



MEDIKSURE

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in a world outside your own

membership guide

www.expacare.com

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(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 at the back of this guide.)

1. Introduction

Welcome to Expacare. **You** have chosen to join one of the UK's longest established international health insurance providers for **your** health insurance plan. These plans are provided by Expacare Limited, who are part of the global Jardine Lloyd Thompson Group.

The **benefits** are shown in section 5 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 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 settlements 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

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.

2. Rights and responsibilities

2.1 The Contract

This guide, together with the application form and **your insurance certificate**, make up the contract between **you** and **us**. With the purpose of providing **you** with **benefits** when **you** need medical **treatment**.

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 in **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**.

- The maximum age for first enrolment in the Plan is 55 years and cover shall cease at the first due date following the 65th birthday of the **insured person**.
- To be a member of Mediksure plan, **your main country of residence** must be either Indonesia or Thailand. Dependants can be covered if they are living anywhere in South East Asia but not outside of the **area of cover**.

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.

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

The **certificate period** is stated on the **insurance certificate**. The Plan may be renewed thereafter by mutual agreement. The required premium must be paid to **us** before the insurance is in force. The Plan may be terminated with effect from due date by either party giving 30 days notice in writing of intention not to renew the insurance. (The renewal premium may be increased or varied at **our**

discretion). Premium will increase upon entering each higher premium rating age band and may also be adjusted annually for inflation and loss experience respectively.

2.5 Ending your cover

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

If **you** or **dependants**:

- 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
- if **your country of residence** is no longer Indonesia or Thailand

(**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.

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

2.6 Cancellation

In the event of the cover provided by this Plan being cancelled by the **insured** in writing, **we** shall retain a premium in accordance with the following scale for the time this Plan has been in force:

Up to 1 month	20% of the annual premium
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Up to 2 months	30% of the annual premium
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Up to 3 months	40% of the annual premium
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Up to 4 months	50% of the annual premium
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Up to 5 months	60% of the annual premium
----------------	---------------------------

Up to 6 months	70% of the annual premium
----------------	---------------------------

Up to 7 months	80% of the annual premium
----------------	---------------------------

Up to 8 months	90% of the annual premium
----------------	---------------------------

In excess of 8 months	100% of the annual premium
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- In the event of the **claim**, **we** will retain 100% of the premium.
- This plan is a one-year contract, renewable each year on the anniversary of the start date.

2.7 Local treatment

Unless agreed in writing by **us** prior to the inception of the Plan and the appropriate additional premium having been paid by the **insured person**, premium rates under the Plan have been charged on the basis of medical **treatment** costs prevailing in the **insured person's usual country of residence**. It is understood and agreed that the **insured person** shall, wherever possible, obtain covered **treatment** in the **usual country of residence** except for emergency **treatment** in respect of **accident** or acute illness occurring during short period business or holiday travel (not exceeding six weeks per policy period) outside the **usual country of residence** and which require immediate medical attention.

Should the **insured person** choose to be treated elsewhere in South East Asia, this is subject to **treatment** being **pre-authorised**.

2.8 Reasonable Precautions and Material Charges

The **insured person** shall take all reasonable precautions to prevent and minimise any **accident**, injury, death or expense and **we** must be informed immediately in writing of any material information or change of circumstances whether relating to job occupation, sporting activity or otherwise which may increase the possibility or likely quantum of a **claim** under the Plan. **We** reserve the right to continue cover on terms and conditions **we** consider appropriate to such changes in material information of circumstances or to decline to continue cover under the Plan.

3. Making a claim

We have made claiming as easy as we can, and the process is set out on the **claim** form. Please send us your **claim** as quickly as you can, but no later than 90 days after you started your **treatment**. If a **claim** is submitted later than 90 days following the start of **treatment**, we will not pay the **claim**.

