For eligible expenses:

i) Outside of the USA: Once the Annual Excess is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum

ii) Inside the USA:

Out-Patient Treatment

Within the USA PPO Network - Once the Annual Excess* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.
* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

In-Patient Emergency Treatment

Within the USA PPO Network - Once the Annual Excess* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum,
* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

In-Patient Non-Emergency Treatment

Within the USA PPO Network - Once the Annual Excess is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.

USA Medical Concierge Provider - Once the Annual Excess* is met, GlobalFusion will pay 100% of eligible expenses up to the policy maximum.
* A 50% reduction is applied to the Annual Excess (up to a maximum reduction of \$2,500 / £1,375 / €1,675)

In-Patient and Out-Patient expenses incurred in the USA outside the USA PPO Network:

Once the Annual Excess is met: GlobalFusion pays 80% of the next US\$5,000 / £2,750 / €3,350 in eligible expenses, then 100% of eligible expenses up to the policy or coverage maximum under the Silver, Gold and Gold Plus Plans. GlobalFusion pays 90% of the next US\$5,000 / £2,750 / €3,350 in eligible expenses, then 100% of eligible expenses up to the policy or coverage maximum under the Platinum Plan.

Pre-Certification for medical necessity

For many of the benefits under your Plan you are required to notify us so that we can verify medical necessity prior to incurring any cost or undertaking any treatment and before being admitted to Hospital (except in an emergency situation in which event we should be informed within 48 hours or as soon as reasonably possible) - **See Pre-Certification Section of the Policy Wording for full list and details.** Pre-Certification is a general determination of medical necessity and all such determinations are made by us in reliance based upon the completeness and accuracy of the information provided by you or on your behalf at the time of the Pre-Certification. While a Guarantee of Payment (subject to Policy terms and Conditions) may be subsequently issued to a medical provider, Pre-Certification in itself is not a guarantee of payment, assurance, authorisation, verification of coverage, or a verification of benefits.

Subject to all Policy Wording terms, if you comply with the Pre-Certification requirements under your Plan, we will pay eligible charges for the costs or treatment which is Pre-Certified as medically necessary. Failure to comply with Pre-Certification requirements may jeopardise your claim or cover.

Conditions

- Your Policy Wording contains Conditions within some sections as well as a General Conditions Section. Failure to comply with Policy Conditions may jeopardise your claim or cover.
- It is essential that you refer to the 'insurance conditions relating to health' section in the Policy Wording as failure to comply with these conditions may jeopardise your claim or cover. If your health changes after you have applied for your Policy and prior to your effective date, you must telephone IMG Europe Ltd. On UK +44 (0) 1444 465577 to make sure that your cover is not affected.

Duration : This is a twelve (12) month annually renewable policy – please refer to your Certificate of Insurance for your selected cover and Sub-Plan.

Geographical Area of Cover: You have three options

- Europe
- Worldwide excluding the USA, Canada, China, Hong Kong, Macau, Japan, Singapore and Taiwan
- Worldwide

...Continued Overleaf

... Continued from Overleaf

Cancellation Period: You have 30 days within which to review coverage and you may cancel if not completely satisfied. You may return your policy documents within 30 days after receipt for a full refund of premium, provided no claim has been made.

Renewal Premiums: Your renewal premiums will be based upon a category applicable to you which takes into account varying factors including, but not limited to your year of inception, age, sub-plan, area of cover, annual excess, citizenship, discounts or loadings based both on claims history and pooled community claims data as well as medical inflation.

Summary Schedule of Cover and Excesses

The following table is only a summary of available benefits and coverages, and is subject to specific terms and conditions of each specific Sub-Plan concerning eligible coverage, limitations, eligibility and exclusions. Please refer to the GlobalFusion Policy Wording for a complete description (available upon request). Full Cover means up to the applicable Lifetime Maximum Limit per Individual Insured Person and is based upon Usual, Reasonable and Customary (URC) Eligible Charges for the area within which you receive your Treatment or service.

