



expacare

GLOBAL HEALTHCARE AND ASSISTANCE



GROUP

live in confidence,  
in a world outside your own

membership guide

July 2008

[www.expacare.com](http://www.expacare.com)

## Contents

<b>1. Introduction</b>	<b>3</b>
<b>2. Administration, rights and responsibilities</b>	<b>4</b>
2.1. The contract	
2.2. Membership eligibility	
2.3. Duty of disclosure	
2.4. Renewing <b>your</b> cover	
2.5. Ending <b>your</b> cover	
2.6. Governing Law & Jurisdiction	
2.7. Local Taxes	
2.8. Plan/Policy Currency	
<b>3. Making a claim</b>	<b>6</b>
3.1. If <b>you</b> have chosen an <b>excess</b> on <b>your</b> plan	
3.2. What information <b>you</b> need to supply	
3.3. <b>Claim</b> Payments	
3.4. <b>Pre-authorisation</b> of <b>claims</b>	
3.5. <b>Guarantee of Payment (GOP)</b>	
3.6. If <b>your claim</b> is covered by more than one insurance plan	
3.7. If <b>your</b> illness or injury was caused by someone else	
3.8. Access to Medical Reports Act 1988	
3.9. Arbitration	
3.10. How can <b>you</b> contact <b>us</b>	
<b>4. Benefits: what we cover</b>	<b>9</b>
<b>5. Definitions</b>	<b>12</b>
<b>6. Exclusions: what we don't cover</b>	<b>19</b>
<b>7. Complaints procedure</b>	<b>21</b>
<b>8. Data Protection</b>	<b>22</b>

(Throughout the document, words that appear in **bold** have a specific meaning that is relevant to **our** contract. These are explained in the definitions section of this guide.)

# 1. Introduction

Welcome to Expacare, one of the UK's longest established international health insurance providers for **your** health insurance plan. These plans are provided by Expacare Limited.

The **benefits** are shown in section 4 of this guide. **Your insurance certificate** shows the cover that is available for **you**. Words written in **bold** are important and have a specific meaning and they are defined in the definitions section of this guide. As with any healthcare insurance contract, there are 'exclusions'. These are conditions and **treatments** that are not covered and are listed in section 6 of this guide.

**We** will do everything **we** can to help **you** and **your dependants** to get the most out of this important service by:

- › Providing a 24-hour help line for medical emergencies
- › Helping **you** find suitable healthcare providers in **your** area
- › **Pre-authorising** certain **claims** so that **your** out-of-pocket expenses and financial worries are reduced as far as possible
- › Negotiating direct settlement of **hospital** bills
- › Providing an international **claims** management team who have the medical expertise needed to help **you** understand **your** local **doctor's** plan of care, and to support **you** in making important decisions about **your** healthcare in a foreign environment
- › Processing **your claim** form as quickly as possible

Should **you** require further clarification about this plan, or **you** would like to tell **us** about any changes in **your** personal circumstances, please contact **us**:

Expacare Limited  
Columbia Centre  
Market Street  
Bracknell, Berkshire  
RG12 1JG  
United Kingdom

Phone: +44 (0) 1344 381650  
Fax: +44 (0) 1344 381690  
Email: [info@expacare.com](mailto:info@expacare.com)

For questions about how to **claim**, a specific **claim** query, finding a local **doctor** or **hospital** provider, please read the **claim** form enclosed with this guide and available from **our** website:

[www.expacare.com](http://www.expacare.com)

## 2. Administration, rights and responsibilities

### 2.1. The contract

This guide and **your insurance certificate**, make up the contract between **your sponsoring organisation** and **us** with the purpose of providing **you** with **benefit** when **you** need medical **treatment**. **Your sponsoring organisation** has agreed the rules of **your** membership and insurance cover.

To fully understand **your** rights, responsibilities, what is covered, and what is not covered, **you** must look at:

- › this guide

and

- › **your insurance certificate** where any exclusions or limitations in **treatment** or **benefits** that are specific to **you**, or any **dependants** included under **your** membership will be shown.

### 2.2. Membership eligibility

These rules apply to **your** eligibility to become a member of this plan (as the **insured person**), and that of **your dependants**.

- › **Our** Plans are designed for **expatriates** unless otherwise agreed by **us** in writing.
- › **You** must be under 65 years old at the date **you** join in order to be covered without having **your** medical history evaluated. If **you** are 65 or over, **we** need to see **your** medical history. **You** will need to complete and return a "Medical Questionnaire for Applicants Aged 65 and Over" form. **We** will tell **you** about any excluded medical conditions on **your insurance certificate**.
- › **You** are an active employee of the **sponsoring organisation** **we** have a contract with.
- › **Your dependants** must be covered under the same plan **benefit you** have, as the **insured person**.
- › **You** and **your dependants'** cover starts on the **start date** shown on **your insurance certificate**.
- › Membership may depend on local insurance licensing legislation in **your country of residence**.
- › Subsequent changes in cover can only be made at renewal
- › **You** are obliged to meet local legislation requirements in **your country of residence** at any time before and whilst **you** are a member of this plan.
- › **You** are not eligible to join this plan if **you** are an American citizen and **you** live permanently in the USA.
- › **We** must receive premiums before the **start date** or the due date.

### 2.3. Duty of disclosure

**We** would like to remind **you** of **your** duty of disclosure which continues throughout the life of the policy:

In addition to providing all basic information necessary to enable **us** to place the risk, **you** must ensure that **you** are complying with **your** legal duty of disclosure of all material matters relating to the risk. In particular, **you** must satisfy **yourself** as to the accuracy and completeness of the information **you** provide to **insurers** both at inception of the policy and throughout the policy term.

In this respect, **you** must provide all information relating to the risk, whether favourable or not, which would influence the judgement of a prudent **insurer** in determining whether they would take the risk, or maintain the risk during the policy term or at renewal, and, if so, for what premium and on what terms. If all such information is not disclosed by **you**, **insurers** have the right to void, from its inception, the contract, which may lead to **claims** not being met.

### 2.4. Renewing your cover

This plan is a one-year contract that **your sponsoring organisation** may renew each year on the anniversary of the **start date** (the premium rates in force at the time **you** renew, and any changes **we** have given **you** written notice of, will apply). **We** will renew the plan when **we** receive the premium.

Though this is an annually renewable contract the option exists to pay premiums annually, six-monthly or quarterly. An administration fee of 2% on the six-monthly and 4% on the quarterly options will be charged.

Changes in cover can only be made at renewal.

### 2.5. Ending your cover

**We** may end cover for **you** (as the **insured person**) and **your dependants** in the following situations.

If **you** or **your dependants** or **your sponsoring organisation**:

- › withhold relevant information or give **us** incorrect information
- › make any false or fraudulent **claim**
- › fail to provide any reasonable information **we** have asked for
- › fail to pay the premiums due
- › are an American citizen and move to the USA (more than 90 days of each policy year)
- › if **you** move back to **your home country** on a permanent basis.

Cover may also end if:

- › **your sponsoring organisation** confirms **you** are no longer eligible for **group** membership
- › cease to be an employee of the **sponsoring organisation**

**We** may decide to discontinue the plan or any part of it. **We** have the right to alter the terms of membership and the contract at any time.

**Your sponsoring organisation** is responsible for telling **you** immediately if **your** cover has been cancelled.

**We** will not cancel **your** plan because of **your** age or health record.

## 2.6. Governing Law & Jurisdiction

The Plan shall be interpreted under, governed by and construed in accordance with the laws of England and for this purpose the Client and Underwriters agree to submit to the exclusive jurisdiction of the courts of England in any dispute arising hereunder.

## 2.7. Local Taxes

The policyholder / insured is liable for any local taxes due on the insurance premium unless these taxes have been shown on **your** invoice and paid. In these cases the Underwriter will account to the local tax authorities for the tax due and indemnify the policyholder / insured. Please refer to the Administrator of **your** Plan or contact **us**.

