

expacare



Securus Membership Guide 2026



International healthcare for over 40 years

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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 acting on behalf of the **Insurer** and exclusively designed for and distributed by Securus International Limited.

The **benefits** are shown in the **Benefit** Table enclosed with this Guide. **Your insurance certificate** shows the cover that is available for **you**. As with any healthcare insurance contract, there are exclusions. These are conditions and **treatments** that are not covered and are listed in the Exclusions section of this guide.

This guide covers both **Group Policies** and **Individual Policies**. Some terms and definitions may vary between a **Group Policy** and an **Individual Policy**. Where this is the case, this has been clearly highlighted in this guide. Please also refer to **your insurance certificate** for confirmation of the classification of **your** policy.

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

Expacare Limited
Bracknell Enterprise Centre
Easthampstead Road
Bracknell
RG12 1NF
United Kingdom
Phone: +44 (0) 1344 233950
Email: info@expacare.com

For questions about how to **claim**, a specific **claim** query, finding a local **doctor** or **hospital** provider, please visit **our** website www.expacare.com. **You** can also find details on making a **claim** and **claims** conditions in section 3 of this guide.

The cover provided shall be determined by reading this guide together with the Certificate of Insurance (the Certificate) issued to each **Insured Person**. Any **benefit** not shown in the Certificate is not provided.

The Insurance is effective only after the applicant has been accepted by the **Insurer** and becomes and remains insured in accordance with the terms, provisions and conditions set out in the Certificate and Rules.

The legal representative of the **Insured Person** shall have the right to act for an **Insured Person** who is incapacitated or deceased. **Benefits** are payable to the **Insured Person** or to the licensed providers of medical and dental care who provide the insured **treatments** and services to the **Insured Person**.

Benefits are limited to the usual **reasonable and customary** charges in the area where **treatment** is provided.

Benefit payments are processed by **claims** administrators, appointed by the **Insurer**, who specialise in medical **claims** administration.

2. Administration, rights and responsibilities

2.1. The contract

This guide, in conjunction with **your** application form, **your insurance certificate**, Insurer Information document and any Addendum attached makes up the contract between **you /your Sponsoring Organisation** and **us**, with the purpose of providing **you** with **benefit** when **you** need medical **treatment**.

Where this is a **Group Policy** it has been arranged through **your sponsoring organisation** who is approved by **us**. **Your sponsoring organisation** has agreed the rules of **your** membership and details of the 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.
- › Insurer Information
- › Any Addendum attached

Your Agent/Broker can act on **your** behalf in relation to administration requests such as, but not limited to; changes in cover or cancellation of cover.

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**.

- › In respect of an **Individual Policy** only **you** must be under 65 years old at the date **you** join in order to be covered.
- › In respect of a **Group Policy** only, **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**.
- › For a **Group Policy**, **you** must be an active **employee** or a **dependent** of a covered 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**.
- › **Your** newborn children shall be eligible for cover as a **dependant** on **your** plan from the date-of-birth, subject to

receipt of request to add them to the plan within 14 days of the birth.

- › Child **dependants**, aged 25 are eligible to take out a plan in their own right, whilst maintaining their original inception date, subject to receipt of a new application form, prior to the policy renewal date.
- › **You** and **your dependants'** cover starts on the **start date** shown on **your insurance certificate**.
- › A child, eligible for cover in their own right and not as a **dependant** on their parent's policy will be charged the minimum adult rate (18 - 25 age-band).
- › 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** become a member of this plan.
- › **You** are not eligible to join this plan if **you** live permanently in the USA.
- › **We** must receive premiums before the **start date** or the due date.
- › **We** will tell **you** about any excluded medical conditions specific to **you** on **your insurance certificate**.

2.3 Information that you provide to us – for consumer contracts

If **you** are an individual covered by this plan or an individual buying insurance outside **your** trade, business or profession, **you** must take reasonable care to answer all the questions asked by the **Insurer** and **us** in connection with **your** insurance, whether through a proposal form or otherwise, honestly and to the best of **your** knowledge, and provide complete and accurate answers. If **you** make a misrepresentation to the **Insurer** (whether innocently or otherwise), the **Insurer** may impose additional policy terms, or reduce a **claim** payment, or even to cancel the policy and refuse all **claims**. If **you** make a deliberate or reckless misrepresentation, the **Insurer** may cancel the policy and refuse all **claims**, and in these circumstances the **Insurer** will be entitled to retain any premium paid by **you**. **You** should note that failure to comply with a request at renewal to confirm or amend particulars **you** have previously given may amount to misrepresentation which could prejudice **your** insurance cover in whole or in part.

Where guidance is provided in relation to a question please ensure that **you** read this fully to ensure the correct answer is provided. If **you** are in any way uncertain about any of the questions asked, please seek further clarification from **your** broker or from **us**.

If **you** become aware that information **you** have given **us** is inaccurate, **you** must inform **us** or **your** broker as soon as practicable.

2.4 Duty of Fair Presentation – for business contracts

If **you** are an individual purchasing or renewing insurance in connection with **your** business, trade or profession, or **you** are a **sponsoring organisation** purchasing or renewing a **Group Policy**, **you** must be aware of the duty of fair presentation. This obliges **you** to provide accurate answers to all questions. Failure to comply with this obligation may entitle the **Insurer** to decline **your claim**, pay a proportionate amount of **your claim** only, or cancel **your** policy. The duty of fair presentation, in relation to questions asked by the **Insurer**, is a duty to provide to the **Insurer**:

- › details of material circumstances which the **insured person** knows or ought to know, or
- › failing that, answers which give the **Insurer** sufficient information to put a prudent **Insurer** on notice that it needs to make further enquiries for the purposes of revealing those material circumstances.

A material circumstance is one which would influence the judgement of a prudent **insurer** (not necessarily the **Insurer** in question) in determining whether to take the risk and, if so, on what terms. Examples of such circumstances could be any ongoing serious medical conditions, or planned or pending medical **treatment**. Please note that these examples are for illustrative purposes only and are by no means exhaustive or conclusive.