Global Fusion Benefits All sub-limit sums insured are the maximum per Person, per Period of Insurance unless otherwise stated		Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
Lifetime Maximum Limit Per Individual Insured Person		\$2,500,000 £1,375,000 €1,675,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$5,000,000 £2,750,000 €3,350,000	\$8,000,000 £4,400,000 €5,360,000
A In-Patient & Day-Patient Treatment							
1	Surgery, Surgeons, Consultants, Second Surgical Opinion, Medical Practitioners, Nurses, Treatment, Services and Supplies routinely provided and Ancillary Charges	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
2	Hospitalisation/Room & Board	FULL COVER	Up to \$600 / £350 / €400 per day 240 day Maximum	FULL COVER	Up to \$2,250 / £1,250 / €1,500 per day	FULL COVER	FULL COVER
3	Intensive Care Unit	FULL COVER	Up to \$1,500 / £850 / €1,000 per day – 180 day per event	FULL COVER	Up to \$4,500 / £2,500 / €3,000 per day	FULL COVER	FULL COVER
4	Anaesthetist's Charges associated with Surgery	FULL COVER	20% of Surgery Benefit	FULL COVER	20% of Surgery Benefit	FULL COVER	FULL COVER
5	Diagnostic Tests and Procedures, X-Rays, Pathology, & MRI/CT Scans	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
6	Prescribed Drugs, Dressings and Durable Medical Equipment	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
7	Reconstructive Surgery-following an accident or following surgery for an eligible condition	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
8	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy	FULL COVER	FULL COVER	FULL COVER	FULL COVER Except: Radiation & Chemotherapy Treatments (In and Out-patient) limited to \$10,000 / £5,500 / €6,700 with a \$50,000 / £27,500 / €33,500 Lifetime Limit	FULL COVER	FULL COVER
9	Physiotherapy	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
10	Parental Hospital Accommodation	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
11	Prosthetic Devices	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
12	Transplants	\$250,000 / £137,500 / €167,500 Per Transplant	\$250,000 / £137,500 / €167,500 Per Transplant	\$1,000,000 / £550,000 / €670,000 Lifetime Limit	\$500,000 / £275,000 / €335,000 Lifetime Limit	\$1,000,000 / £550,000 / €670,000 Lifetime Limit	\$2,000,000 / £1,100,000 / €1,340,000 Lifetime Limit
13	State Hospital Cash Benefit	\$300 / £165 / €200 Per Night 60 nights	\$300 / £165 / €200 Per Night 60 nights	\$300 / £165 / €200 Per Night 60 nights	\$300 / £165 / €200 Per Night 60 nights	\$300 / £165 / €200 Per Night 60 nights	\$300 / £165 / €200 Per Night 60 nights
B Out-Patient Treatment, Wellness Benefits and Other Coverages							
1	Out-Patient including: Family Doctor, Treatment and Referrals, Specialists and Consultants, X-Rays, Pathology, Diagnostic Tests and Procedures *not dependent upon admission	No Family Doctor Cover Specialists & Consultants: Up to \$500 / £275 / €335 Prior to admission*, then up to \$500 / £275 / €335	25 Visit Maximum Maximums Per Visit/Examination: \$70 / £40 / €50 Doctor/Specialist; \$60 / £35 / €40 Psychiatrist; \$50 / £30 / €35 Chiropractor; \$250 / £140 / €170 X-Ray per Examination	FULL COVER	FULL COVER Except: \$150 / £85 / €100 Physician Charges Maximum per Visit; Hospital Charge \$100 / £55 / €67 Co-Pay unless admitted; Urgent Care Facility - \$25 / £15 / €20 Co-Pay;	FULL COVER	FULL COVER

Applicable to Individual and Family Policies that are New* with effect from 1st December 2013 or Renewing with effect from 1st January 2014 (*Received on Application Form Version 11/13)