## 2.8. Plan/Policy Currency

The base currency of our plans is Sterling. **Our** plans are also available in USD and EURO's and the exchange rates are set by **us** in July each year.

### 3. Making a claim

We have made claiming as easy as we can, and the process is set out on the **claim** form. Claims forms can be found on our website [www.expacare.com](http://www.expacare.com). Please send **us your claim** as quickly as **you** can, but no later than six months after **you** started **your treatment**. If a **claim** is submitted later than six months following the start of **treatment**, **we** will not pay the **claim**.

We will only pay for eligible treatment received within the period of cover. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**.

How **we** may use **your** personal data or disclose it to third parties:

- › To administer **your** plan and process **your claims**
- › To liaise with providers about medical care and costs
- › To process **claims** that are also covered by another **insurer** or third party
- › To detect fraud and improper **claims**

#### 3.1. If you have chosen an excess on your plan

To reduce premiums, some of **our** clients select a policy, which requires employees to pay an **excess** (sometimes called a **deductible**). An **excess** is the amount **you** pay towards the cost of a **claim** for any **insured person** on **your** plan. **Your sponsoring organisation** can choose the type and level of **excess** at the time of taking out or renewing the plan. Some **benefits** carry an additional automatic **excess**. Any **excess** is shown on **your insurance certificate** and charged in the same currency as **your** premiums.

There are two types of policy **excess** **you** can choose from:

- an **excess** payable per person, per medical condition, per **certificate period** (the amount of this **excess** is fixed – either £50/\$85/€75 depending on the currency **you** have chosen for **your** plan). With this type of **excess** an amount will be subtracted from **your claims** settlement each time **you claim** for a different medical condition. So if **you claim** for stomach ulcers and headaches, **you** will pay the **excess** twice.
- alternatively **you** could opt for an **excess** per person, per **certificate period**. With this type of **excess** **you** do have the choice of different **excesses**, currently either £500/\$850/€750, £1000/\$1700/€1500, £2000/\$3400/€3000 or £5000/\$8500/€7500 and these are payable per person, per **certificate period**. With this type of **excess** the **excess** would only apply once for each **certificate period** no matter how many medical conditions **you** were claiming for, until it was used up.

Over and above the optional policy **excesses** there are also additional **excesses** on certain **benefits**, in particular dental (**excess**). When a **claim** is made for these **benefits**, these **benefit excesses** are deducted in addition to any policy **excess** that may

apply.

The following illustration shows how these **excesses** would be applied to a **claim** for Dental **benefit**:

Say **you** have a plan that provides a dental **benefit** (which carries an automatic **excess** of £50, as well as having a limit of £750 for each **certificate period**) and **your** plan has an **excess** of £500 that applies to any **claims** made during that **certificate period** – and this is **your** first **claim**:

Treatment costs:	£800
Less Ineligible cost (over the <b>benefit</b> limit)	–£50 (ie £800-£750)
Less Dental <b>benefit excess</b> :	–£50
Less Policy <b>excess</b> :	–£500
Settlement amount:	£200
Dental <b>benefit</b> remaining for that policy year:	£ 0

Please remember that any **benefit excess** applies for each **certificate period**. This means that if **you** are claiming over **your renewal date**, the **excess** will apply twice.

**You** need to submit **your claim** form and bills, even if the **excess** is greater than the fees **you** are claiming for, so **we** can apply **your excess** correctly. When **you** make a **claim**, **we** will reduce the amount **we** pay **you** until the **excess** is used up. **Excesses** are only taken from eligible **claims** and so count towards any **benefit** limits.

#### 3.2. What information you need to supply

It is important for **you** to know that **we** are only able to reimburse medical expenses when **we** have received all the original invoices and the documents. These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium.

**Your** documents and invoices should be sent to the address shown on **your claim** form. **We** strongly recommend that **you** keep copies of these documents in case the originals are lost in transit.

If **your** course of treatment exceeds 6 months, please ensure **you** obtain and submit an interim invoice.

Invoices should specify the following particulars:

- › First name and surname, and date of birth, of the person receiving **treatment**.
- › A diagnosis of the illness requiring **treatment** or a description of the symptoms.
- › Where dental **treatment** is concerned the invoice must specify which teeth have been treated or replaced and which services have been provided in each instance.
- › All documents or invoices should preferably be issued in English, German, French, Dutch or Spanish and must use Arabic numerals and Latin characters (1,2,3...a,b,c...) as well as the International Classification of Disease code.
- › Prescriptions must specify the first name and surname as well as the date of birth of the claimant, the drugs which have been prescribed, their price and the receipt for payment.
- › Prescriptions (or a copy) must be submitted together with the corresponding **doctor's** invoice; invoices for therapies and therapeutic aids and appliances must be submitted with the corresponding prescription.

Wherever possible please use the claim form which **we** have provided in order to apply for reimbursement of expenses. This form must be signed by the person providing the service or treatment - Section B (eg **doctor**) and by the claimant - Section A (or policy holder if the claimant is a child).

If **you** are claiming **Hospital cash benefit** a certificate confirming the **inpatient treatment**, the diagnosis, the date of admission and discharge will be required.

### 3.3. Claim Payments

**We** will normally reimburse invoices in the invoice currency. However **we** can reimburse invoices in currencies other than the invoice currency. The preferred currency for payment should be specified on the **claim** form (Section A).

It should be noted that foreign currency costs are converted into the contractual currency at the rate applicable on the day on which **we** receive the documents. Where reimbursement is made in a currency other than the contractual currency the amount reimbursable will be converted into the payment currency at the rate applicable on the day on which payment is made.

Normally reimbursement will be made to **you**. However, **we** can make reimbursement directly to the party issuing the invoice. This may be useful in emergencies or if particularly high sums are involved. If payment is to be made to a party other than **yourself** this should be indicated on the **claim** form (Section A).

### 3.4. Pre-authorisation of claims

**You** must contact **us** to request **pre-authorisation** and a written **pre-authorisation** from **us** is necessary. The full procedure for **pre-authorisation** can be found on **our** website [www.expacare.com](http://www.expacare.com)

**Pre-authorisation** must be obtained to receive **benefit** for the following services:

- › **Emergency medical evacuation**
- › **Hospital treatment** as an **in-patient** including **maternity care**
- › **Psychiatric treatment** (if **you** have this **benefit**)
- › **Rehabilitation for alcohol and drug addiction** (if **you** have this **benefit**)

**You** should inform **us** at least 5 days before admission. In an **emergency you** (or someone acting for **you**) should notify **us** within 24 hours of **hospital** admission. **We** will decline part of **your claim** if **we** have not **pre-authorised** these **benefits**.

If **you** have not pre-authorised, **we** will only pay up to 80% of what **we** consider to be reasonable and customary towards **your** claim.

### 3.5. Guarantee of Payment (GOP)

If **you** require **inpatient treatment**, which must be **pre-authorised**, **we** can arrange to settle the costs directly with the **hospital**. This would normally involve **our** providing a '**guarantee of payment**' to the hospital, which the **hospital** accepts.

A **GOP** may be provided to medical facilities where the value of the **treatment** exceeds GBP 300 (or equivalent) and if the facility is prepared to accept our **GOP**.

**GOP's** for non-emergency treatment must be received at least 5 days before the admission date to allow time for the 'guarantee' to be placed. In an emergency **you** (or someone acting on **your** behalf) should notify **us** within 24 hours of the **hospital** admission.

**GOP's** can only be placed where **treatment** is due to take place within 30 days of notification. **GOP's** will not be placed where **treatment** is due to take place after the expiry of the policy.