It is important to understand who in **your** business has "knowledge" for the purposes of this duty:

- › If **you** are an individual buying cover in connection with **your** business, **you** will be presumed to know what **you** actually know and what is known by the individuals responsible for **your** insurance (such as **your** broker);
- › If **you** are a corporate entity, **you** will be presumed to know what is known by the business's "senior management" and the individuals responsible for its insurance (such as **your** risk management team and **your** broker). Senior Management means those individuals who, in connection with the risks to be insured, play significant roles in the making of decisions about how the **insured person's** activities are to be managed.

We will seek to agree with the **Insurer** in advance of any placement whose "knowledge" counts for the purposes of the duty, and will in any event provide **you** with guidance on this.

Please note that **you** will be treated as knowing:

- › material circumstances of which **you** (or the relevant persons identified above) have actual knowledge;
- › material circumstances which **you** suspect but **you** have deliberately refrained from confirming or enquiring about; and
- › material circumstances about which **you** ought to know (i.e. circumstances which should reasonably have been revealed by a reasonable search of information available to **you**).

This means that in some circumstances the responsible individuals will be required to make enquiries, and the information (and therefore the scope of those enquiries) may not necessarily be limited to that held by the business. **We** will provide advice and guidance on the nature and extent of searches that may be required to comply with the duty.

The duty of fair presentation continues up until the insurance has been concluded and 'resurrects' in the event of any amendment to the risk during the policy period or extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or conditions which effectively extend certain disclosure obligations post inception of the policy. In completing a proposal or **claim** form or any other material document relating to an insurance policy and in providing information to or for **Insurer**, the accuracy and completeness of all answers, statements and/or information is the **policyholder's** own responsibility and it is of paramount importance that all relevant information is

provided and that it is accurate. Should **you** so require, **you** may request that **we** assist **you** by providing examples of the sorts of matters which ought to be disclosed as being material or arguably material circumstances, in general terms, or specific to **your** risk from the knowledge **we** gain from working with **you** to understand **your** risk.

In the event that there is a breach of the duty of fair presentation, **Insurers** are generally limited to “proportionate remedies”, linked to what they would have done if the risk had been fairly presented. This may result in the imposition of different terms, or the proportionate reduction of **claims** where a higher premium would have been charged. In circumstances where **insurers** would not have entered into the contract on any terms they can avoid the contract and refuse all **claims**, but must return the premium. If the breach is deliberate or reckless **insurers** can avoid the policy, refuse all **claims** and keep the premium.

If **you** are in any doubt as to the scope of the duty of fair presentation or whether a piece of information ought to be disclosed, please do not hesitate to contact **your** broker or **us**.

2.5 Renewing your cover

This plan is a one-year contract renewable each year on the anniversary of the **start/enrolment date** by **you** if an **Individual Policy** and by **your sponsoring organisation** if a **Group Policy** (the premium rates in force at the time **you** or **your sponsoring organisation** renew, and any changes **we** have given **you** or **your sponsoring organisation** written notice of, will apply).

We will renew the plan when **we** receive the premium.

Changes in cover can only be made at renewal and must be advised to **us** in writing prior to the renewal date. Any changes requested by the insured will be subject to the Underwriter's acceptance.

The Underwriters reserve the right to amend or alter premiums and terms.

2.6 Ending your cover

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

If **you**, **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;
- › move to the USA;
- › move back to **your home country** on a permanent basis – unless **you** are Lebanese in Lebanon. (Cover can remain in force if **you** move back to **your home country** on a temporary basis, subject to approval from **Insurers**).
- › give threatening or abusive behaviour

For a **Group Policy** only, cover may also end if:

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

For a **Group Policy**, **your sponsoring organisation** is responsible for telling **you** immediately if **your** cover has been cancelled.

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** age or health record.

We will, provided no **claims** have been made against the plan in the current year, refund the unused portion of the premium.

Any **claims** received after a refund will be declined.

If a policy is cancelled and a **claim** has been made then the full annual premium will be due. Any costs incurred in recovering due premiums will be the responsibility of the **policyholder**.

2.7 Your cancellation rights

You should make any request for cancellation of a policy to **us** in writing. **You** have a right to cancel **your** policy if it does not meet **your** requirements or for any other reason within 14 days of the date **you** receive **your** policy documents or the inception date, whichever is the latest. If no **claims** have been made **you** will receive a full refund.

You may cancel after the 14 days have expired. **You** may be entitled to a pro-rated refund if **you** have made no **claims**. No return of premium will be given in the event that any **claim** has been reported to the **Insurer**.

2.8 Liability

We shall not be liable to **you** for any loss, damage, illness and/or injury of any nature that may have occurred, arising from any act or omission carried out directly or through a third party, in connection with, or in the provision of the services as described in this document.

2.9 Local Taxes

The **policyholder** 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 **Insurer** will account to the local tax authorities for the tax due. For a **Group Policy** please refer to the Administrator of **your** Plan or contact **us**.

2.10 Medical Advice

You are responsible for complying with any medical advice/**treatment** given to **you** by **your** doctor or other treating healthcare professional.

2.11 Payments

We will only make premium refunds and **claims** payments when local and international regulation allows.

Expacare Limited is able to offer the choice of paying premiums on either an annual, a semi-annual or quarterly basis (frequency to be confirmed prior to renewal of the policy). An administration charge of 2% for semi-annual payments and 4% for quarterly payments will be applied.

These administration charges are not applicable when **Individual policies** are issued to **policyholders** in the EEA.

In respect of **Individual Policies**, if **you** do not live in the EEA and are paying for **your** insurance via instalments then **you** will not benefit from protections under the Consumer Credit Act or the Consumer Credit Sourcebook of the Financial Conduct Authority.

In the event that the value of **your claim(s)** exceeds the value of the remaining premium instalment payments, **we** may require the full annual premium to be paid before any further **claims** can be settled.

3. Making a claim

We have made claiming as easy as **we** can, and the process is set out on the claim form. Claim forms can be found on **our** website www.expacare.com. Please also refer to the “Your guide to making a Claim” document on **our** website. Please send **us your** complete **claim** as quickly as **you** can, but no later than 6 months after **you** started **your treatment**. If any required information is submitted later than 6 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. **Benefits** are limited to usual, **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided and is subject to the **benefit** limits as shown on **your insurance certificate**. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**.