		<p>following related Out-Patient Surgery or In-Patient treatment : for 90 days after leaving hospital</p> <p>Including Pre* & Post Hospital:</p> <p>\$250 / £140 / €170 X-Ray per Examination Maximum Limit;</p> <p>\$300 / £165 / €200 Lab Tests per Examination Maximum Limit</p>	<p>Maximum Limit;</p> <p>\$500 / £275 / €335 Surgery Intervention Consultation;</p> <p>\$300 / £165 / €200 Lab Tests per Examination Maximum Limit</p>		<p>Diagnostic Lab and X-Rays limited to \$5,000 / £2,750 / €3,350 per Period of Insurance</p>		
2	Emergency Room Illness, Waived if admitted as an In-Patient or Day-Patient (Additional \$250/£138/€168 Excess if not admitted)	No Cover	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
3	Emergency Room Accident	No Cover	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
4	Supplemental Accident Benefit	No Cover	No Cover	\$300 / £165 / €200 per covered accident	\$300 / £165 / €200 per covered accident	\$300 / £165 / €200 per covered accident	\$500 / £275 / €335 per covered accident
5	Out-Patient Surgery	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER	FULL COVER
6	MRI, CAT Scan Echocardiography, Endoscopy, Gastroscopy Colonoscopy, Cystoscopy	\$600 / £330 / €400 Maximum Per Examination	\$600 / £330 / €400 Maximum Per Examination	FULL COVER	FULL COVER	FULL COVER	FULL COVER
7	Cancer Tests, Drugs, Treatment and Consultants, including cover for Chemotherapy and Radiotherapy	FULL COVER	FULL COVER	FULL COVER	<p>FULL COVER</p> <p>Except: Radiation & Chemotherapy Treatments (in and out-patient) limited to \$10,000 / £5,500 / €6,700 with a \$50,000 / £27,500 / €33,500 Lifetime Limit</p>	FULL COVER	FULL COVER
8	Prescribed Out-Patient Drugs, Medicines, Dressings and Durable Medical Equipment	<p>Up to \$600 / £330 / €400</p> <p>Following and in relation to In-Patient Treatment or Out-Patient Surgery : for 90 days after leaving hospital</p>	FULL COVER	FULL COVER	<p>Up to \$5,000 / £2,750 / €3,350</p>	FULL COVER	<p>Outside USA: FULL COVER</p> <p>Inside USA: FULL COVER and must use the Out-Patient Prescription Drug Card. A Co-Pay: \$20 for generic, \$40 for brand name where generic is not available and Not Subject to Annual Excess or Co-Insurance when using the Out-Patient Prescription Drug Card. No coverage if the Out-Patient Prescription Drug Card is not used</p>
9	Physiotherapy, Homeopathic and Osteopathic Therapy	<p>Physiotherapy Only: Relating to In-Patient Treatment, Out-Patient Surgery</p> <p>Up to \$40 / £25 / €30 per visit</p> <p>10 visit Maximum : for 90 days after leaving hospital</p>	<p>Up to \$40 / £25 / €30 per visit</p> <p>30 visit Maximum</p>	<p>Up to \$50 / £30 / €35 per visit</p> <p>Maximum of 1 visit per day</p> <p>45 visit Maximum</p>	<p>Up to \$50 / £30 / €35 per visit</p> <p>Maximum of 1 visit per day</p> <p>30 visit Maximum</p> <p>Up to \$1,000 / £550 / €670 per Period of Insurance</p> <p>\$10,000 / £5,500 / €6,700 Lifetime Limit</p>	<p>Up to \$50 / £30 / €35 per visit</p> <p>Maximum of 1 visit per day</p> <p>45 visit Maximum</p>	<p>Up to \$50 / £30 / €35 per visit</p> <p>Maximum of 1 visit per day</p> <p>60 visit Maximum</p>

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10	Complementary Medicine Acupuncture, Aroma Therapy, Herbal Therapy, Magnetic Therapy, Massage Therapy, Vitamin, Therapy, Traditional Chinese Medicine	No Cover	No Cover	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135
11	AIDS/HIV Treatment	No Cover	No Cover	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 per Period of Insurance \$50,000 / £27,500 / €33,500 Lifetime Limit
12	Home Nursing Care	30 Days Limit: Up to \$150 / £85 / €100 per visit	30 Days Limit: Up to \$150 / £85 / €100 per visit	45 Days Limit: Up to \$150 / £85 / €100 per visit	30 Days Limit: Up to \$150 / £85 / €100 per visit	45 Days Limit: Up to \$150 / £85 / €100 per visit	60 Days Limit: Up to \$150 / £85 / €100 per visit
13	Rehabilitation	No Cover	No Cover	Full Cover Up to 90 Days	Full Cover Up to 45 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
14	Extended Care Facility	No Cover	Full Cover Up to 30 Days	Full Cover Up to 90 Days	Full Cover Up to 90 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days
15	Hospice Care	No Cover	No Cover	Full Cover Up to 180 Days	Full Cover Up to 90 Days	Full Cover Up to 180 Days	Full Cover Up to 180 Days
16	Adult Wellness and Health Check - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage (6 months on Platinum)	No Cover	No Cover	Up to \$250 / £140 / €170 Available for those 30 years of age and over	Up to \$250 / £140 / €170 Available for those 30 years of age and over	Up to \$250 / £140 / €170 Available for those 30 years of age and over	Up to \$500 / £275 / €335 Available for those 18 years of age and over
17	Child Wellness and Health Check (Under 18 years of age) - includes Hearing Test, Sight Test and Vaccinations/Inoculations (Not subject to Annual Excess or Co-Insurance) - After 12 months continuous coverage (6 months on Platinum)	No Cover	3 visits per Period of Insurance Up to \$70 / £40 / €50 per visit	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$200 / £110 / €135	Up to \$400 / £220 / €270
18a	Pre-Existing Medical Conditions – Underwriting/Coverage Options - Full Medical Underwriting Option* : - After 24 months continuous cover - Declared and Accepted conditions (unless otherwise excluded or terms applied as indicated otherwise in writing) - Flexible Underwriting Option available – refer to Brochure for details.	No Cover	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$5,000 / £2,750 / €3,350 \$50,000 / £27,500 / €33,500 Lifetime Limit	Full Cover No requirement for 24 months continuous cover
18b	Moratorium Enrolment & Underwriting Option* - After 24 months continuous coverage: subject to 24 months without treatment, symptoms, medication or consultation* - Available to insureds up to age 54	No Cover	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover