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 **claim**

3.1 Notification of Claim

Before in-patient **treatment** is undertaken at a hospital (except in cases of **accident** or acute medical emergency), the **insured person** must inform us or our appointed representatives immediately in writing giving us full details of the proposed **treatment** and the names and addresses of the **physician** and **hospital** concerned. A fully completed **claim** form should be submitted to us prior to undertaking covered **hospital in-patient treatment** and supporting medical information submitted no later than 90 days thereafter. In cases of **accident** or acute medical emergency, written notification together with supporting medical information must be submitted to us as soon as possible.

Immediate notification of any circumstances that may require **emergency medical evacuation** or **repatriation** or **local burial** or **mortal remains** must be given to the 24-hour Emergency Assistance Centre and its approval obtained prior to transportation.

Failure to observe these **notification of claims** conditions may invalidate a **claim**.

3.2 Pre-authorisation of claims

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

- **Emergency medical evacuation**
- **Hospital treatment** as an **in-patient**

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 all or part of your **claim** if we have not **pre-authorised** these **benefits**.

3.3 Approved Hospitals

We have made direct billing arrangements with many leading **hospitals** and **physicians**. Use of other **hospitals** and **physicians** will not invalidate a covered **claim** provided the Notification of **claim** conditions of the Plan have been met and furthermore, that our liability shall not exceed the level of charges that would have been made at such approved **hospitals** for providing similar **treatment** or services. We reserve the right to make appropriate reductions to the benefits payable in respect of **treatment** obtained

from a **physician** or **hospital** which is not an approved **hospital** if the charges incurred are not considered to be **reasonable and customary**.

3.4 Proof of Claim

Original documentation and receipts together with a fully completed **claim** form signed by the treating **physician** must be submitted to us within the time limits defined above and before payment guarantees for **in-patient treatment** can be made. Photocopies are not acceptable. If on the balance of medical fact or probability for us to decline a **claim** by virtue of the **pre-existing conditions** exclusion, the **insured person** shall have the right and obligation to produce such medical evidence as we may reasonably require to enable to reconsider a **claim** under the Plan.

3.5 Examinations

We shall have a right and opportunity through our medical representatives to examine the **insured person** whenever and as often as it may reasonably require within the duration of any **claim**. In addition we shall have the right to require post mortem examination, where this is not forbidden by law.

Your **physician** or **hospital** may charge a fee to cover the supply of a medical report, which is not covered.

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.

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.

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.

Claims and Emergency Assistance Procedures

1. Any circumstance that may require Emergency Medical Evacuation or Repatriation of Mortal Remains must be notified immediately to the 24 hour Emergency Assistance Centre to obtain its advance approval and to make transportation arrangements.
2. Inform us immediately in writing in the event of any claim or potential claim under the plan.
3. Before in-patient Hospital treatment is undertaken, except in the cases of Accident or acute medical emergency the insured person or Treating Physician or Hospital should immediately contact the 24 hour Emergency Assistance Centre giving full details of the proposed treatment and the names and addresses of the Physician and Hospital concerned.
4. A fully completed claim form must be submitted to us prior to undertaking in-patient Hospital treatment and supporting medical information submitted not later than 90 days thereafter. In cases of Accident or acute medical emergency the claim form and supporting information must be submitted to us as soon as possible.
5. Expacare or our 24-hour Emergency Assistance Centre will confirm the extent of insurance benefits and claims procedures, and wherever possible will provide any necessary payment guarantees. Payment guarantees cannot be issued unless we or the 24-hour Emergency Assistance Centre are contacted in advance, with all relevant information.
6. Out-patient Services are not subject to payment guarantees and covered claims will be settled on a reimbursement basis.
7. Use a new claim form for each separate claim or course of treatment.
8. The Insured Person or his/her legal representatives must complete all relevant sections of the claim form and sign and date the declaration.
9. The treating Physician must sign, date and rubber stamp the declaration section of the claim form.
10. Incomplete claim form cannot be accepted for processing of payments. Attach originals of all relevant documents and bills. Photocopies are not acceptable.
11. Send the claim form, fully completed by the Insured Person and the treating Physician together with all relevant documents to our 24-hour Emergency Assistance Centre.
12. The 24-hour Emergency Assistance Centre is:

Expacare Mediksure Claims

PT Global Asistensi Manajemen Indonesia (GAMI)

Graha Simatupang Tower 1D 8th Floor

Jl Letjend. T.B Simatupang Kav 38

Jakarta 12540

Telephone: +62 21 782 8040

Fax: +62 21 782 9332

Email: expacare@global-assistance.net

4. 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.