### 3.6. If your claim is covered by more than one insurance plan

This is sometimes called co-ordination of benefit (COB). **Your** claim may be covered by more than one insurer (for example, a travel plan or motor policy). In these cases, we will negotiate with the other insurance company so that both pay a share of the settlement. This process helps to keep down the cost of **your** insurance.

In these circumstances (where the originals have been submitted to another insurer) it will be sufficient to send **us** duplicates of the invoices and documents. We will also require **you** to provide contact details for the other insurer.

### 3.7. If your illness or injury was caused by someone else

If **you** are claiming for an injury or illness caused by another person (or other people), **you** must tell **us** immediately. **We** have the right to ask **you** to help **us** include the amount of **benefit you** are claiming from **us** in **your claim** against another person. This help may result in **us** prosecuting, defending or settling any **claim** in **your** or **your dependants'** name for **our benefit**.

### 3.8. Access to Medical Reports Act 1988

**We** may request reasonable information in support of **your claim** and this includes medical reports. The Access to Medical Reports Act requires that **we** advise **you** of **your** principle rights under this Act.

#### Option 1

**You** may withhold **your** consent to an application for a report. However, this may prevent **our** proceeding with **your claim**.

#### Option 2

**You** may consent to the application but indicate that **you** wish to see the report. **Your doctor** will allow 21 days for **you** to see and approve it before it is supplied to **us**. If **your doctor** has not heard from **you** within 21 days, he or she will assume that **you** do not wish to see the report and that **you** consent to it being supplied.

When **you** see the report if there is anything in it in which **you** consider incorrect or misleading **you** can request (it must be in writing) that the **doctor** amend the report but he or she is not obliged to do so. If the **doctor** refuses to amend it **you** may:

- › Withdraw consent for the report to be issued
- › Ask the **doctor** to attach to the report a statement setting out **your** views
- › Agree to the report being issued unchanged

*Note:* The **doctor** is not obliged to show **you** any parts of the report which he or she considers might cause serious damage to **your** physical or mental health or that of others, or which would reveal information about a third party who has supplied the **doctor** with information about **your** health unless the third party consents. In those circumstances the **doctor** will so inform **you** and **your** access to the report will be appropriately limited.

#### Option 3

**You** may consent to the application for the report but indicate that **you** do not wish to see the report before it is supplied. Should **you** change **your** mind after the application is made and so notify the **doctor** in writing she/he should allow 21 days to elapse after such notification so that **you** may arrange to have access to the report (if the report has not already been supplied before **you** change **your** mind).

#### Option 4

Whether or not **you** decide to seek access to the report before it is supplied **you** have the right to seek access to it from the **doctor** at any time up to 6 months after it was supplied.

**Your doctor** may charge a fee to cover the supply of a medical report, which is not covered by **your** plan.

### 3.9. Arbitration

Any differences of medical opinion on the results of an **accident** or illness will be settled between two medical experts appointed, in writing, by the two sides to the dispute. Any differences of opinion between the two medical experts will be referred to an umpire who will have been appointed, in writing, by the two medical experts at the time of their appointment.

### 3.10. How can you contact us

**You** can contact **us** at any time, day or night. Full contact details can be found on **your** membership card, claim form and on our website [www.expacare.com](http://www.expacare.com).

## 4. Benefits: what we cover

As with any insurance contract, there are conditions attached to claiming **benefit**, so please look carefully at the **benefits** table and notes on the following pages, along with the definitions (section 5). Together with **your insurance certificate**, they define the **benefits** available to **you** and **your dependants** under this plan.

- › **We** cannot pay any **benefit** if **your** plan is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.
- › There is an overall **maximum benefit** for each **insured person** in each **certificate period**.
- › **We** will work out the **benefit** in the same currency in which **your** premium is paid.
- › **Benefits** are limited to the usual customary and reasonable charges (that is, in line with normal charges in the area **you** receive **treatment**) in the area where **treatment** is provided.
- › Before **you** are admitted to **hospital** for planned **in-patient treatment**, **you** must contact **us** at least five days earlier for **our pre-authorisation**.
- › **We** can make reasonable requests for information or proof to support **your claim**. **You** must supply this information or proof of **claim**.

### Benefits: what we cover

	Standardcare	Executiveware	Specialcare
<b>Overall maximum benefit</b>	£1,000,000 \$1,700,000 or €1,500,000	£1,500,000 \$2,550,000 or €2,250,000	£5,000,000 \$8,500,000 or €7,500,000
<b>In-patient and day-patient treatment</b>	All <b>in-patient claims</b> must be <b>pre-authorised</b>	All <b>in-patient claims</b> must be <b>pre-authorised</b>	All <b>in-patient claims</b> must be <b>pre-authorised</b>
› <b>Hospital services</b> including: <b>diagnostics</b> and <b>Physicians' specialists'</b> and <b>anaesthetists'</b> fees	✓	✓	✓
› <b>Treatment</b> for cancer	✓	✓	✓
› <b>Treatment</b> for chronic illness	✓	✓	✓
› <b>Psychiatric treatment</b>	✓ up to 30 nights	✓ up to 30 nights	✓ up to 30 nights
› <b>Parent accommodation</b>	✓	✓	✓
› <b>Organ transplant</b> (kidney, heart, liver, heart & lung and skin)	✓ up to £100,000 or \$170,000 or €150,000	✓ up to £150,000 or \$255,000 or €225,000	✓ up to £200,000 or \$340,000 or €300,000
› <b>Hospital cash benefit</b> (If <b>you</b> are treated for no charge)	✓ £100 or \$170 or €150 each night	✓ £250 or \$425 or €375 each night	✓ £500 or \$850 or €750 each night.

Benefits	Standardcare	Executiveware	Specialcare
<b>Out-patient treatment</b>			
	Standardcare <b>out-patient benefits</b> are restricted		
› Consultations and <b>diagnostic services</b> with <b>doctors</b> or <b>specialists</b>	<b>x</b>	✓	✓
› <b>Treatment</b> for cancer	✓	✓	✓
› Monitoring and <b>treatment</b> of <b>chronic conditions</b>	<b>x</b>	✓	✓
› <b>Post-hospital out-patient treatment</b> (follow up)	✓ only if related to an eligible <b>claim</b> for an <b>in-patient</b> stay of up to £750 or \$1,275 or €1,125 up to 90 days	✓	✓
› <b>Out-patient psychiatric treatment</b>	<b>x</b>	✓ up to £500 or \$850 or €750	✓ up to £500 or \$850 or €750
› <b>Out-patient surgery</b>	✓	✓	✓
› <b>Prescription drugs</b> these limits do not apply to drugs which are directly related to the <b>treatment</b> of cancer	<b>x</b>	✓ up to £3,000 or \$5,100 or €4,500	✓ up to £3,000 or \$5,100 or €4,500
› Vaccinations	<b>x</b>	✓ as part of the prescription drugs <b>benefit</b>	✓ as part of the prescription drugs <b>benefit</b>
› Hormone replacement therapy (HRT) for menopausal conditions	<b>x</b>	✓ as part of the prescription drugs <b>benefit</b>	✓ as part of the prescription drugs <b>benefit</b>
› <b>Physiotherapy</b>	<b>x</b>	✓	✓
› <b>Occupational therapy</b>	<b>x</b>	✓ up to 7 sessions	✓ up to 7 sessions
› <b>Complementary therapies</b> Acupuncture, chiropractic, homeopathy, kinesiotherapy and osteopathy	<b>x</b>	✓ up to £750 or \$1275 or €1125	✓ up to £1000 or \$1700 or €1500