Please refer to ‘Your Guide to Making a Claim’ document sent with **your** Membership Guide for further details.

3.1 What information you need to supply

Refer to the ‘Your Guide to Making a Claim’ document which can be found on **our** website for full details.

It is important for **you** to know that **we** are only able to reimburse medical expenses when **we** have received:

- › a completed claim form
- › invoices (including a full breakdown of the costs of **treatment** received)
- › any additional information deemed necessary by **our** medical advisors to complete **our** assessment. This may include clinical photographs.
- › If **claims** have been paid by **you**, **we** will also require proof of payment.

We must receive the above information within 6 months of the **treatment** date.

These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium.

It is important to note that **you** should retain all original copies of forms and invoices as **we** reserve the right to request these documents for audit purposes and request that **you** keep these for a minimum of 6 months after the **treatment** date.

We reserve the right to request that **you** attend a specialist/**doctor** of **our** choice for a second opinion.

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

If **you** are claiming for more than one medical condition, a separate claim form must be completed annually for each condition.

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 **policyholder** if the claimant is a child). The **claim** form is available to download from **our** website www.expacare.com.

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

The **Insurer** shall have the right and opportunity through their medical representative to examine any **Insured Person** whenever and as often as may be reasonably required within the duration of any **claim**. In addition the **Insurer** shall have the right to require an autopsy in the case of death, where this is not forbidden by law.

We can make reasonable requests for information or proof to support **your claim**. The burden of proof is on the insured.

3.2 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.

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).

We will not be responsible for any bank charges (other than those charged by **our** own bank) or foreign exchange currency variances which may be applied during the **claims** process.

Any **claims** paid incorrectly must be reimbursed to Expacare by the **Sponsoring Organisation** in the case of a **group policy** or the **insured** member in the case of an **Individual policy**.

We will only pay for eligible **treatment** received within the period of cover and, the **geographic area** of cover shown on **your insurance certificate**. The purpose of this plan is to provide **you** with **benefit** when **you** need medical **treatment**. **Benefits** are limited to the usual **reasonable and customary** charges (as determined by **us**) in the area where **treatment** is provided.

3.3 Pre-authorisation of Claims

Specific procedures/**treatments** must be pre-authorised and agreed by Expacare before **treatment** can take place, and a written **pre-authorisation** from **us** is necessary. Upon contacting **us you** will be advised which documents **we** require in order to authorise **your claim**.

The minimum information required in order for **us** to give **pre-authorisation** is:

- › Medical Diagnosis
- › Name of treating facility and doctor
- › Estimated costs
- › Estimated length of stay

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

following:

- › **Emergency Medical Evacuation**
- › **Hospital treatment as In-patient treatment**
- › **Claims** likely to exceed GBP 2500 (or equivalent)
- › **Psychiatric treatment** (if covered)

In case of **emergency** admission (including **Out of geographic area cover for emergency treatment**), **you** (or someone on **your** behalf) should notify the assistance company within 72 hours of **Hospital** admission.

Failure to comply will affect settlement of **your claim**. If **pre-authorisation** is not obtained or if **you** have not contacted **us** in the event of an **emergency**, the **Insured Person** shall be responsible for the first GBP 1,000 (or equivalent) of each unauthorised event.

3.4. Guarantee of Payment (GOP)

If **you** require **in-patient treatment**, which must be pre-authorised, **we** can arrange to settle the costs directly with the **hospital**. This would normally involve **us** 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**.

All necessary documentation relating to **GOPs** 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 72 hours of the **hospital** admission.

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

GOPs are placed in good faith and if later found to be for **treatment** that is not eligible for cover then payment must be refunded by **you**.

Expacare will settle eligible charges directly. Any costs not covered (including **excesses** which are not paid by the member), which remain unpaid, will result in future **GOPs** being declined.

In situations where a **hospital** does not accept **our GOP**, **treatment** can either be sought at an alternative **hospital** or **you** would need to pay for the **treatment** and submit a reimbursement **claim** to **us** for these costs.

3.5 If your claim is covered by more than one insurance plan

If at the time of any **claim(s)** covered by this Policy there is any other insurance covering the same liability, the indemnity afforded by this Policy will not apply except in the event that any limits afforded by such other insurance have been exceeded. Any amount in **excess** of such limit will be subject to the Limit of Liability as stated in the Membership Guide and on **your** Certificate. 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**.

3.6. 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**.

3.7 Fraudulent Claims

If the **insured person** makes a fraudulent **claim** under this insurance contract, the **Insurer**:

- › Is not liable to pay the **claim**; and
- › May recover from the **insured person** any sums paid by the **Insurer** to the **insured person** in respect of the **claim**; and
- › May by notice to the **insured person** treat the contract as having been terminated with effect from the time of the fraudulent act.

If the **Insurer** exercises its right to terminate the contract:

- › The **Insurer** shall not be liable to the **insured person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to the **Insurer's** liability under the insurance contract (such as the occurrence of a loss, the making of a **claim**, or the notification of a potential **claim**); and,
- › The **Insurer** need not return any of the premiums paid.

Fraudulent **claims** – group insurance

If this insurance contract provides cover for any person who is not a party to the contract ("an **insured person**"), and a fraudulent **claim** is made under the contract by or on behalf of an **insured person**, the **Insurer** may exercise the rights set out as above as if there were an individual insurance contract between the **Insurer** and the **insured person**. However, the exercise of any of those rights shall not affect the cover provided under the contract for any other **insured person**.

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** view; or
- › 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 and **claim** form, 'Your Guide to Making a Claim' document and on **our** website www.expacare.com.

4. Definitions

This section explains what **we** mean by certain words or phrases in **your** plan documents in relation to the **benefits** on **your** plan. 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**.

The following definitions apply to the Plan:

- › **Accident** - Any sudden and unforeseen event occurring during the policy period, resulting in bodily injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.
- › **Accident and Emergency Room Services** - Services performed in a **Hospital** casualty ward or **emergency** room

immediately following an **Accident** or Life Threatening **Emergency**.

