

Company: IMG Europe Ltd.

Product: Global Fusion Bronze

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This document provides a summary of the key information relating to a private medical insurance policy. The full terms and conditions of the cover and other important information are included in the policy documentation.

What is this type of insurance?

This insurance is designed to meet the general demands and needs of individuals and families who require international medical insurance. The cover is for treatment of conditions related to disease, illness or injury.



What is covered?

In-patient and day-patient treatment

- ✓ Hospital charges
- ✓ Medical practitioners and specialist's fees
- ✓ Diagnostic tests such as blood tests, x-rays and scans
- ✓ Pathology
- ✓ Surgical procedures
- ✓ Parental hospital accommodation

Out-patient treatment and wellness benefits

- ✓ Consultations and treatment with medical practitioners
- ✓ Diagnostic tests such as blood tests, x-rays and scans
- ✓ Surgical procedures
- ✓ Pathology
- ✓ Prescribed out-patient drugs, medicines, dressings and durable medical equipment

Travel Transportation and out of area benefits

- ✓ Emergency local ambulance
- ✓ Emergency medical evacuation and transportation to the nearest suitable hospital facility
- ✓ Worldwide accident and emergency out of area cover 15 days maximum

Cancer treatment

- ✓ Consultations
- ✓ Testing
- ✓ Drugs
- ✓ Chemotherapy and radiotherapy

Additional benefits

- ✓ Prosthetic devices
- ✓ Transplants 250,000 USD/137,500 GBP/167,500 EURO per transplant
- ✓ State hospital cash benefit 300 USD/165 GBP/200 EURO up to 60 nights total
- ✓ Terrorism Coverage 10,000 USD/5,500 GBP/6,700 EURO lifetime limit
- ✓ Cremation/burial or return of mortal remains 10,000 USD/5,500 GBP/6,700 EURO lifetime limit

Dental Treatment

- ✓ Emergency dental due to accident

Options to increase your cover* (which will increase your premium)

- ✓ Dental and vision optional add on rider
- ✓ Maternity optional add on rider

*Available only at inception

Options to decrease your cover (which will reduce your premium)

- ✓ Excess options are available which apply to each member on every policy
- ✓ Optional geographic area of cover other than worldwide are available



What is not covered?

These are some of the core exclusions which may change if you select options to increase or decrease your cover. Please refer to the terms and conditions for full details.

- ✗ Pre-existing conditions – subject to underwriting type
- ✗ Maternity
- ✗ Treatment for infertility
- ✗ Cosmetic treatment
- ✗ Any non-disclosed condition

- ✘ Any chronic condition which is a pre-existing condition
- ✘ Amateur athletics, professional athletics injuries and illness
- ✘ Treatment required as a result of war, terrorism, contamination by radioactivity, biological or chemical agents
- ✘ Self-inflicted injury or suicide
- ✘ Sleep disorders
- ✘ Weight loss modification or surgery
- ✘ Sexual dysfunction
- ✘ Treatment of alcohol and substance abuse
- ✘ Any venereal disease or any other sexually transmitted disease
- ✘ Any medical condition resulting from or occurring during the commission of a violation of law by the insured person
- ✘ Hair loss, wigs, hair treatments, hair transplants or any drug that promotes hair growth
- ✘ Charges incurred for surgeries or treatment or supplies which are investigational, experimental or for research purposes

Are there any restrictions on cover?

- ! Cover for pre-existing conditions
- ! Some benefits have specific limits. Please refer to your terms and conditions for full details.
- ! If you select an excess, eligible benefits will only be paid once the excess amount has been deducted.
- ! Coverage areas based on the option you choose at time of application
- ! Failure to comply with Pre-Certification for specific services and treatment may reduce eligible charges by 50%
- ! Limitations on treatment of the feet
- ! Serving in the military, navy or air force in time of declared war, or while under orders for war-like operations or any medical conditions sustained whilst on military training exercise
- ! Treatment of any condition of allergies, asthma, breast, prostate, tonsillectomy, adenoidectomy, hemorrhoids or hemorrhoidectomy, reproductive system or hysterectomy, intervertebral disc disease, hernia, gall stones or kidney stones which

manifest themselves during the first 180 days of cover



Where am I covered?

Based on the option chosen at the time of application by each member:

- ✓ Area 1: Europe (see your policy terms and conditions for the details of countries included)
- ✓ Area 2: Worldwide excluding USA, Canada, China, Hong Kong, Macau, Japan, Singapore and Taiwan
- ✓ Area 3: Worldwide



What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to and renew your policy. All members must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim.
- You must also tell us about changes to your circumstances, for example, a change of name, address or residence.
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and riders of this policy.



When and how do I pay?

You can pay your premium annually, semi-annually, quarterly or monthly by direct debit, credit card, bank transfer or money order.



When does coverage start and end?

From the start date (shown on your certificate of insurance) for a period of 12 months – and then for the period specified when you renew and pay your premium (usually 12 months).



How do I cancel the contract?

- If you are not satisfied, or this cover is not suitable for you and you want to cancel, please



provide written cancellation instructions (by email, fax or post) and return the policy wording with the certificate of insurance to the plan manager within 30 days after receipt.

- If you cancel your cover after 30 days from the date you receive the policy wording, subject to the plan terms and that no claim have been paid or are in progress, you will be eligible to receive a pro-rata refund of premium paid, based on the number of days cover remaining from the date the plan manager receives your written request.