## Additional Benefits

Benefits	Standardcare	Executiveware	Specialcare
› <b>Emergency medical evacuation</b>	✓	✓	✓
› <b>Ambulance services</b>	✓	✓	✓
› <b>Out of geographic area cover for emergency treatment</b>	✓ limited to a total of 6 weeks, up to £20,000 or \$34,000, or €30,000.	✓ limited to a total of 6 weeks, up to £20,000 or \$34,000 or €30,000.	✓ limited to a total of 6 weeks, up to £20,000 or \$34,000 or €30,000.
› <b>Nursing at home</b>	✓ up to 180 days	✓ up to 180 days	✓ up to 180 days
› <b>Rehabilitation facility</b> as an alternative to post acute care	✓ up to 14 days	✓ up to 14 days	✓ up to 14 days
› <b>Hospice care</b>	✓ up to 6 weeks	✓ up to 6 weeks	✓ up to 6 weeks
› <b>Repatriation of mortal remains or local burial costs</b>	✓ up to £7,500 or \$12,750 or €11,250	✓ up to £7,500 or \$12,750 or €11,250	✓ up to £7,500 or \$12,750 or €11,250
› <b>Dental treatment (following an accident)</b>	✓	✓	✓
› <b>Dental treatment (routine)</b>	✗	✗	✓ up to £750 or \$1275 or €1125 (£50 / \$85 / €75 <b>excess</b> applies to each course of <b>treatment</b> )
› <b>Wellness Benefit</b>	✗	✗	✓ up to £500 or \$850 or €750 for one medical examination, every 2 years. This benefit is only available to adult members who have maintained 2 years of continuous cover under Specialcare.
› <b>Maternity care (routine)</b>	✗	✗	✓ up to £6,000 or \$10,200 or €9,000 provided the mother has been a member for a continuous period of at least 10 months. No <b>benefit</b> is payable for the first ten months of cover.
› <b>Maternity care (with complications)</b>	✗	✗	✓ up to £12,000 or \$20,400 or €18,000 provided the mother has been a member for a continuous period of at least 10 months. No <b>benefit</b> is payable for the first ten months of cover.
› <b>Treatment</b> for birth defects and congenital illness	✗	✗	✓ maximum of 28 days cover, up to £10,000 or \$17,000 or €15,000 for new-born babies when <b>we</b> have covered the birth.
› <b>Compassionate lump sum</b> if AIDS is diagnosed	✗	✗	✓ one £10,000 or \$17,000 or €15,000 payment in <b>your</b> lifetime.
› <b>Rehabilitation for alcohol and drug addiction</b>	✗	✗	✓ up to £10,000 or \$17,000 or €15,000 over <b>your</b> lifetime

## 5. Definitions

This section explains what **we** mean by certain words or phrases in **your** plan documents. Words written in bold are important and have a specific meaning. If **you** have any questions on these or any aspects of **your** plan, please contact **us**.

### 5.1. Accident, accidental, accidentally

A sudden, unexpected, unintentional event that happens at an identifiable time and place, and is outside **your** control and causes injury or illness.

### 5.2. Ambulance

A road vehicle designed for medical transport and used by staff members who are trained in **emergency** medical services to transport **you** locally, when **medically necessary**.

### 5.3. Anaesthetist

A **doctor** or nurse trained, accredited and legally able to handle anaesthetics and to carry out related procedures.

### 5.4. Benefit

The payment **we** make under **your** plan for expenses **you** incur, when as a result of a coverable event, **you** need **treatment**, **emergency medical evacuation**, or **you** qualify for a cash **benefit**. **Your benefits** are set out in **your insurance certificate**. To receive **benefit**, **your doctor** or **we** must order services or items, and **our** medical advisor must consider them to be **medically necessary**. **You** must also send **us** a filled-in **claim** form with the relevant bills and receipts (please do not send photocopies or duplicate bills).

### 5.5. Certificate period

The dates on **your insurance certificate** that show the **start date** and end date of the period for which **your benefit** cover is in force.

### 5.6. Chronic conditions or chronic illness

By chronic **we** mean a disease, illness or injury which has no known cure and / or which is likely to continue or to keep recurring and or which needs prolonged supervision, monitoring or **treatment** and / or which requires **you** to be specially trained or rehabilitated and for which the **treatment** has become palliative.

### 5.7. Claim

A request that **we** provide **benefit** for **treatment**. To make a **claim**, **you** must send **us** a fully filled-in **claim** form, and original bills for service and items within six months of the start of **your treatment**. **We** may reasonably ask for more supporting information to assess the **claim**. If a **claim** is submitted later than six months following the start of **treatment**, **we** will not pay the **claim**. See Section 3, making a claim.

### 5.8. Compassionate lump sum if AIDS is diagnosed

If this **benefit** is shown on **your insurance certificate**, **we** will pay a lump sum if **you** are diagnosed with AIDS 12 months or more after **you** enroll onto an Expacare plan with this **benefit**.

### 5.9. Complementary therapies

The following types of **treatment** are **complementary therapies** that **we** provide **benefit** for.

- › Acupuncture
- › Chiropractic
- › Homoeopathy
- › Osteopathy
- › Kinesiotherapy

The providers of these therapies must be licensed or legally qualified to practise in the country in which the therapy is provided, and must be ordered by **your doctor** for **you** to receive **benefit**.

### 5.10. Consultant

A **doctor** licensed in the country where **you** receive **treatment** who has certification in a specialised area of medicine. The certification must be for training beyond a general medical degree. **We** have the right to withhold **benefit** for **treatment** by **doctors** who do not hold internationally recognised qualifications or training for example, a school listed in the World Health Organisation's World Directory of Medical Schools.

### 5.11. Co-payment, co-insurance

The specified percentage of money **you** have to pay towards the cost of certain services each time **you** use them. The services with **co-payments** are shown on **your insurance certificate**.

### 5.12. Country of residence

The country **you** normally live in outside **your home country**.

### 5.13. Day-patient, daycare and day-case surgery

Surgical **treatment**, involving a period of recovery from anaesthetic of less than eight hours, but medical observation and anaesthetic recovery in a **hospital** bed is needed.

## 5.14. Deductible

See 'Excess'.

## 5.15. Dental treatment (routine)

**Treatment** that mainly involves teeth their roots and surrounding tissue. This **benefit** is only available if it is shown on **your insurance certificate**.

All routine dental care such as preservation and relief of pain including one check up per annum, one scale and polish per annum, simple fillings, X-rays, **treatment** of gums, operative and gnathological procedures and dentures. Dentures include restoration of the function of dental prostheses and installation of new prostheses, crowns, bridges and pivot teeth.

Cover is only available to **insured persons** and **dependants** who have attended for dental inspection and concluded all necessary **treatment** in the twelve month period immediately prior to the enrolment in the plan, or, immediately prior to claiming **Routine Dental treatment benefit** under the plan, whichever is later. This **benefit** is limited to the amount shown on **your insurance certificate**. This **benefit** shall also include orthodontic **treatment** for insured children up to the age of 18. A course of **treatment** is **dental treatment** that is identified by your dentist in the initial consultation. This will have a start date and an end date. Please note that if **you** are claiming over **your renewal date**, the **excess** will apply twice.

## 5.16. Dental treatment following an accident

**Treatment** to restore teeth that have been lost or damaged in an **accident** that caused injury to **your** face.

## 5.17. Dentist

A person, who is trained, qualified and licensed to practice dentistry by the licensing authority of the country in which **you** receive **your treatment**.

## 5.18. Dependant

**Your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 18 and under (or up to and including the age of 24 if they are in full-time education. They will be removed from cover on the **renewal date** following their 24th birthday). **Your dependants** must be named on the **insurance certificate**, to qualify for **benefit**.

If **you** would like **your** child to be added to **your** plan from the date of birth, **you** must give **us** the details within 30 days of the date of birth. **We** do not add newborn babies unless **you** ask **us** to.

## 5.19. Diagnostic services

Tests to identify the cause of **your** symptoms or illness or the extent of **your** injuries. **Your doctor** must order **out-patient diagnostic services**.

## 5.20. Doctor, general practitioner (GP) or physician

A person who is registered and licensed to practice in the country where **you** receive **treatment**. **We** have the right to withhold **benefit** for **treatment** by **doctors** who do not hold internationally recognised qualifications or training for example, a school listed in the World Health Organisation's World Directory of Medical Schools.