- › **Ambulance** - A vehicle designed for medical transport and used by staff members who are trained in **emergency** medical services to transport **you** locally in an **emergency**.
- › **Anaesthetist** - A **doctor** or nurse trained, accredited and legally able to handle anaesthetics and to carry out related procedures.
- › **Artificial life maintenance/life support** - Artificial life maintenance/life support is the use of medical technology to support or replace vital bodily functions, where **you** are unresponsive, unable to breathe independently and unable to feed independently.
- › **ATMPs** - Advanced Therapy Medicinal Products is a medicinal product which is either: a gene therapy, a somatic cell therapy, or a tissue engineered product.
- › **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 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**.
- › **Birth Defects and congenital conditions** - Birth defects and congenital conditions means 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.
- › **Cancer counselling** - Available on referral from **your** treating doctor within the first year of a cancer diagnosis. **Treatment** must be provided by a counsellor who is licensed and legally qualified to practice in the country of **treatment**.
- › **Cancer Treatment** - Cancer **treatment** includes the costs of **medically necessary** tests, scans, consultations and drugs (eg chemotherapy and radiotherapy).
- › **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 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**, provided, as all other **benefits**, it is not a **pre-existing condition**.

Medication for **Chronic conditions** is subject to the prescriptive **benefit** limits.
- › **Claim** - A request that **we** provide **benefit** for **treatment**. See section 3 Making a Claim.
- › **Complementary Therapies** - **Treatments** provided by registered and properly qualified Osteopaths, Chiropractors,

Homeopaths and Acupuncturists. All **treatment** must be recommended and ordered by a **Physician**.

- › **Complicated Pregnancy** - If **you** are eligible for **Maternity Care (complicated pregnancy) benefit**, no **benefit** for **Maternity Care (routine pregnancy)** is payable for the same pregnancy. Pregnancy and childbirth where a **Physician** has certified that a surgical procedure, or **treatment** requiring a period of **in-patient hospital** confinement is required during the pregnancy, and where a routine delivery would endanger the life of the mother and or child(ren). All costs, wherever possible, must be approved in advance by the 24 hour Assistance Service, or in the event of an **emergency** situation as soon as reasonably practical. Miscarriage is covered under this **benefit**.
- › **Consultant** - Consultant means 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.
- › **Country of Residence** - The country **you** normally live in, as declared on the Application Form/Certificate of Insurance as the **Country of Residence**.
- › **Daycare Surgery** - Any surgical procedure performed on an **out-patient** basis but where a period of recovery in a **Hospital** is required.
- › **Dental Treatment** - All dental care such as dental inspection, preservation and relief of pain including simple fillings, X-rays, **treatment** of gums, operative and gnathological procedures and dentures. Dentures include restoration of the function of dental prostheses and the installation of new prostheses, crowns, bridges, implants and pivot teeth. Orthodontic **treatment** is available for **insured persons** up to (and including) 17 years. **You** are covered for any **treatment** or appliances for the diagnosis and/or **treatment** (up to the **Dental Treatment** limits) of Temporomandibular Joint Syndrome (TMJ) or related disorders. **Treatment** of Temporomandibular Joint Syndrome/Disorder is only covered under this **benefit**.

Cover is only available to **Insured Persons** who have attended for dental inspection and concluded all necessary **treatment** in the twelve month period immediately prior to claiming **Dental Treatment benefit** under the Plan for the first time. If the **insured person** has been underwritten on a **Medical History Disregarded (MHD)** basis there is no requirement for the prior dental inspection nor conclusion of all necessary treatment prior to claiming. The **benefit** is limited to the amounts shown on the Certificate.

- › **Dental treatment following an accident** - **treatment** to restore teeth that have been lost or damaged following an extra-oral impact that caused injury to **your** face, where the medical **treatment** has been covered by **us**. **Dental treatment** relating to damage caused by eating, drinking, chewing or general wear and tear are not covered under this **benefit**.

Dental treatment following an accident is only covered

if shown on **your insurance certificate**.

Treatment must be received within 3 months of the **accident** and commenced as soon as possible, but no later than 5 days following the **accident**.

- › **Dependant** - Dependant means **your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 24 and under at the point of joining or renewing.

They will be removed from cover on the **renewal date** following their 25th birthday.

- › **Emergency** - An unforeseen or sudden occurrence, especially demanding immediate action.
- › **Emergency Medical Evacuation** - The **medically necessary** and available transport and care (during the transport) to move an **Insured Person** from **hospital** who has a critical, life/limb threatening medical condition which requires immediate **In-patient treatment** to the nearest most suitable medical facility (not necessarily to the **insured person's home country**) if the necessary facilities are not available locally. In this case, **you** must contact **our** 24 hours assistance company for **pre-authorisation** of the evacuation. This **benefit** only applies within **your Geographic area/area of cover**.

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 or back to **your home country** 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.

Accommodation costs for the evacuated member only, immediately following discharge from **hospital** up to a maximum of 20 nights or until fit to fly (whichever is sooner). Covered up to GBP200 (or equivalent) per night up to a maximum of 20 nights. **We** do not cover the costs of accommodation for any accompanying member.

- › **Excess/Co-insurance** - The portion of costs for which the **Insured Person** is liable. The **excess/co-insurance** will be applied as specified on the Certificate.
- › **Geographic Area** - The specified area of the world, selected by the **Policyholder**, in which **your benefits** apply and for which the appropriate premium has been paid.

Area A+ is Africa, India and Lebanon.

Area One is worldwide excluding USA, Bermuda and all islands of the Caribbean.

Area Two is worldwide.

- › **Group** - Five or more employees, employed by the same employer, or members of a trade union, or any other association or other institution (along with their **dependants**), whose membership of the scheme is compulsory, unless agreed in writing with Expacare.
- › **Group Policy (Business contracts)** - Group Policy means a Securus plan issued by Expacare Ltd to a **Group**.
- › **Guarantee of Payment (GOP)** - Guarantee of payment means a financial guarantee between **us** and a medical provider which enables **us** to settle costs directly with a provider. **Our GOP** does not replace any contract which will exist between **you** and the medical provider.

- › **HIV and AIDS treatment** - HIV and AIDS **treatment** includes costs directly related to or caused by HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome) for **medically necessary** tests, scans, consultations, drugs (eg antiretroviral therapy (ART)) and **hospital** admissions.