*Coverage in respect of Pre-Existing Conditions is as selected at time of application and identified on your Certificate of Insurance. Refer to Policy Wording for full Policy definitions, terms, conditions and restrictions

19	Newly Diagnosed Chronic Conditions	Covered	Covered	Covered	Covered	Covered	Covered
20	Mental/Nervous - After 12 months continuous coverage	No Cover	Out-Patient Only - See Section B1	Up to \$10,000 / £5,500 / €6,700 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$2,500 / £1,375 / €1,675 25 days In-Patient Limit 20 visit Out-Patient Limit at 70% eligible expenses, up to \$75 / £42 / €51 per visit; \$30,000 / £16,500 / €20,100 Lifetime Limit	Up to \$10,000 / £5,500 / €6,700 \$50,000 / £27,500 / €33,500 Lifetime Limit	Up to \$50,000 / £27,500 / €33,500 Lifetime Limit

C Travel, Transportation and Out of Area Benefits

1	Emergency Local Ambulance	Up to \$1,500 / £825 / €1000 per event Not subject to Annual Excess or Co-Insurance	Up to \$1,500 / £825 / €1000 per event Not subject to Annual Excess or Co-Insurance	FULL COVER	Up to \$100 / £55 / €70 per event Not subject to Annual Excess or Co-Insurance	FULL COVER	FULL COVER
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2	Emergency Evacuation and Transportation To the Nearest Suitable Hospital Facility	Up to \$50,000 / £27,500 / €33,500 Not subject to Annual Excess or Co-Insurance	Up to \$50,000 / £27,500 / €33,500 Not subject to Annual Excess or Co-Insurance	FULL COVER Not subject to Annual Excess or Co-Insurance	Up to \$250,000 / £137,500 / €167,500	FULL COVER Not subject to Annual Excess or Co-Insurance	FULL COVER Not subject to Annual Excess or Co-Insurance	
3	Accompanying Relative, Travel and Accommodation	No Cover	No Cover	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit	\$10,000 / £5,500 / €6,700 Lifetime Limit	
4	Cremation/Burial or Return of Mortal Remains	\$10,000 / £5,500 / €6,700 Lifetime Limit Not subject to Annual Excess or Co-Insurance	\$25,000 / £13,750 / €16,750 Lifetime Limit Not subject to Annual Excess or Co-Insurance	\$25,000 / £13,750 / €16,750 Lifetime Limit Not subject to Annual Excess or Co-Insurance	\$15,000 / £8,250 / €10,050 Lifetime Limit Not subject to Annual Excess or Co-Insurance	\$25,000 / £13,750 / €16,750 Lifetime Limit Not subject to Annual Excess or Co-Insurance	\$50,000 / £27,500 / €33,500 Lifetime Limit Not subject to Annual Excess or Co-Insurance	
5	Remote Transportation - for additional transport for on-going Treatment once stabilised	No Cover	No Cover	No Cover	No Cover	No Cover	Up to \$5,000 / £2,750 / €3,350 \$20,000 / £11,000 / €13,400 Lifetime Limit	
6	Security & Political Evacuation & Repatriation	No Cover	No Cover	No Cover	No Cover	No Cover	\$10,000 / £5,500 / €6,700 Lifetime Limit	
7	Worldwide Accident & Emergency Out of Area Coverage (USA Treatment Must Be within PPO Network)	15 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	30 Days Maximum	
D Dental Treatment & Vision Care Benefits								
1	Emergency Dental Due to Accident	Up to \$1,000 / £550 / €670	Up to \$1,000 / £550 / €670	FULL COVER	Up to \$500 / £275 / €345	FULL COVER	FULL COVER	
2	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	No Cover	No Cover	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	Up to \$100 / £55 / €70	
	Non-Emergency Dental Benefits * Refer To Policy Wording/Endorsement for Full Details & Listing	Optional Add-On Coverage Additional Premium Applies * Coverage is issued via a Dental & Vision Care Coverage Endorsement Sections D1 & D2 above are replaced with:					Dental Coverage Included - See Below	
1	Emergency Dental Due to Accident	FULL COVER					As above	
2	Emergency Dental due to Sudden Unexpected Pain To Sound Natural Teeth	Up to \$100 / £55 / €70					As above	