## 5.21. Emergency medical evacuation

**Medically necessary** transport and care (during the transport) to move an **insured person** who has a critical medical condition to the most suitable medical facility, if the necessary facilities are not available locally. In this case, **you** must contact **our** assistance providers for **pre-authorisation**. **We** will also pay the transport costs for an **insured person** to accompany **you** if it is **medically necessary**. Return tickets to the area **you** were evacuated from are included. **We** have the right to decide where the **insured person** is transported. **We** will only cover **emergency medical evacuation** from a landmass. Only applicable to a condition for which **benefit** is available.

## 5.22. Excess

This is sometimes called a '**deductible**' and is the amount of covered expenses **you** have to pay during the period of the insurance contract before **we** pay any **benefit**. **Your excess** and the date **your** cover began are shown on **your insurance certificate**. A new **excess** applies at the beginning of each new **certificate period**.

£50/\$85/€75 **excess** is payable per person, per medical condition, per **certificate period**. This excess is not available on Standardcare.

£500/\$850/€750 is payable per person, per **certificate period**

£1000/\$1700/€1500 is payable per person, per **certificate period**

£2000/\$3400/€3000 is payable per person, per **certificate period**

£5000/\$8500/€7500 is payable per person, per **certificate period**

The **excess** on the dental **benefit** applies per course of **treatment**

## 5.23. Expatriate

An Individual who is living and/or working outside their **home country**.

## 5.24. Geographic area (sometimes called area of cover)

The specified area of the world in which **your benefits** apply, and for which the appropriate premium has been paid.

- › Area 1 is Europe, including Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Norway, Poland, Portugal, Republic of Belarus, Republic of Moldova, Republic of Macedonia, Republic of Serbia and Montenegro, Romania, San Marino, the Slovak Republic, Slovenia, Spain (including the Balearics and Canary Islands), Sweden, Switzerland, The Netherlands, Turkey, Ukraine, United Kingdom and the Vatican City.
- › Area 2 is worldwide excluding China, USA, and the Caribbean. The Caribbean includes Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bermuda, the Cayman Islands, Cuba, Curacao, Dominica, the Dominican Republic, Dutch Antilles (including St. Maartin), Grenada, Guadalupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad and Tobago, and the Virgin Islands
- › Area 3 is worldwide.
- › See also 'out of (geographic) area cover'.

## 5.25. Group

Five or more employees employed by the same employer/sponsoring organisation or who are members of the same organisation and whose membership of the scheme is compulsory, unless agreed otherwise with Expacare in writing.

## 5.26. Guarantee of Payment (GOP)

If **you** require **inpatient treatment**, which must be **pre-authorised**, **we** can arrange to settle the costs directly with the **hospital**. This would normally involve **our** providing a '**guarantee of payment**' to the **hospital**, which the **hospital** accepts.

## 5.27. Home country

**Home country** means **your** country of origin for which **you** hold a passport. If **you** hold more than one passport, **your home country** will be the one declared on the application form to join. For the purpose of administering this plan, **your dependants** will be viewed as having the same **home country** as **you**.

## 5.28. Hospice

An organisation providing services for patients whose disease cannot be cured. **Hospice** care may be as an **in-patient** or **out-patient** at home, or at a centre for controlling pain and other symptoms, and provides psychological, social and spiritual support for the patient and patient's family during the last stages of life. **Hospice benefit** is offered as an alternative to eligible **hospital treatment** or **nursing at home**.

## 5.29. Hospital

A healthcare facility licensed as a **hospital** in the country where it

operates, and providing acute medical, surgical or psychiatric care (or all three). The facility must provide constant supervision by a **doctor** and a **qualified nurse** licensed in the country where the **hospital** operates. **You** are not covered for convalescence or where **you** are in **hospital** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and or if the **hospital** has effectively become **your** home.

## 5.30. Hospital cash benefit

A sum **we** pay to **you** for each night, or if **you** are a **day-patient**, each day **you** spend in **hospital**, for **treatment we** would normally cover, but where no charge is made.

## 5.31. Hospital services

Medical and Surgical services provided under the direction of a **physician** to an **insured person** who has been registered as a **hospital in-patient** or **day-patient**. **Hospital services** covered by this plan include:

- › Accommodation (A single room with an en-suite bathroom)
- › Meals
- › Nursing care
- › Drugs and dressings
- › Operating theatre and 'consumables' (such as surgical gowns and drapes)
- › Intensive care
- › Laboratory and pathology
- › X-rays
- › Other imaging services including CT, MRI and PET scans
- › Ancillary services (including physical therapy) and medical social services

### Important note

**Maternity** and childbirth does not fall under this **benefit** category. See '**Maternity care**'.

## 5.32. In-patient treatment

**Treatment** for which it is **medically necessary** for **you** to stay in **hospital** overnight or for more than eight hours.

## 5.33. Insurance certificate

The **insurance certificate** (sometimes called the **certificate of insurance**) is issued by **us**. **Your insurance certificate** must be read in conjunction with the membership guide.

## 5.34. Insured person

An employee **we** have confirmed **benefit** cover for, and who **we** have also issued an **insurance certificate** to.

## 5.35. Insurer

The **insurer** is shown on **your insurance certificate**.

### 5.36. Local burial

If **you** die, **your** plan provides **benefit** to prepare **your** body for **local burial** or cremation in **your country of residence**. **Benefit** is not provided if **you** die in **your home country**. The **benefit** limits are shown on **your insurance certificate**. **Benefits** are also available to bring **your** body home. See 'Repatriating your body'.

### 5.37. Maternity care (routine)

**Treatment** and services relating directly to pregnancy and childbirth. This **benefit** is only available if shown on **your insurance certificate**. This **benefit** is only available for pregnancies where the mother has been a continuous member for ten months of an Expacare plan that covers **maternity**. There is no **maternity benefit** for **treatment** received during the first ten months of cover. The **benefit** is limited to the amount shown on the **insurance certificate**. A normal pregnancy is a pregnancy in the womb that, through vaginal delivery, results in a live baby, weighing 2.27kg or more. Pregnancies and deliveries and all associated services are covered under the **maternity care (routine)** or **maternity care (with complications) benefit**. Pregnancies and childbirth will not be covered under the **hospital services** section or any other part of this plan.

**We** will cover necessary **treatment** of congenital illness or birth defects of a newborn child if this **benefit** appears on **your insurance certificate** and as long as **we** are covering the mother for the birth. **We** will only pay **benefit** for the first 28 days following the birth up to the amount shown on **your insurance certificate**.

If **you** would like **your** child to be added to **your** plan from the date of birth, **you** must give **us** the details within 30 days of the date of birth. **We** do not add newborn babies unless **you** ask **us** to.

### 5.38. Maternity care (with complications)

**Materinty care (with complications)** is an abnormal pregnancy or delivery where the health of the mother or child (or both) is at risk due to a condition resulting from, or made worse by pregnancy. Caesarean section is covered under this **benefit** as long as it is shown to be **medically necessary** by the treating **physician**. This **benefit** is only available if shown on **your insurance certificate**. This **benefit** is only available for pregnancies where the mother has been a continuous member for ten months of an Expacare plan that covers **maternity**. There is no **maternity benefit** for **treatment** received during the first ten months of cover. The **benefit** is limited to the amount shown on the **insurance certificate**. Pregnancies and deliveries and all associated services are covered under the **maternity care (routine)** or **maternity care (with complications) benefit**. Pregnancies and childbirth will not be covered under the **hospital services** section or any other part of this plan. If the condition that complicates the pregnancy is excluded (for example a **pre-existing condition**), then the portion of the costs relating to that exclusion will not be covered.