Treatment of HIV and AIDS is only covered if shown on **your insurance certificate**

- › **Home Country** - Any country for which **you** hold a passport.
- › **Hospital** - Any institution which is legally licensed as a medical or surgical **hospital** in the country in which it is located and whose main activities are not those of a spa, hydroclinic, sanatorium, nursing home, or home for the aged. It must be under the constant supervision of a resident **Physician**.
- › **Hospital Cash Benefit** - An alternative cash **benefit** which may be paid where **treatment** is provided in a government **Hospital** where no charge is made. The maximum payable is 30 nights in any one Certificate period.
- › **Hospital Services** - All medical **treatment**, excluding **Organ Transplantation**, provided to the **Insured Person** only when appropriate diagnostic procedures and/or **treatments** are not available as **Out-patient Services** and when admitted as a registered **in-patient** to a **Hospital** for a period of not less than 24 hours. **Hospital Services** include **reasonable and customary** charges in the area where **treatment** is provided, for **Hospital** accommodation up to the cost of a single-bedded room, meal charges, all **Hospital** medical facilities, and all medical **treatment** and medical services ordered by a **Physician**. Where intensive care unit accommodation as well as radiotherapy, chemotherapy and computerised tomography is medically required the **reasonable and customary** charges will be met. **Hospital services** excludes any costs relating to pregnancy, except ectopic pregnancies.
- › **Individual Policy (Consumer contracts)** - Individual Policy means a Securus plan issued by Expacare Ltd to an individual, and any **dependants**.

- › **In-patient Treatment** - **Treatment** for which it is

medically necessary for **you** to stay in **hospital** overnight.

- › **Insurance certificate**
Insurance certificate (sometimes called the certificate of insurance) is issued by **us** and shows the **benefits**, limits, exclusions and **excesses** that apply to **you**. **Your insurance certificate** must be read in conjunction with this membership guide.
- › **Insured Person** - In respect of **Individual Policies** only (Consumer Contracts), **insured person** means the **policyholder** or their **dependant** **we** have confirmed **benefit** cover for, and who **we** have also issued an **insurance certificate** to.

In respect of **Group Policies** only (Business Contracts), **Insured Person** means an **employee** or their **dependant** **we** have confirmed **benefit** cover for, and who **we** have also issued an **insurance certificate** to.

- › **Insurer** - The name of the **Insurer** is shown on **your insurance certificate**.
- › **Kidney Dialysis** - **We** will pay for 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. **Kidney dialysis** is only covered if shown on **your insurance certificate**.
- › **Lifetime Benefit** - Lifetime **benefit** means the maximum amount that the plans will ever pay for **your claims** whilst **you** are insured with **us**.
- › **Local Ambulance Services** - The necessary medical transportation to a local **Hospital** for **emergency** or **in-patient** care.
- › **Maternity Care** - Pre-natal, childbirth and post-natal **treatment** and prescriptions for the **Insured Person** with respect to both **Routine** and **Complicated Pregnancy** up to the limits shown on the Certificate per policy year. An elective Caesarean section that is not medically necessary is covered under this **benefit** subject to all the usual **reasonable and customary** costs of a vaginal delivery. Costs relating to a pregnancy resulting from IVF that **we** have not covered (including any complications or surgical procedures) are only covered under the **routine maternity care benefit**.

If the **insured person** is eligible for IVF benefit and all waiting periods are spent, all other maternity **benefits** become available irrespective of whether **we** have covered the IVF.

Where this **benefit** is included in the Certificate, it will apply only to pregnancies whose expected date of delivery is at least 10 months after the commencement date for **Maternity Care benefit** of the **Insured Person**.

In respect of termination - please see the Exclusions section (Pregnancy or Maternity) of the guide.

- › **Medical History Disregarded** - Note: this definition is only applicable to a **Group Policy** where MHD has been offered and is subject to acceptance by Expacare.

Medical History disregarded means that any pre-existing medical conditions will be covered providing that all material circumstances, including but not limited to any planned/ pending **in-patient treatment** or serious medical condition, have been disclosed to and accepted by the **Insurer** and they fall within the terms and conditions of the plan (where MHD underwriting is offered to **your sponsoring organisation** by Expacare)

MHD is subject to acceptance of completed relevant forms and submission of full membership.

- › **Medical Necessity** - Sometimes referred to as **medically necessary**. **Treatment** of 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.
- › **Mobility Aids** - Limited to crutches, wheelchairs or walkers. The costs of which are covered immediately following **treatment** relating to an **accident** or injury, or **hospital** admission that has been paid for by **us**.
- › **MRI, CT and PET scans** - Magnetic resonance imaging (MRI), computerised tomography (CT) and positron emission tomography (PET) scans ordered by a treating **Specialist**.
- › **Newborn Care** is only covered if:
 - › the child has been added to your plan within 14 days from the date of birth, and;
 - › **newborn care** is shown on your insurance certificate, and;
 - › **we** have covered the birth.

Newborn care is **treatment** received by a newborn child from the date of birth until 30 days following discharge from **Hospital**. No other **benefits** are available to newborns until 30 days following discharge from **Hospital** when the selected Plan **benefits** and Rules will apply.

- › **Nursing at Home** - Nursing at home means an organised medical care programme provided by a **qualified nurse** in **your** home. **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 doctor** instead of going into **hospital** and **you** must be unable to leave home without help or special transport (or both). **Nursing at home** is only covered if shown on **your insurance certificate**.
- › **Obesity** - Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition.
- › **Oncology, Chemotherapy and Radiotherapy** - Charges for consultations, tests and **treatment** related to the **treatment** of cancer. All **treatments** for cancer are payable

only from this **benefit**.

- › **Optical** - This **benefit** shall provide cover for one eye examination per **insured person**, per Certificate period by a registered Optometrist or an Ophthalmologist.

This **benefit** also covers the cost of one pair of prescription glasses, contact lenses or prescription sunglasses to correct vision where the **insured person's** prescription has changed since their previous eye test. If the prescription has not changed, the **benefit** will cover the cost of one pair of prescription glasses, contact lenses or prescription sunglasses to correct vision, every second policy year provided the optical benefit is shown on the **insured person's insurance certificate** for both policy years.

