

Policy Summary - UltraCare Standard

Some important facts about your Private Medical Insurance are summarised below. This summary does not contain the full terms and conditions of the cover, which can be found in the Plan Guide. It is important that you read the Plan Guide thoroughly when you receive it to make sure you understand the cover it provides.

- Birth defects and congenital abnormalities (see BE18 on page 18 of Plan Guide).

Name of the insurance undertaking

The insurer of this policy is InterGlobal Insurance Company Limited. Address: Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TX, United Kingdom. InterGlobal Insurance Company Limited is authorised and regulated by the Financial Services Authority. Certain regional variations may occur which will be detailed on your Certificate of Insurance.

Duration of Policy

Your cover will remain in force for a period of 12 months and is renewable each year. Premiums are age related and may increase at renewal due to an increase in your age or an increase in medical inflation.

Type of insurance and cover

The InterGlobal UltraCare Standard Plan is an International Private Medical Insurance policy providing cover for the treatment of qualifying medical conditions and is designed to specifically meet the needs of expatriates. This cover is written on a moratorium basis with regard to pre-existing conditions. A full explanation of the moratorium conditions can be found on Page 17 of the UltraCare Plan Guide.

Right of Cancellation

We trust you will be happy with the cover this policy provides. However, you have the right to cancel it within 14 days of receiving the policy. If that happens, we will refund your premium, first deducting a charge for the cover provided from the beginning of the contract until the policy is cancelled. If you have not made a claim on the policy we will refund your premiums in full.

If you do not exercise your right to cancel within the cancellation period, the contract will remain in force and all premiums will be payable in accordance with the terms of the policy. A full explanation of the conditions for cancelling cover can be found in the UltraCare Plan Guide.

Significant features and benefits:

Your policy includes the following features:

- Full Cover for In-patient & Daycare treatment (except psychiatric treatment)
- Organ Transplant
- Emergency Evacuation & Repatriation (relating to in-patient & daycare treatment)
- Repatriation, burial or cremation of mortal remains
- Nursing at home immediately after or instead of in-patient or daycare treatment
- Out-patient post hospitalisation treatment following in-patient and daycare treatment
- Legal Expenses cover
- No Excess applicable (unless you choose a voluntary one)
- No Claims Discount - up to 20% after 3 years

Making a Claim

Please call +44(0)1252 745 945 or email claims@interglobalpmi.com for further advice. Alternatively you can write to the Claims Department at the address on the bottom of this Policy Summary. Our detailed Claims Procedure is found on Page 24 of the UltraCare Plan Guide and also on our website.

Complaints

We hope that you will be very happy with the service we provide. However, if you have a complaint you should address it in writing to The Compliance Officer, InterGlobal Insurance Company Limited, Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TX, UK. We are covered by the Financial Ombudsman Service so in the event that you have made a complaint that we are unable to resolve, you may then be entitled to refer it to this independent body. Our full Complaints Procedure is found on Page 27 of the UltraCare Plan Guide and also on our website.

Significant and unusual exclusions or limitations

The following are excluded from cover under your policy:

- Pre-existing conditions unless treatment and symptom free for a continuous 24 month period (see BE1 on page 17 of Plan Guide).
- No Out-patient treatment (unless following in-patient or daycare).
- Maintenance and palliative treatment of chronic conditions not covered (only diagnosis and stabilisation of new chronic conditions available).
- Claims arising from participation in war, riots, terrorism, etc. (see BE23 on page 18 of Plan Guide).
- Claims arising from participation in professional sports (see BE26 on page 18 of Plan Guide).
- Allergic medical conditions (see BE28 on page 19 of Plan Guide).
- Sexually transmitted diseases, HIV and AIDS (see BE12 on page 18 of Plan Guide).
- Claims arising from alcohol or drug abuse (see BE9 on page 18 of Plan Guide).

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if the insurer cannot meet its obligations. This depends on the type of insurance and the circumstances of any claim. Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit.