**We** will cover necessary **treatment** of congenital illness or birth defects of a newborn child if this **benefit** appears on **your insurance certificate** and as long as **we** are covering the mother for the birth. **We** will only pay **benefit** for the first 28 days following the birth, up to the amount shown on **your insurance certificate**.

If **you** would like **your** child to be added to **your** plan from the date of birth, **you** must give **us** the details within 30 days of the date of birth. **We** do not add newborn babies unless **you** ask **us** to.

### 5.39. Maximum benefit (or overall maximum benefit)

The maximum amount of **benefit** **you** can receive each **certificate period** for all causes under this plan. The **maximum benefit** applies individually to each person named in **your insurance certificate**.

### 5.40. Medical necessity

Sometimes referred to as **medically necessary**. **Treatment** for bodily injury, sickness, disease or pregnancy that, in the opinion of **our** medical advisor, is necessary to maintain or restore the health of the patient or foetus.

### 5.41. Moratorium

For voluntary plan members **pre-existing conditions** are excluded from cover under a **moratorium** (delay period). A **pre-existing condition** is any known medical condition (or related condition) that has, in the two years immediately before **your** enrolment date, or the enrolment date of a **dependant**, one or more of the following characteristics:

- › it has been diagnosed.
- › it has needed medical **treatment** (including drugs, special diets and injections).
- › medical advice has been asked for, including check-ups.
- › medical advice should have been asked for if recognised clinical advice had been followed.
- › it has undiagnosed symptoms, whether recognised or not.

After two years of continuous cover **pre-existing conditions** will become eligible for **benefit** (unless the condition or the **benefit** is specifically excluded - see 'Exclusions: what is not covered') if, at the first time of receiving **treatment**, the **insured person** has not:

- › suffered any symptoms
- › consulted any **physician** for check-ups, medical **treatment** or advice
- › taken any medication including drugs, special diets and injections) for that medical condition, or any related condition, for a continuous period of two years.

### 5.42. Morbid obesity

Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition, or where the body mass index (BMI) is greater than 39.

### 5.43. Nursing at home

An organised care programme provided by a **qualified nurse** in **your** home. A **qualified nurse** is one who is registered with the statutory nursing organisation of the country in which he or she practises. To qualify as a covered **benefit** under this plan, **you** would be unable to leave home without help or special transport (or both). **Nursing at home** services must:

- › be ordered by **your doctor** immediately after **you** leave **hospital** and be directly related to the illness or injury **you** went into **hospital** for.
- › or be ordered by **your physician** instead of going into **hospital**.
- › **Nursing at home** is not for assistance with daily activities or for age related infirmity.

**You** are not covered for convalescence or where **you** require **nursing at home** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity.

### 5.44. Occupational therapy

The **treatment** of people with a physical illness using activity that is designed and adapted to prevent disability and help the person be independent. **Occupational therapy** must be ordered by **your doctor** and does not include educational training.

### 5.45. Organ transplant

Surgical **treatment** of a disease by replacing a diseased organ with a healthy one from a donor. The costs of removing and transporting the donor organ are not covered. There is a **benefit** limit shown in **your insurance certificate**, and only kidney, heart, heart and lung, liver, or skin transplants are covered.

### 5.46. Out of (geographic) area cover

If this **benefit** is shown on **your insurance certificate**, **you** have a limited **benefit** (shown on **your insurance certificate**) outside **your geographical area of cover** for unforeseen events and to stabilise health until fit to travel only. **Out of area cover** is limited to a total of six weeks, which is calculated from the day **you** arrive outside of **your geographical area**. The trip must not be made specifically for the purpose of, or with the intention of, getting surgery or medical help.

### 5.47. Out-patient psychiatric treatment

This **benefit** is only available if it is shown on **your insurance certificate**. See '**psychiatric treatment**'.

### 5.48. Out-patient surgery

Certain procedures under local and general anaesthetic done in a **doctor's** surgery.

### 5.49. Parent accommodation

If **your** child under 18 is hospitalised and covered under this plan, **we** will pay the **hospital** charges for **you** to stay in **hospital** with **your** child.

### 5.50. Physician

See '**Doctor**'.

### 5.51. Physiotherapy

**Physiotherapy** must be provided by trained and licensed physical **therapists** under the direction of the patient's **doctor**. **Your benefit** for **physiotherapy** is shown on **your insurance certificate**. If **your doctor** orders more than seven **physiotherapy** visits, **we** will need a **treatment** plan from **your doctor**.

### 5.52. Post-hospital out-patient treatment

Follow-up **treatment** that is related to an eligible **claim** for an **in-patient hospital** stay, provided that follow-up **treatment** is taken within the three months after **you** were discharged from **hospital**.

### 5.53. Pre-authorisation, pre-authorised

The process by which an **insured person** contacts **us** before receiving specified types of medical care. **You** must get **our pre-authorisation** to receive **benefits** for the following services:

- › **Emergency medical evacuation**
- › **Hospital** admission (**you** must tell **us** at least five days before admission, if possible)
- › **Psychiatric treatment** (if covered)
- › **Treatment for alcohol and drug addiction** (if covered)

In an **emergency**, **you** (or someone acting for **you**) should tell **us** within 24 hours of **hospital** admission. **We** will decline part of **your claim** if **we** have not **pre-authorised** these **benefits**.

### 5.54. Pre-existing conditions

A **pre-existing condition** is any known medical condition (or related condition) that has, in the two years immediately before **your** enrolment date, or the enrolment date of a **dependant**, one or more of the following characteristics:

- › it has been diagnosed.
- › it has needed medical **treatment** (including drugs, special diets and injections).
- › medical advice has been asked for, including check-ups.
- › medical advice should have been asked for if recognised clinical advice had been followed.
- › it has undiagnosed symptoms, whether recognised or not.

After two years continuous insurance cover pre-existing conditions will become eligible for **benefit** (unless the condition or the **benefit** is specifically excluded – see 'Exclusions: what is not covered') if, at the first time of receiving **treatment**, the **insured person** has not:

- › suffered any symptoms
- › consulted any **physician** for check-ups, medical **treatment** or advice

or

- › taken any medication (including drugs, special diets and injections) for that medical condition, or any related condition, for a continuous period of two years.

### 5.55. Prescription drugs and Vaccinations

Medications whose use and sale are restricted to being ordered by a **physician** (we use the UK as the indicator) and which are medically necessary. Drugs and items that are considered non-prescription or 'over the counter' e.g. paracetamol or bandages are not a covered **benefit**, even if a **doctor** has prescribed them. **Medically necessary** Hormone Replacement Therapy (HRT) is only available if this **benefit** appears on **your insurance certificate**.

The following Vaccinations are covered under the Prescription Drug benefit if shown on your **insurance certificate** - tetanus, diphtheria, polio, hepatitis A B, and typhus.

### 5.56. Prosthesis

We will pay only for the following prostheses:

- › Breast implants, within two years of breast cancer surgery that **we** have covered
- › Heart valves
- › Artificial blood vessels
- › Artificial sphincter muscles
- › Corneal and lens replacements in the eye
- › Devices that act as pacemakers for the heart
- › Shunts (channels) designed to remove excess fluid from the brain
- › Artificial joints or ligaments

### 5.57. Psychiatric treatment

If **you** have a **benefit** for **psychiatric treatment** shown on **your insurance certificate**, **we** will pay up to the limit shown provided the **treatment** is under the direct supervision of the **psychiatrist** or **psychologist** and follows a specified plan of care that **we** have **pre-authorised**. Any **treatment** after **your** first consultation must be **pre-authorised**.

If **you** have a **benefit** for **out-patient psychiatric treatment** shown on **your insurance certificate**, **we** will pay for **out-patient psychiatric treatment** provided it is by a **psychiatrist** or **psychologist**. **Treatment** may be individual or **group** therapy but it must be under the direct supervision of the **psychiatrist** or **psychologist** and follow a specified plan of care that **we** have **pre-authorised**.