- › **Organ Transplantation Surgery** - Surgical **treatment** of a disease by replacing a diseased organ with a healthy one from a donor. Kidney, heart, lung, liver, skin and bone marrow transplants are covered up to a maximum limit as shown in the Certificate. No other organ transplantation is covered.
The cost of acquisition of the organ and any costs incurred by the donor are not covered.
- › **Out of Geographic Area Cover for emergency treatment** - provides a limited **benefit** for **treatment** outside **your geographic area of cover** for unforeseen events and until fit to travel only. Cover will only be available for a maximum aggregate period of 30 days spent outside the area of cover, irrespective of the number of trips. **Treatment** must commence within that period. **Treatment** is limited to an aggregate total of 30 days per policy year. **We** will not pay for **treatment**, costs or expenses where the purpose of the trip was specifically for the purpose of, or with the intention of, getting surgery or medical help. **Out of geographic area** cover is only covered if shown on **your insurance certificate**. The **benefit** will not exceed that payable inside **your area of cover**.
- › **Out-patient Services** - Medical **treatments** provided to the **Insured Person** when the **Insured Person** is not a registered **in-patient** in a **Hospital**, or any other facility for medical care. **Out-patient Services** include services provided by or ordered by a **Physician** who is licensed as a General Practitioner, this includes telephone consultations. Specialist or Consultant, laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. **Out-patient Services** also includes **Complementary Therapies, Physiotherapy** and **Prescription Drugs** as separately defined.
- › **Overall Limits** - The total aggregate amount of **benefits** that may be received in any one Certificate period by an **Insured Person**, and is shown on **your insurance certificate**.
- › **Palliative care** - **Treatment** and medical services provided for the care of patients with life-limiting or incurable illnesses for the purpose of relieving symptoms and improving quality of life. **Palliative care** is covered under the plans, subject to all **benefits** and limits shown on **your insurance certificate**.

- › **Parental Accommodation** - If **your** child under 18 is hospitalised for **treatment** covered under this plan, **we** will pay the **hospital** charges for **you** to stay in **hospital** with **your** child (one parent only to stay with the child)
- › **Physician/Therapist/Doctor** - A legally licensed medical practitioner/**therapist** recognised by the law of the country where **treatment** is provided and who, in rendering such **treatment**, is practising within the scope of his/her licensing and training.
- › **Physiotherapy** - Must be provided by a licensed Physiotherapist and ordered by a **Physician**.
- › **Policyholder** - In respect of an **Individual Policy**, **Policyholder** means the lead applicant whose name in which the Insurance Policy is held. In respect of a **Group Policy**, **Policyholder** means the **sponsoring organisation**.

› **Post-hospital out-patient treatment** - Follow-up **treatment** that is related to an eligible **claim** under the **hospital services or daycare surgery benefit**.

Post-hospital out-patient treatment must be taken within the three months after **you** were discharged from **hospital** or the date of your **daycare surgery**.

Post-hospital out-patient treatment is only covered if shown on **your insurance certificate**.

- › **Pre-existing conditions** - Any known medical condition (or related condition) that has, within a two year period immediately prior to the commencement of the policy one or more of the following characteristics;
 - It has been diagnosed.
 - It has needed medical **treatment** (including drugs, special diets, injections or other procedures or investigations).
 - Medical advice has been sought including routine medical examinations.
 - Medical advice should have been sought 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 cover (unless the condition or **benefit** is specifically excluded) if, at the first time of receiving **treatment** the **Insured Person** has not:

- Suffered any symptoms.
- Consulted any medical practitioner for check-ups, follow up examinations, medical **treatment** or advice.
- Been prescribed or taken medicine including over the counter drugs, special diets, injections, **physiotherapy**

for that medical condition or any related condition for a continuous two years.

- › **Prescription Drugs** - Medications whose sale and use are legally restricted to the order of a **Physician**, and do not include items that may be purchased without a **Physician's** prescription (including, but not limited to over-the-counter drugs). This includes **medically necessary** Hormone

Replacement Therapy (HRT) for menopausal conditions.

- › **Professional sport** - Professional sport means a sport for which **you** are being paid to take part.
- › **Reasonable and Customary - Benefits** are limited to the usual **reasonable and customary** charges (as determined by us) in the area where **treatment** is provided. This means **we** are unable to cover charges above the usual amount that medical practitioners, other healthcare professionals and/or **treatment** facilities charge for that **treatment** in the same country or region.
- › **Rehabilitation Care - In-patient** medical **treatment** or other care where the purpose is to restore health and mobility after injury or illness to a state in which the **insured person** can be self-sufficient. This **benefit** is subject to a lifetime maximum limit shown on **your insurance certificate**.
- › **Repatriation or Local Burial** - Repatriating **your** body and local burial means if **you** die outside **your home country** and within **your area of cover** either:
 - the cost of preparing **your** body for burial and cremation in **your country of death**; or
 - the costs of preparing **your** body and the reasonable costs of transporting **your** body to **your home country**.

We will identify 'reasonable transport costs'.

- › **Routine Pregnancy** - Pregnancy and childbirth, including pre and post-natal care of the mother only, where no special obstetric procedure is required.
- › **Specialist** - See definition of '**Consultant**'.
- › **Sponsoring organisation (Business contract)** - **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**.
- › **Start date/Enrolment Date** - The date of commencement or renewal of cover shown on the certificate.
- › **Treatment** - The method a **doctor** or other licensed health practitioner uses to diagnose, relieve or cure a disease, illness or injury. The **treatment** must be provided in line with the generally accepted standards of medical practice.
- › **Us, we, our** – These mean Expacare Limited acting on behalf of the **Insurer**. **Our** claims and assistance services may be outsourced to specialist organisations who act on **our** behalf.
- › **Vaccinations** - The following **vaccinations** are covered under the **Out-patient services benefit** if this **benefit** appears on **your insurance certificate**:
 - › BCG (tuberculosis)
 - › chickenpox (varicella)
 - › COVID-19 - **You** will be covered for this vaccination in the event that the COVID-19 vaccination is not available

free of charge in **your country of residence**

- › diphtheria
- › haemophilus influenzae type B
- › hepatitis A & B
- › HPV vaccine
- › meningococcal B & C
- › MMR (combined vaccine only)
- › pertussis
- › pneumococcal disease
- › polio
- › rotavirus
- › shingles vaccine
- › tetanus
- › typhoid

› **Wellness Benefit** - Cover is provided for one full medical examination including the **Doctor's** consultation, every year up to a maximum limit as shown on the **insurance certificate**. This **benefit** is only available to adult members who have maintained one year of continuous cover under a Securus plan that covers **Wellness**.