5. 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 8). Together with **your insurance certificate**, they define the **benefits** available to **you** and **your dependants** under this plan.

Important note

- **We** cannot pay any **benefits** 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 **benefits** in the same currency in which **your** premium is paid
- **Benefits** are limited to 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** or **day-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	Bronze Plan	Gold Plan	Platinum Plan
Overall maximum Benefit per year	Limit \$100,000	Limit \$250,000	Limit \$1,000,000
Hospital treatment & Related services	\$65,000	\$150,000	\$250,000
Pre-hospital diagnostic service	30 days, covered if in-patient treatment follows	30 days, covered if in-patient treatment follows	60 days, covered if in-patient treatment follows
All hospitalisation, surgical and related services	covered	covered	covered
Room and Board	Accommodation (A single room with en-suite bathroom)	Accommodation (A single room with en-suite bathroom)	Accommodation (A single room with en-suite bathroom)
Post hospital follow up treatment	60 days, only available if connected to in-patient treatment	60 days, only available if connected to in-patient treatment	90 days, only available if connected to in-patient treatment
Parent Accommodation	covered	covered	covered
Home nursing following hospitalisation	26 weeks	26 weeks	26 weeks
Hospital casualty ward accident and emergency services	covered	covered	covered
Day care surgery	covered	covered	covered
Local ambulance service	covered	covered	covered
Out-patient cancer treatment extension	covered	covered	covered
Out-patient for complementary therapy due to accident (Bonesetting, Chiropractors, Acupuncture)	up to \$50 per visit, up to 8 visits per year	up to \$50 per visit, up to 8 visits per year	up to \$50 per visit, up to 8 visits per year
Out of area cover for emergency treatment	limited to a total of six weeks up to \$34,000	limited to a total of six weeks up to \$34,000	limited to a total of six weeks up to \$34,000
Emergency dental treatment following an accident	covered	covered	covered

Benefits: what we cover	Bronze Plan	Gold Plan	Platinum Plan
Overall maximum benefit per year	Limit \$100,000	Limit \$250,000	Limit \$1,000,000
Out-patient services	Not applicable	Not applicable	\$15,000 subject to a deductible of \$30 per person, per medical condition, per certificate period
Organ transplantation	\$35,000	\$100,000	\$150,000
Emergency medical evacuation	Not applicable	Not applicable	\$200,000
Repatriation of mortal remains or local burial	Not applicable	Not applicable	\$12,750

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 at the back of this guide 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 Bone Marrow Transplants

We do not pay for bone marrow transplants.

6.4 Chronic conditions or chronic illness

You are not covered for **treatment** related to chronic illness or chronic conditions. 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.

6.5 Complications from excluded conditions

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

6.6 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.

6.7 Dental care

You are not covered for any **dental care**. However **we** will pay for **dental treatment** following an **accident** (see **dental treatment following an accident** in the definitions section of this guide).

6.8 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 an initial assessment as long as a qualified **specialist** arranges it.

6.9 Eating disorders

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

6.10 Elective overseas treatment

For non-emergency or chronic medical conditions where covered **treatment** can reasonably be postponed until the **Insured Person** returns to the **Usual Country of Residence**.

6.11 Emergency Medical Evacuation expense related to pregnancy or childbirth

Except abnormal pregnancy or vital complication of pregnancy which endangers the life of the mother and/or unborn child(ren).

6.12 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.

6.13 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.

6.14 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.

6.15 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.