### 5.58. Psychiatrist

A medical **doctor** with **specialist** training in treating mental illness. That training must be recognised by a licensing authority and professional organisations in the country where the **psychiatrist** practices.

### 5.59. Psychologist

A mental-health professional who has a graduate degree in clinical psychology from an accredited university and has had at least two years of supervised experience as a practising **psychologist**.

### 5.60. Qualified nurse

A **qualified nurse** has graduated from a recognised training programme and is registered with the statutory nursing organisation of the country in which he or she practises.

### 5.61. Rehabilitation facility

A facility licensed under the regulations of the country in which it operates, and designed for patients who no longer need acute **hospital** care. The patient must be under 24-hour medical or qualified nursing supervision. The facility must also provide basic healthcare and help with activities of daily living for people who cannot care for themselves because of their medical or mental disability. To qualify as a covered **benefit** under this policy, **your physician** must agree a care plan with **us**, and **your** stay in this type of facility must be part of **your** recovery after coming out of **hospital**, after which **you** should be independent again and be able to return home. The extent of this **benefit** is shown on **your insurance certificate**.

### 5.62. Rehabilitation for alcohol and drug addiction

If this **benefit** is shown on **your insurance certificate**, you have a limited lifetime **benefit** for **treatment**. The **treatment** plan must have **pre-authorisation** from **us**.

Therapy and **treatment** designed specifically for the purpose of curing addictions.

### 5.63. Renewal date

The **renewal date** is shown on **your insurance certificate** and will normally be the date on which **your** cover is due for renewal.

### 5.64. Repatriating your body and local burial

If **you** die outside **your home country**, **your** plan covers the cost of preparing **your** body for burial and cremation in **your country of residence**. Alternatively, **your** plan will pay for preparing **your** body and reasonable costs of transporting **your** body to **your home country**. To qualify for **benefit**, a **responsible person** must contact **our** Assistance Centre before making any arrangements. The Assistance Centre will identify 'reasonable transport costs'. This **benefit** is limited to the amount shown on **your insurance certificate**.

### 5.65. Responsible person

An immediate family member (husband, wife, child or parent) or legal representative who has power of attorney to act for the **insured person** if they are too ill or have died.

### 5.66. Return to your home country

If **you** move back to **your home country**, **your** cover may stay in force at **our** discretion. If **you** are an American citizen returning to the USA **we** will automatically cancel **your** cover after **you** have been in the USA for three months in a row.

### 5.67. Specialist

See 'Consultant'.

### 5.68. Sponsoring Organisation

**Your** employer, or the **group** that **you** belong to. The plan is arranged through **your sponsoring organisation**, who is approved by **us**. The rules of **your** membership and details of insurance cover have been agreed between **your sponsoring organisation** and **us**.

### 5.69. Start date

The start or **renewal date** of **your** cover under this plan as shown on **your insurance certificate**.

### 5.70. Therapist

An acupuncturist, chiropractor, osteopath, homoeopath, kinesiotherapist or physiotherapist who is licensed by a regulatory organisation in the country in which **you** receive **treatment**, and who is practising within his or her licence and training.

### 5.71. Treatment

The method a **doctor** or other licensed health practitioner uses to relieve or cure a disease, illness or injury. The **treatment** must be provided in line with the generally accepted standards of medical practice of **our** medical advisors.

This means that even if **your doctor** prescribes, orders or recommends a course of **treatment**, prescriptions, or supplies, they will not be covered under this plan unless **our** medical advisors consider they are **medically necessary**, and the rules of **your** plan say that the **treatment** is a covered **benefit**.

### 5.72. Us, we, our

These mean Expacare Limited. **Our claims** and assistance services are outsourced to **specialist** organisations who act on **our** behalf.

### 5.73. Wellness

Cover is provided for one full medical examination including the Doctor's consultation, every two years up to a maximum limit as shown on the **insurance certificate**. This **benefit** is only available to adult members who have maintained two years of continuous cover under the Expacare Specialcare Plan.

- > Adult Screening
- > Bodily measurements
- > Blood pressure
- > Urinalysis and stool exam
- > Dietary counselling
- > Blood test
  - > Blood type
  - > Anaemia
  - > Liver, kidney, pancreas, thyroid function test
  - > Arteriosclerosis
  - > Diabetes
  - > Gout
  - > Calcium
  - > Hepatitis
  - > AIDS, syphilis, etc
- > Tumour markers
  - > liver, lung, prostate, digestive system
- > Chest X-ray (front)
- > ECG
- > Pulmonary function test
- > Serum helicobacter test
- > Abdominal ultrasound
- > Gastroscopy (or gastrointestinal series)
- > Mammograph
- > Cervical cancer check-up
- > Prostate check-up

### 5.74. You, your, yours, yourself, insured person

**You** and any **dependants** named on the **insurance certificate**.

## 6. Exclusions: what we don't cover

The following services, medical conditions, activities and their related expenses are not **benefits** that **we** cover under this plan. Please read this section, the **benefit** table and the definitions section to make sure **you** understand what is not covered. **You** are not covered for expenses arising from any of the following:

### 6.1. Alcohol and drug abuse

**You** are not covered for costs resulting from dependency on or abuse of alcohol, drugs, or other addictive substances.

### 6.2. Birth defects and congenital conditions

**We** do not pay for **treatment** for birth defects and congenital conditions or illnesses. Birth defects and congenital conditions are any abnormality, deformity, disease, illness or injury present at birth (whether diagnosed or not), hereditary conditions, problems caused by things that happened before the baby was born (for example, the effects of a drug) or problems due to an early or abnormal birth. However, **we** will pay a limited amount for necessary **treatment** of birth defects or congenital conditions for a newborn child for the first 28 days following the birth, as long as this **benefit** is shown on **your insurance certificate** and **we** have covered the birth.

### 6.3. Complications from excluded conditions

**We** do not pay for any increased medical costs **you** incur because of complications caused by a condition that is excluded.

### 6.4. Cosmetic surgery

**You** are not covered for costs relating to cosmetic or aesthetic **treatment** (whether or not for psychological purposes) except if **you** need this as a direct result of any coverable **accident** or injury that **we** have covered.

### 6.5. Cost of shipping medication

**You** are not covered for the cost of shipping (including customs duty) on shipping medication.

### 6.6. Dental care

**You** are not covered for any **dental** care unless these **benefits** are included on **your insurance certificate**. However **we** will pay for **dental treatment following an accident** (see **dental treatment following an accident** in the definitions section of this guide).

### 6.7. Developmental Disorders

**You** are not covered for **treatment** of developmental, behavioural or learning problems such as attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems. However **we** will pay for up to 3 visits for an initial assessment up to GBP 200 (or equivalent) and as long as a qualified specialist arranges it. This is not covered under the Standardcare plan.

### 6.8. Eating disorders

**You** are not covered for costs relating to eating disorders such as, but not limited to, anorexia nervosa and bulimia.

### 6.9. Excess, deductible or co-payment

**You** are not covered for the amount of the **excess** or **co-payment** that is shown on **your insurance certificate**. **We** will treat any arrangement with or any offer by a provider to charge **us** a higher fee to cover the amount of the **excess** or **co-payment** as fraud and **we** will take legal action.

### 6.10. Experimental treatment and drugs

**You** are not covered for **treatment** that in **our** reasonable opinion is experimental, not scientifically recognised or not proved to be effective based on established medical practice.

### 6.11. Eyes and ears

**You** are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants. **We** do not pay for eye surgery to correct eyesight.

### 6.12. Fees for filling in claim forms

**You** are not covered for any charges made by **doctors** or **dentists** for filling in **claim** forms or providing medical reports.

### 6.13. Foetal surgery

**We** do not cover the costs of surgery on a child whilst in its mother's womb except as part of the **maternity care (with complications) benefit**.