3	Non-Emergency Dental Sections D4, D5 & D6 Combined: i) Calendar Year Maximum Sum Insured ii) Dental Annual Excess iii) Maximum Annual Excesses per Family per Calendar Year - After 6 months of continuous cover	i) \$750 / £425 / €500; ii) \$50 / £30 / €35 iii) 2					i) \$750 / £425 / €500; ii) \$50 / £30 / €35 iii) 2	
4	Class I Treatment*: - Preventative & Diagnostic - Emergency Palliative Treatment - includes up to two dental check ups per calendar year to include scraping, cleaning and polishing - After 6 months of continuous cover	90% Coverage, Dental Annual Excess Waived					90% Coverage, Dental Annual Excess Waived	
5	Class II Treatment*: - Radiographs & X-Rays - Oral Surgery & Extractions - Routine Compound Fillings, Restorations, Re-cementing crowns, inlays and bridges & Prosthetic Repairs - Endodontics & Root Canals - Periodontics & Gum Disease - Minor Restorative Services	70% Coverage, after Dental Annual Excess					70% Coverage, after Dental Annual Excess	
6	Class III Treatment*: - Prosthodontic Services including: appliances, bridges, full and partial dentures that replace missing natural teeth that were extracted while the person	50% Coverage, after Dental Annual Excess					50% Coverage, after Dental Annual Excess	

Applicable to Individual and Family Policies that are New* with effect from 1st December 2013 or Renewing with effect from 1st January 2014 (*Received on Application Form Version 11/13)

	is covered with this Plan. - Major Restorative Treatment including: Crowns, Jackets, gold-related services required when teeth cannot be restored using other filling material. - After 6 months of continuous cover		
	Vision Care Benefits * Refer To Policy Wording/Endorsement for Full Details & Listing	Optional Add-On Coverage Additional Premium Applies * Coverage is issued via a Dental & Vision Care Coverage Endorsement Sections D1 & D2 above are replaced with:	Vision Care Coverage Included - See Below
7	Vision Care Not subject to Annual Excess or Co-Insurance (Benefit payable per 24 months)	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100	Exams – up to \$100 / £55 / €70 Materials – up to \$150 / £85 / €100

E Additional Benefits & Services				
1	High School Sports Injury	No Cover		Up to \$20,000 / £11,000 / €13,400
2	Recreational Scuba	No Cover	No Cover	FULL COVER FULL COVER FULL COVER FULL COVER
3	Medical Information Service	Not Applicable		Included
4	Global Concierge & Assistance Services	Not Applicable		Included
5	24 Hour Emergency Helpline	Included		Included

F Maternity			
	Maternity - Only available to Female Insureds - After 10 months of continuous cover *All benefits reduced by 50% for births occurring in the 11 th or 12 th month of continuous coverage	Optional Add-On Coverage Additional Premium Applies *	Maternity Coverage Included - See Below
	Maternity Annual Excess	Section F1 & F2: Not subject to Annual Excess or Co-Insurance	\$1,000 / £550 / €670 Maternity Annual Excess (Annual Excess Does Not Apply)
	Lifetime Maximum	*\$50,000 / £27,500 / €33,500 Lifetime Limit	\$50,000 / £27,500 / €33,500 Lifetime Limit
1	Normal Delivery - Including Premature Birth Treatment, Pre, Post and Routine Natal Care	*Up to \$5,000 / £2,750 / €3,350	Included within and up to Lifetime Limit
2	C-Section	*Up to \$7,500 / £4,125 / €5,025	Included within and up to Lifetime Limit
3	New born Baby Wellness - Not subject to Annual or Annual Maternity Excess or Co-Insurance - for the first 12 months of life	\$200 / £110 / €134	\$200 / £110 / €134
4	Cover for Newborns including non-hereditary birth defects and congenital abnormalities	*Up to \$250,000 / £137,500 / €167,500 for the first 31 days	Up to \$250,000 / £137,500 / €167,500 for the first 31 days