6.16 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**.

6.17 Hair loss

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

6.18 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).

6.19 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.

6.20 Medical costs outside your area of cover

Medical costs outside of **your geographic area of cover** are excluded except for **out of geographic area cover** (see 'out of area cover' and 'geographic area' in the definitions section of this member guide). **Out of geographic area cover** is only available if it is shown on **your insurance certificate**.

6.21 Menopause, andropause, ageing, puberty and pre-menstrual tension syndrome, HRT and bone densitometry

You are not covered for the costs of **treatment** for, or related to, menopause, andropause, puberty, ageing and pre-menstrual tension syndrome. **We** do not pay for hormone replacement therapy [HRT] or bone densitometry.

6.22 Morbid obesity

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

6.23 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.

6.24 Pre-existing conditions

We do not pay for **treatment** that relates to **pre-existing conditions**. Please read the explanation of the **pre-existing condition** exclusion in the definitions section of this member guide.

6.25 Pregnancy or maternity

You are not covered for any **treatment** related to **maternity care** or pregnancy unless it is stated on **your insurance certificate**. **We** do not pay for ending a pregnancy unless there is an immediate life threat to the mother.

6.26 Professional or inherently dangerous 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 or inherently dangerous sports. By professional sport, **we** mean **you** are being paid to take part.
- **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.

6.27 Psychiatric care

You are not covered for the costs of **treatment** of mental illness or psychiatric or psychological disorders of any kind.

6.28 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.

6.29 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.

6.30 Routine examinations, health screening

You are not covered for routine medical examinations including vaccinations, 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**.

6.31 Second Opinions

In respect of medical conditions which have already been diagnosed and/or treated at the date such second opinions are obtained unless considered by **our** medical advisers to be reasonable and necessary.

6.32 Self-inflicted injuries or attempted suicide

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

6.33 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 or any **treatment** or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases

6.34 Sleep disorders

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

6.35 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.

6.36 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.

6.37 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.

6.38 Treatment by a family member

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

6.39 Unauthorised claims

We require **pre-authorisation** for **in-patient claims** and **emergency medical evacuation**. **We** will decline all or 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

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
Website: www.financial-ombudsman.org.uk

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

Compensation

Expacare Limited are subject to the Financial Services Compensation scheme in the United Kingdom. Please see www.fscs.org.uk for further information.

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

8. 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**.

8.1 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.

8.2 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**.

8.3 Anaesthetist

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

8.4 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).

8.5 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.

8.6 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 90 days 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 90 days following the start of **treatment**, **we** will not pay the **claim**.

8.7 Complementary therapies

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

- Acupuncture
- Chiropractic
- Homoeopathy
- Osteopathy

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**.

8.8 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 qualification or training for example, a school listed in the World Health Organisation's World Directory of Medical Schools.

8.9 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**.

8.10 Country of residence Indonesia or Thailand

The **country of residence** (Indonesia or Thailand) is the Country in which the **insured person** or covered **dependant** is living at the date of commencement of cover under the Plan and which is declared on the application form. As a condition precedent to liability, **we** must be informed at writing of any permanent change in the **country of residence**, which shall be deemed to mean the **insured person** or covered **dependant** is living or intending to live in another Country for a period in excess of three consecutive months. **We** reserve the right to continue cover on terms and conditions **we** consider appropriate to new **country of residence** or to decline to continue cover under the Plan.

This Plan has been designed for people living in Indonesia and Thailand. Therefore the **country of residence** is deemed to be Indonesia or Thailand.

8.11 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.

8.12 Deductible

See 'Excess'

8.13 Dental treatment following an accident

Treatment to restore teeth that have been lost or damaged in an **accident** that caused injury to **your** face and for which **treatment** is provided within 14 days following the **accident**.

8.14 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**.

8.15 Dependant

The spouse of the **insured person** and/or unmarried children who are dependent upon the **insured person** for support, provided always that such children are aged not less than 15 days and not more than 21 years at the date of enrolment. Thereafter children must pay the full adult premium rate.