Further information about the compensation scheme arrangements is available from the FSCS website at www.fscs.org.uk.

UltraCare Standard Plan

Table of Benefits

Overall Limits	Standard
Under the terms and conditions of the plan , we will pay necessary, customary and reasonable expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	£500,000 \$850,000 €750,000
In-Patient and Daycare Treatment	
Accidents and emergencies , intensive care and theatre costs	
Hospital accommodation	
Nursing fees, medical expenses and ancillary charges	
Surgeons', consultants' , anaesthetists', medical practitioners' fees	
Prescribed medicines and drugs	
Reconstructive surgery following an accident or following surgery for an eligible medical condition	
Prostheses: artificial body parts surgically implanted to form permanent parts of an insured person's body	Covered in Full
MRI, PET and CT scans	
X-rays, pathology, diagnostic tests and procedures	
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy	
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist	
Parent accommodation, insured parent with an insured child under 18 years of age in hospital	
Accidental damage to natural teeth	
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan	Not Covered
Out Patient Treatment ¹	
Primary consultations and treatment to include medical practitioners' fees, prescribed medicines, drugs and dressings	
X-rays, pathology, diagnostic tests and procedures	
Specialists' and consultants' fees for consultations, prescribed medicines, drugs and dressings	
Psychiatric treatment available after 12 months continuous cover under the plan	
Complementary medicine and treatment by a therapist , when referred by a medical practitioner, consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment and Chinese herbal medicine	Not Covered
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist	
Oncology tests, drugs and consultants' fees including cover for chemotherapy and radiotherapy	
MRI, PET and CT scans	
Out-patient surgical operations	
Post-hospitalisation treatment	Covered in Full up to 90 days
Out-Patient Dental Treatment ² (available after 6 months continuous cover)	
Treatment for the immediate relief of dental pain and accidental damage to natural teeth	Not Covered
Treatment for the restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment	
Wellness Benefit	
Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, well child tests, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Not Covered
Chronic Medical Conditions	
Maintenance, routine checkups, prescribed drugs and dressings and palliative treatment	Not Covered
Stabilisation of acute exacerbations/episodes of chronic medical conditions	Covered within the limits in the in-patient daycare section
Emergency Local Ambulance	
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Covered in Full
Organ Transplant	
Cost of the surgical procedures and transportation costs in performing an organ transplant of either; kidney, liver, heart, lung, or heart and lung, in respect of the insured person as recipient and not the organ donor	Covered up to £200,000 \$340,000 €300,000
Nursing at Home	
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	Covered up to £1,500 \$2,550 €2,250
Compassionate Emergency Visit	
Costs incurred by an insured person for an economy class return airfare from the country of residence to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person per plan year	Not Covered
Hospital Cash Benefit	
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	£250 \$425 €375 per night, up to a maximum of £7,500 \$12,750 €11,250
Legal Expenses	
Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a third party who has caused bodily injury to, or the death of, an insured person	Covered up to £7,500 \$12,750 €11,250
Emergency Evacuation and Repatriation	
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical emergency ; (a) that is critical , and (b) for which, in our opinion, adequate treatment is not available in the insured person's location.	
Economy class return airfare following an emergency medical evacuation, to country of residence	
Travelling, accommodation and economy class return airfare expenses for pre-authorized costs of a close business colleague , or the insured person's dependants , or in the case of the insured person being a dependant , a parent or close family member , having to accompany the insured person for an emergency medical evacuation	Covered in Full when relating to in-patient and daycare treatment
Repatriation of Mortal Remains	
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies outside of the home country	Covered in Full
Emergency Medical Treatment Outside Area of Cover	
Emergency medical treatment cover outside of geographic area of cover	Not Covered
Deductibles	
¹ Out-patient medical treatment standard excess (applied per medical condition , per plan year)	N/A
² Out-patient dental treatment co-insurance (applied per claim)	N/A