...Refer Overleaf for:

- Terrorism Optional Add-On Coverage (Platinum)
- Sports Optional Add-On Coverage (Platinum)
- Annual Excess Options and Co-Insurance

...Continued Overleaf

... Continued from Overleaf

Additional Optional Add-On Coverages						
(Upon selection at initial Application and subject to additional premium)	Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
Terrorism Coverage Add-On Increases coverage from \$10,000 / £5,500 / €6,700 Lifetime Limit to:	Not Applicable					\$50,000 / £27,500 / €33,500 Lifetime Limit
Sports* Coverage Add-On i) Listed Extreme Sports ii) Amateur Sports *Non-Professional	Not Applicable					i) \$25,000 / £13,750 / €16,750 Lifetime Limits ii) \$10,000 / £5,500 / €6,700 Lifetime Limit

Annual Excess and Co-Insurance						
Global Fusion	Bronze	Silver	Gold (1 st 36 months of continuous coverage)	Gold (Beginning the 1 st day of the 37 th month)	Gold Plus	Platinum
Annual Excess Options - Per Insured Person, Per Period of Insurance	Nil Excess \$250 to \$10,000 £138 to £5,500 €168 to €6,700 50% waived (up to a maximum reduction of \$2,500 / £1,375 / €1,675) for: USA PPO Out-Patient & Emergency In-Patient Treatment & Non-Emergency In-Patient USA Medical Concierge Provider Treatment					Nil Excess \$100 to \$10,000 £55 to £5,500 €67 to €6,700
Family Maximum Annual Excesses	3 x Individual Annual Excess					2 x Individual Annual Excess
Annual Excess Carry Forward - If prior Annual Excess not met, then last 30 days Expenses from the previous Period of Insurance are carried forward and applied towards satisfying the Annual Excess for the next Period of Insurance	YES					YES
Co-Insurance within the USA & Canada PPO Network	No Co-Insurance					No Co-Insurance
Co-Insurance outside the USA & Canada	No Co-Insurance					No Co-Insurance
Co-Insurance Payable by Insured inside the USA & Canada - When treatment is taken outside the USA & Canada PPO Network* (*No Co-Insurance for Non-Emergency In-Patient treatment when utilising a USA Medical Concierge Provider)	20% of the next \$5,000 / £2,750 / €3,350 / / eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance					10% of the next \$5,000 / £2,750 / €3,350 / / eligible expenses after the Annual Excess, then No Co-Insurance to the overall maximum per Period of Insurance

Significant or unusual exclusions or limitations

• **Requirements for Eligibility of this Cover :**

Non-USA citizens must comply with at least one of the following conditions – **see General Conditions section of the Policy Wording**:

- (A) You must not be present in the USA at the time of the Effective Date (or on the Renewal Date); or
- (B) You must plan to be located outside of the USA for at least 180 days during each Period of Insurance. But if you are located inside the USA as at the Effective Date (or on Renewal Date), you must plan to be located outside of the USA for at least 180 days during each Period of Insurance; or
- (C) If you are located inside the USA at the Effective Date (or on the Renewal Date): You must not be eligible for any other medical insurance which is available to persons similarly situated and located within the USA and you must provide us with an Affidavit of Eligibility.

United States Citizens i) must be located outside of the USA as of the Effective Date (or Renewal Date); and ii) must arrange to reside outside of the USA for at least 180 days during each Period of Insurance (12 months) – **see General Conditions section of the Policy Wording**.

If you are a citizen of the USA, who has purchased Area 3 Worldwide as your Geographic Area of Cover, and you return to the USA, cover under your Plan will be terminated automatically when the time you spent in the USA during one Period of Insurance (12 months) exceeds 180 days.

If you are no longer respectively eligible under the above Eligibility section as either a Non-USA Citizen or USA Citizen, then your plan will automatically terminate.