### 6.14. Hair loss

**We** do not pay for **treatment** for hair loss. **We** will, however, pay for an initial consultation to assess the underlying cause.

### 6.15. HIV or AIDS

**You** are not covered for **treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both).

### 6.16. Kidney dialysis

**You** are not covered for regular or long-term kidney dialysis. However **we** will pay for up to six weeks of kidney dialysis if needed immediately before a kidney transplant that **we** are covering, or for sudden kidney failure due to an illness or injury somewhere else in **your** body.

### 6.17. Morbid obesity

**You** are not covered for the costs of **treatment** for, or related to, **morbid obesity**.

### 6.18. Nursing homes, convalescence homes, health hydros, and nature cure clinics

**You** are not covered for **treatment** received in **nursing homes**, convalescence homes, health hydros, nature cure clinics or similar establishments. **You** are not covered for convalescence or where **you** are in **hospital** for the purpose of supervision. **You** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and or if the **hospital** has effectively become **your** home.

### 6.19. Pre-existing conditions

**We** do not pay for **treatment** that relates to **pre-existing conditions**. This exclusion applies to voluntary plans only (those where **you** have a choice whether or not to join, as opposed to a **group** plan where an employer provides the insurance to all or a specific type of employee on a compulsory basis). If **you** are a voluntary plan member, please read the explanation of the **pre-existing condition** exclusion in the definitions section of this member guide, under 'Moratorium'.

### 6.20. Pregnancy or maternity

**You** are not covered for costs relating to pregnancy or childbirth (other than ectopic) unless **maternity care benefits** are shown on **your insurance certificate**. **We** do not pay for ending a pregnancy unless there is an immediate life threat to the mother.

### 6.21. Professional sports and dangerous activities or circumstances

- › **You** are not covered for any costs resulting from injuries or illness arising from **you** taking part in any form of racing, except on foot, or any kind of professional sport. By professional sport, **we** mean **you** are being paid to take part.
- › **You** are not covered for off-piste or closed piste skiing.
- › **You** are not covered for costs arising from weapons of mass destruction, including chemical, biological or nuclear contamination.
- › **We** do not pay for **treatment** of any condition directly or indirectly from or as a consequence of war, acts of foreign hostilities (whether or not war is declared) civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, or attempted overthrow of government, or any acts of terrorism, unless **you** are an innocent bystander.
- › **You** are not covered for costs arising from taking part in any illegal act.

### 6.22. Removal of healthy tissue

**You** are not covered for costs arising from or relating to removing fat or surplus healthy tissue from any part of the body.

### 6.23. Reproductive medicine

**You** are not covered for costs relating to testing and treating infertility and fertility. **You** are not covered for the costs of contraception.

### 6.24. Routine examinations, health screening

**You** are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **you** do not have any symptoms, unless these **benefits** are shown on **your insurance certificate**.

### 6.25. Self-inflicted injuries or attempted suicide

**You** are not covered for any costs resulting from self-inflicted injury, suicide or attempted suicide.

### 6.26. Sexual problems and sex change

**You** are not covered for costs relating to sexual problems including impotence, or a sex change. **You** are not covered for the costs of treating sexually transmitted infections.

### 6.27. Sleep disorders

**You** are not covered for costs related to snoring or sleep apnoea including sleep studies or corrective surgery.

### 6.28. Surgical or medical appliances or equipment

**You** are not covered for the costs of supplying, fitting or hiring of physical aids or corrective devices (for example, hearing aids, wheelchair or walking stick). However, **we** do pay for surgically implanted body parts (see definition of **prostheses**) and **we** will pay for a knee brace if needed after an operation to repair a knee ligament and spinal support after spinal surgery.

### 6.29. Telephone Consultations

**You** are not covered for the costs of consultations with **doctors** by telephone.

### 6.30. Travel costs

**You** are not covered for transport costs **you** incur during trips made specifically to get medical **treatment** unless these costs are for an **emergency medical evacuation** that **we pre-authorised**. **You** are not covered for any costs of **emergency medical evacuation** or **repatriating your body** that **we** did not **pre-authorise** and arrange.

### 6.31. Travelling against medical advice

**You** are not covered for medical or other costs **you** incur if **you** travel against the advice given by **your** treating **doctor** or **our** medical advisor for **treatment** in a medical facility, which in the opinion of **our** medical advisor is not considered suitable.

### 6.32. Treatment by a family member

**You** are not covered for the costs of **treatment** by a family member or for self-therapy.

### 6.33. Unauthorised claims

**We** require **pre-authorisation** for **in-patient** claims, psychiatric and alcohol and drug addiction **treatment** (where covered) and **emergency medical evacuation**. **We** will decline part of **your claims** costs if these claims are not **pre-authorised**.

## 7. Complaints procedure

**We** believe that a prompt response to **your** questions and complaints is an important part of good service. **We** are also required by **our** regulator, the Financial Services Authority (FSA) to have in place procedures for handling complaints. This procedure is detailed below.

Should **you** have a complaint about **our** practice or performance, including claims handling, please write with details of **your** complaint to:

Managing Director  
Expacare Limited  
Columbia Centre  
Market Street  
Bracknell  
Berkshire  
RG12 1JG  
United Kingdom

Tel: +44 (0) 1344 381 650  
Fax: +44 (0) 1344 381 690  
Email: [info@expacare.com](mailto:info@expacare.com)

**We** will acknowledge receipt of **your** complaint within 5 business days and enclose a copy of the complaints procedure. **We** will tell **you** who is dealing with **your** complaint and if possible provide **you** with a response to **your** complaint at the same time. If **our** investigations take longer **we** will seek to provide a written response within 4 weeks or explain the current position and provide an indication as to when **you** may expect to receive a final response.

Should **we** be unable to provide **you** with a written response within 8 weeks **we** will explain the current position and provide an indication as to when **you** may expect to receive a final response. If at this stage **you** have not received a final response or if a final response has been provided and **you** remain dis-satisfied **you** may have the right to refer the matter to the following within 6 months of the date on the firms final response letter:

Financial Ombudsman Service  
South Quay Plaza  
183 Marsh Wall  
London  
E14 9SR

Telephone: 0845 080 1800  
Fax: 020 7964 1001  
Email: [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)  
Website: [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

Making a complaint against **us** does not affect **your** right to take legal action against **us**.

English law applies to any conflict or dispute relating to this plan, and conflicts and disputes will only be dealt with by English courts.

### Compensation

Expacare Limited are subject to the Financial Services Compensation scheme in the United Kingdom. Please see [www.fscs.org.uk](http://www.fscs.org.uk) for further information.

## 8. Data Protection

**We** take **our** responsibility for confidentiality very seriously. Any information **you** give **us** will be held securely and fairly in accordance with the Data Protection Act 1998.

*How we may use your personal data or disclose it to third parties:*

- › To administer **your** plan and process **your claims**
- › To liaise with providers about medical care and costs
- › To process **claims** that are also covered by another **insurer** or third party
- › To help **us** develop services **we** think will be in **your** interest
- › For statistical analysis to help **us** assess how the scheme **you** belong to is being used
- › To detect fraud and improper **claims**

*Giving you information:*

- › **You** have a right to know what information **we** hold about **you**. **We** may request a small administration fee for supplying a copy of any personal information.

*Communication:*

- › **We** may monitor **our** communications with **you**, including telephone conversations to ensure **we** have an accurate record, and have followed **your** instructions.

**Your** personal data may be transferred outside of the European Economic Area for processing. Any transfer of **your** data is done in circumstances ensuring that **your** data is processed only in accordance with the Data Protection Act 1998.



## **Expacare Limited**

Authorised and regulated by the Financial Services Authority.

Registered Office: 6 Crutched Friars, London EC3N 2PH.

Registered in England No. 01524095. VAT No. 244 2321 96