We will only cover the following:

- › Abdominal ultrasound
- › Blood pressure
- › Blood test
 - AIDS
 - Anaemia
 - Arteriosclerosis
 - Blood type
 - Calcium
 - Cholesterol
 - Diabetes
 - Gout
 - Hepatitis
 - Liver, kidney, pancreas, thyroid function test
 - Vitamin deficiency
- › Bodily measurements
- › Bone density tests
- › Cervical cancer check-up
- › Chest X-ray (front)
- › Dietary counselling
- › ECG
- › Mammogram or breast ultrasound
- › Prostate check-up
- › Pulmonary function test
- › Serum helicobacter test
- › Sexually Transmitted Infection tests
- › Tumour markers
 - Liver, lung, prostate, digestive system
- › Urinalysis and stool exam

› **You, Your, Yours, Yourself** – Any persons named on the **insurance certificate**.

5. Exclusions: what we don't cover

The following **treatment**, conditions, activities, items, and their related expenses are excluded from the insurance on all plans and the **Insurer** shall not be liable for:

- › **Acne** - **You** are not covered for the costs and expenses

relating to the **treatment** of acne (with the exception of nodular acne, cystic acne or a prescribed course of antibiotics).

- › **Acting against medical advice** - **You** are not covered for medical or other costs **you** incur if **you** act against the advice given by **your** treating Doctor or **our** Medical advisor.
- › **Alcohol and drug abuse** - Costs resulting from dependency on or abuse of alcohol, drugs or other addictive substances. **You** are not covered for any **accident** or injury sustained as a result of being under the influence of alcohol or recreational drugs.
- › **Area of cover** - **We** will not pay for any **treatment** received outside **your geographic area** unless it is covered by the **out of (geographic) area benefit**.
- › **Artificial heart** - Acquisition and implantation of artificial Heart.
- › **Artificial life maintenance/life support** - **You** are not covered for more than 90 days of **artificial life maintenance/life support** per event, unless in the opinion of **our** medical advisors and the treating **doctor** a recovery to **your** previous state of health is expected.
- › **ATMPs** - **You** are not covered for any **treatments** using **ATMPs**, unless the **ATMP** benefit is shown on **your insurance certificate**.
- › **Benefits in the US** - No cover will be available in the US from the day on which the **Insured Person** becomes a US resident.
- › **Birth defects and congenital** - Diagnostic and/or **treatments** relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
- › **Cosmetic treatment** - **You** are not covered for costs or expenses relating to cosmetic or aesthetic **treatment** (whether or not for psychological purposes). **We** will pay for reconstructive surgery which is required to restore appearance/function following an **accident** or illness, which **we** have covered and which is required within twelve months of the **accident/illness** occurring. **We** will pay for breast implants within two years of breast cancer surgery that **we** have covered.
- › **Cryopreservation** - Any expenses of cryopreservation.
- › **Dangerous circumstances and/or activities** - **You** are not covered for any **benefit, treatment**, costs or expenses incurred in connection with:
 - Search, rescue or recovery, unless as defined under **Emergency medical evacuation**.
 - **Treatment** and/or disabilities and expenses resulting from participation in war, riots, strikes, lockouts, civil commotion, rebellion, revolution, insurrection, terrorism, military or usurped power or any illegal act, including resultant imprisonment.
 - The release of weapon(s) of mass destruction (nuclear,

chemical or biological) whether such involve(s) an explosive sequence(s) or not.

- Injury or illness while serving as a member of a police or military force or unit.
- All expenses directly or indirectly caused by or contributed to or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- All expenses directly or indirectly caused by or contributed to or arising from the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Racing of any form other than on foot.
- Deliberate exposure to exceptional danger (except in an attempt to save human life) .
- The **Insured Person's** own criminal act.
- Hang gliding

› **Dental treatment** - All dental care unless these **benefits** are included in **your insurance certificate**. Routine **dental treatment** does not include cover for elective dentures or costs for precious metals used in **dental treatment**.

› **Deposits** - **We** do not pay for any deposits **you** have made until a **claim** is settled.

› **Developmental disorders and/or Neurodiverse conditions** - **You** are not covered for **treatment** of developmental, behavioural or learning problems such as but not limited to attention deficit hyperactivity syndrome, speech disorders or dyslexia and physical developmental problems, regardless of age.

› **Doctors' home visit** - Any costs relating to **Doctors'** or therapists' home visits unless in case of **emergency**.

› **Emergency Medical Evacuation** - **You** are not covered for any costs of **emergency medical evacuation** that **we** did not **pre-authorise** and arrange.

We will not pay for **emergency medical evacuation** that is not from a landmass or where due to a condition for which **benefit** is not available under **your** plan.

› **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. This exclusion applies to any **treatment** or drug used outside of the purpose, indication, dosage, or patient population for which it has been authorised and approved by the relevant regulatory authority. **We** use the UK as a guide.

› **Face Transplants** - **We** do not pay for the costs and expenses related to face transplants.

› **Fees for police reports** - Any fees charged for the provision of a police report (even if required).

› **HIV and AIDS treatment** - **You** are not covered for **treatment** of Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all

diseases caused by or related to Human Immunodeficiency Virus (HIV) (or both) unless **HIV and AIDS treatment** is shown on **your insurance certificate**.

› **Introduction of Living Cells** - Any expenses related to introduction or re-introduction of living cells or living tissue, whether autologous or provided by a donor, except where organ transplantation or **ATMPs** are shown on **your insurance certificate**. Expenses relating to the acquisition of transplant materials and donor's expenses are not covered.

› **Local burial** - **We** will not pay for the costs relating to burial or cremation in **your home country**.