If **you** would like **your** child to be added to **your** plan, **you** must give **us** the details. **We** do not add newborn babies unless **you** ask **us** to.

8.16 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**.

8.17 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 qualification or training for example, a school listed in the World Health Organisation's World Directory of Medical Schools.

8.18 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.

8.19 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**. The **excess** is payable per person, per medical condition, per **certificate period**.

8.20 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 of cover** is South East Asia (Indonesia, Thailand, Laos, Cambodia, Malaysia, East Timor, Singapore, Philippine and Vietnam) excluding Hong Kong and China.

Member and their dependants can seek **treatment** anywhere within the **area of cover**, subject to **pre-authorisation** of Global Assistance. Out side of South East Asia, **out of area cover** applies.

- See also '**Out of (geographic) area cover**'.

8.21 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**.

8.22 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**.

8.23 Hospital

A healthcare facility licensed as a **hospital** in the country where it operates, and providing acute medical and surgical care. 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.

8.24 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**'.

8.25 In-patient treatment

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

8.26 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.

8.27 Insured person

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

8.28 Insurer

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

8.29 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'.

8.30 Maternity care (routine)

Up to \$3,500. **Maternity care**. Maternity Care is not available to new members.

Treatment and services provided during 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 twelve months of an Expacare plan that covers maternity. There is no **maternity benefit** for **treatment** received during the first twelve 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, **you** must give **us** the details. **We** do not add newborn babies unless **you** ask **us** to.

8.31 Maternity care (with complications)

Up to \$8,000. **Maternity care** is not available on the Bronze plan.

This **benefit** is only available if shown on **your insurance certificate**.

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 for pregnancies where the mother has been a continuous member for twelve months of an Expacare plan that covers maternity. There is no maternity benefit for treatment received during the first twelve 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, **you** must give **us** the details. **We** do not add newborn babies unless **you** ask **us** to.

8.32 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**.

8.33 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.

8.34 Moratorium

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 condition, or any related condition, for a continuous period of two years.

8.35 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.

8.36 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.

8.37 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.

8.38 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, or liver transplants are covered.

8.39 Out of (geographic) South East Asia 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 emergency **treatment** 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.

Members and their dependants are however covered for elective **treatment** when travelling or have temporary (maximum of 6 months during each **certificate period**) residence in any country within the **area of cover**.

8.40 Out-patient surgery

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

8.41 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.

8.42 Physician

See ‘**Doctor**’

8.43 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**.

8.44 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**.

8.45 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)

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

8.46 Pre-existing conditions

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, 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

8.47 Prescription drugs

Medications whose use and sale are restricted to being ordered by a **physician** (we use the UK as the indicator). 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**.

8.48 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

We may cover the other types of **prostheses** when they become generally accepted and are not considered experimental by most **doctors** and **our** medical advisor. Call **us** to check the cover before **you** incur any costs.

8.49 Reasonable and Customary Charges

Charges for medical care which shall be considered by **us** or **our** medical advisers to be **reasonable and customary** to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable **treatment**, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. Any scale of charges which may be agreed

from time to time between **us** and **hospitals** and **physicians** shall be indicative of such **reasonable and customary charges**. Nor shall **we** be liable for charges incurred at a selected **treatment** venue which are in **excess** of the **reasonable and customary charges** for adequate **treatment** available at an alternative **treatment** venue where it would be reasonable and medically appropriate for the **insured person** to receive such **treatment**.

8.50 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.

8.51 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**.

8.52 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.

8.53 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**. **Your** plan will also 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**.

8.54 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.

8.55 Return to your home country if it is outside Indonesia or Thailand

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.

8.56 Specialist

See '**Consultant**'.

8.57 Start date

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

8.58 Therapist

An acupuncturist, chiropractor, osteopath, homoeopath 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.

8.59 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**.

8.60 Us, we, our

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

8.61 You, your, yours, yourself, insured person

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