- The Bronze, Silver, Gold and Gold Plus Plans do not cover certain conditions which manifest themselves or involve procedures which take place or are recommended during the first 180 days of coverage, beginning on the effective date and are subject to the waiting period and other limitations of coverage described above.
- These are: allergies; asthma; any condition of the breast or prostate; tonsillectomy; adenoidectomy; haemorrhoids or haemorrhoidectomy; any disorder of the reproductive system; hysterectomy; hernia; intervertebral disc disease; gall stones; or kidney stones – **see Exclusions section of the Policy Wording**.
- The Bronze Plan excludes all pre-existing Medical Conditions, irrespective of the Underwriting basis selected at time of application.

...Continued Overleaf

... Continued from Overleaf

General exclusions and limitations	
<ul style="list-style-type: none"> War risks, military action and Terrorism claims in excess of \$10,000 / £5,500 / €6,700 Pre-existing conditions in the first 24 months, unless otherwise eligible, declared and accepted under the Platinum Sub-Plan. Any charges in excess of what is Usual, Reasonable and Customary Any treatment or supplies which are not medically necessary Elective cosmetic or plastic surgery Injury or illness sustained whilst taking part in hazardous pursuits Contraceptive medication or treatment Treatment resulting from illegal activities Illness or injury which is self-inflicted, or sustained whilst under the influence of alcohol or non-prescribed drugs Maternity & Newborn (unless the Insured Person has purchased the Platinum Plan or the optional 'Maternity Add-On Cover' under the Silver, Gold and Gold Plus Plan, benefits only available after 10 months cover) 	<ul style="list-style-type: none"> Investigational, experimental or research procedures Any treatment which is not administered or ordered by a Medical Practitioner, or Treatment received from a relative or family member Custodial care Weight modification Treatment of impotency Drug & alcohol abuse treatment Organ transplants not specifically listed Speech therapy Eye surgery, where the primary purpose is to correct nearsightedness, farsightedness or astigmatism Organised amateur or professional sports Persons HIV+ at effective date

* See Policy Wording for a complete list of exclusions and limitations and for all other specific terms and conditions of the plan.

Pre-Existing Condition definition: Any Medical Condition or any chronic, subsequent or recurring complication or consequence associated with or arising from a Medical Condition where:

1. Medication (including drugs, medicines, special diets, injections or other forms of medication), advice or Treatment was recommended for or received by You ; or
2. You have experienced symptoms; or
3. To the best of Your knowledge, You were aware or should reasonably have been aware You had the Medical Condition; whether or not the Medical Condition has been investigated or diagnosed on or at any time prior to the Effective Date, even if disclosed on the Application or any claim form or otherwise.

Claims Notification (See How To Make a Claim Section of the Policy Wording):

To make a claim, send completed claim form and accompanying invoices to:
Claims Dept., IMG Europe Limited, 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom.

Complaints Procedure (see Making A Complaint Section of policy wording for full procedure)

Any complaint you may have should be addressed to one of our customer service advisors at the Plan Manager in the first instance at IMG Europe Ltd. They will try and resolve Your complaint.

Please contact us ...in writing to

IMG Europe Ltd. 36-38 Church Road, Burgess Hill, West Sussex, RH15 9AE, United Kingdom, admin@imgeurope.co.uk
...by phone
Telephone Number: +44 (0)1444 465577

If You are unhappy with the response, You are advised to write explaining the nature of your complaint to the General Manager at Sirius International Insurance Corporation (publ).

We or Our Plan Manager will resolve, or issue a final response to Your complaint within 8 weeks of receiving the complaint.

If You are still not satisfied you may be entitled to refer your complaint to the Financial Ombudsman Service (FOS). Referral to the Financial Ombudsman Service will not affect your right to take legal action.

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

Financial Services Compensation Scheme (FSCS): IMG Europe Ltd and Sirius International Insurance (publ) are covered by the FSCS, which is triggered when an authorised firm goes out of business. This depends on the type of business and the circumstances of the claim. In this unlikely event you may be entitled to compensation from the scheme. The maximum level of compensation for Non-compulsory insurance claims against firms declared in default on or after 1 January 2010 is 90% of the claim with no upper limit. Full details are available at www.fscs.org.uk

IMG Europe are authorised and regulated by the Financial Conduct Authority (FCA) in the UK.

e-mail : info@imgeurope.co.uk

www.imgeurope.co.uk