› **Medical Exclusions** - **We** will not pay for any **treatment** relating to medical exclusions that have been applied to **your** policy. **We** will confirm any excluded medical conditions that will apply in **our** offer to **you**. Any medical exclusions applied to **your** policy may be reviewed upon **your** request and only at renewal. The **Insurer's** decision of the review is final.

› **Medical History Disregarded (MHD)** - Note: this exclusion is only applicable to a **Group Policy**.

You are not covered for any **claims** related to any material circumstances, including but not limited to planned/pending **in-patient treatment** or serious medical condition, that the **insured person(s)** was aware of at the time of **start/enrolment date** but which was not disclosed to and accepted by the **Insurers**.

› **Medical opinion** - After initial diagnosis **we** will cover costs for a second opinion (if this is necessary) **we** will not pay for any subsequent medical opinions, unless deemed necessary by **our** medical advisors.

› **Negligence** - **You** are not covered for cost or expenses arising from an accident caused by you, where there has been failure to take reasonable care or precautions.

› **Nursing Homes and Care Facilities** - Services or **treatment** in any long term care facility, spa, hydroclinic, sanatorium, nursing home, home for the aged or similar establishments that are not a **Hospital** as defined in this policy.

› **Obesity** - All costs of **treatment** of, or related to, **obesity**.

› **Organ Transplantation** - Any Organ Transplantation costs other than as defined under the Organ Transplantation Surgery **benefit**.

› **Out of Geographic Area cover** - Any costs incurred outside the **Geographic Area** except as defined in the Rules.

› **Pre-existing conditions** - Any **pre-existing conditions** (as defined earlier). (Unless this exclusion has been waived on the Certificate). **We** will tell **you** about any additional excluded medical conditions on **your Insurance certificate**.

› **Pregnancy or Maternity** - Any 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.

- › **Prescription drugs** - **We** will not pay for drugs and items that are considered non-prescription or 'over the counter' e.g. paracetamol, supplements, vitamins or bandages. **We** use the UK as a guide.
- › **Professional sports** - Costs resulting from all **professional sports**. Any person who takes part in a **professional sport** will not be covered for any **treatment** required for an **accident** or injury arising from taking part in this sport either professionally or recreationally.
- › **Psychological and Psychiatric Disorders** - The **treatment** of any psychological or psychiatric disorders, and the **treatment** of anxiety, stress, depression and phobic states other than **hospital** confinement, subject to 30 days maximum per Certificate period.
- › **Removal of healthy tissue** - **You** are not covered for the costs and expenses arising from or relating to removing fat or surplus healthy tissue from any part of the body. **You** are not covered for the removal or reduction of breast tissue unless it is within two years of breast cancer surgery that **we** have covered.
- › **Reproductive treatment** - **You** are not covered for costs and expenses relating to:
 - › testing or diagnosing of infertility and fertility.
 - › contraception, birth control or sterilisation.
 - › fertility treatment (unless IVF benefit is shown on **your insurance certificate**).
- › **Routine eye and ear examinations** - **You** are not covered for routine eyesight tests or the cost of eyeglasses unless the **optical benefit** is shown on your **insurance certificate**. **You** are not covered for routine hearing tests, hearing aids or cochlear implants. **We** do not pay for any **treatment** or eye surgery related directly or indirectly to refractive errors including myopia, hyperopia, astigmatism or presbyopia.
- › **Routine examinations, health screening** - **You** are not covered for costs and expenses relating to 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**.
- › **Sanction Limitation** - **We** will not provide any cover or pay any **claim** or provide any **benefit** to the extent that the provision of such cover, payment of such **claim** or provision of such **benefit** would expose **us**, **our** parent company or **our** ultimate controlling entity to any such sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or the United States of America.
- › **Self-inflicted injuries or attempted suicide** - Costs resulting from self-inflicted injury, suicide, or attempted suicide.

- › **Sexual problems and Sex Change** - Any costs related to sexual problems including impotence and sex change.
- › **Sexually Transmitted Infections** - **You** are not covered for costs and expenses resulting from the **treatment** of sexually transmitted infections.
- › **Surgical or medical appliances and equipment** - Prostheses, corrective devices and medical appliances, which are not required intra-operatively. **We** will pay for a knee brace if needed after an operation to repair a knee ligament, spinal support after a spinal fracture and /or spinal **surgery** and a walker boot after a fracture.
- › **Travel/Accommodation costs** - Any transportation and accommodation costs occurring during trips specifically made for the purpose of obtaining medical **treatment** if not part of an **Emergency Medical Evacuation**, except as defined under **Local Ambulance Services**. **You** are not covered for any costs of **emergency medical evacuation** or repatriating **your** body that **we** did not pre-authorise and arrange. For further details see definition of **Emergency Medical Evacuation**.
- › **Treatment** by a family member - Any **treatment** by a family member and any self-therapy including **prescription drugs**.
- › **Weight management** - **You** are not covered for the costs and expenses relating to weight management. **We** do not cover the costs of weight loss medication unless prescribed by a **doctor** for **treatment** of insulin resistance or type 2 diabetes.

6. Data Protection Fair Processing Notice

In **your** dealings with **us** **you** may provide information that includes data that is known as personal data.

The personal data **we** collect will include data relating to **your** name, address, email address, IP address, date of birth, nationality, country of residence, occupation, credit card details and medical information.

We will process **your** personal data to allow **us** to administer **your** health insurance policy and any associated claims and for actuarial analysis.

It will also be used to manage future communications between ourselves in relation to **your** policy and **claims**.

We will only use **your** data for the purpose for which it was collected. **We** will only grant access to or share **your** data where **we** are required or entitled to do so by law under lawful data processing. This is within **our** firm or other firms associated with **us**, **our** authorised partners, **your** broker if **you** have appointed one, third party service providers such as insurers, assistance companies and claims administration providers.

If **you** require further information on how **we** process **your** data and **our** lawful bases for doing so, please contact **us** at info@expacare.com or refer to **our** Privacy Policy which can be found on **our** website.

International healthcare you can rely on from a team you can trust

- Flexible plans for Individuals, Families and Companies
- Global expertise and infrastructure with over 40 years experience
- Clients can choose where they are treated and who treats them
- Emergency evacuation included on all plans
- Emergency assistance available 24/7

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