

# International Private Medical Insurance

## Insurance Product Information Document

Company: UnitedHealthcare Global



Product: BeHealthy

UnitedHealthcare Insurance dac trading as UnitedHealthcare Global is authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Registered in Ireland with registration number 601860. Registered Office: 70 Sir John Rogerson's Quay, Dublin 2, Ireland. UK Financial Services Register number 802734.

This document provides a summary of the key information relating to an international private medical insurance policy for employees and/or dependants. The full terms and conditions of the cover and other important information are included in your Membership Guide and Schedule of Benefits.

**What is this type of insurance?** This insurance is designed to provide medical, and assistance cover for members who may be living or working outside of their home country for six months or more of each policy year.



### What is insured?

#### In-patient and day-patient treatment

- ✓ In-patient and day-patient treatment
  - Our level 1 plan is covered up to an overall annual limit of £1,200,000/€1,300,000/\$1,500,000/1,400,000 CHF per member per policy year;
  - Our level 2 plan is covered up to an overall annual limit of £2,400,000/€2,600,000/\$3,000,000/2,800,000 CHF per member per policy year;
  - Our level 3 plan cover has no annual maximum plan limit;
- ✓ Hospital accommodation;
- ✓ Diagnostic tests such as blood tests, X-rays and scans;
- ✓ Oncology treatment;
- ✓ Organ transplant;
- ✓ Hospice and palliative care;
- ✓ Home nursing or nursing in a convalescent home;
- ✓ Rehabilitation;
- ✓ Psychiatry and psychotherapy;
- ✓ Congenital and hereditary conditions
- ✓ Chronic conditions
- ✓ Accommodation costs for accompanying person;
- ✓ Reconstructive surgery;
- ✓ Travel costs for insured family member in the event of repatriation of mortal remains;
- ✓ Treatment for HIV/AIDS;
- ✓ Surgical procedures & appliances and materials;
- ✓ Preventative surgery.

#### Wellness benefits

- ✓ Routine annual health checks and preventive care;
- ✓ My Wellbeing; customised healthy lifestyle App;
- ✓ International Employee Assistance Programme, phone and face to face counselling;
- ✓ Cancer screenings;
- ✓ Vaccinations;
- ✓ Dietician consultations covered on the Core 3 plan;
- ✓ Cardiovascular genetic testing covered on the Core 3 plan.



### What is insured? (continued)

#### Medical evacuation and repatriation

- ✓ Evacuation to a nearest facility capable of providing adequate care where you can receive
- ✓ treatment that the policy covers;
- ✓ Accommodation costs relating to an evacuation;
- ✓ Repatriation to the home or hostcountry;
- ✓ Expenses for accompanying person;
- ✓ Travel and hotel costs for the insured family members;
- ✓ Transportation of children.

#### Global Intelligence Centre

- ✓ Global security and healthcare intelligence;
- ✓ Alerts and notifications.

#### Maternity benefits

The level 2 and level 3 Core plans includes the following maternity benefits:

- ✓ Routine maternity care;
- ✓ Stem cell storage;
- ✓ Home delivery;
- ✓ Complications of pregnancy and childbirth;
- ✓ Newborn care.



### What is not insured?

These are some of the exclusions which apply to your cover. Please refer to the terms and conditions for full details.

- ✗ Experimental or unproven treatment;
- ✗ Self-inflicted injury or illness, suicide or attempted suicide;
- ✗ Accident, illness or injury resulting from alcohol or substance abuse;
- ✗ Treatment required as a result of war, terrorism (unless the injury is sustained as an innocent bystander) or contamination by radioactivity or chemical agents;
- ✗ Treatment required if it's needed after traveling against medical advice;
- ✗ Hair loss or hair replacement treatment;
- ✗ Cosmetic treatment;
- ✗ Developmental delay of children.



## What is not insured? (continued)

- X Learning difficulties treatment;
- X Professional sports injuries;
- X Weight loss surgery;
- X Birth control;
- X Treatment relating to surrogacy;
- X Treatment of short sight or long sight such as laser eyesight correction surgery;
- X Smoking cessation programs;
- X Behavioural and personality disorders.



## Are there any restrictions on cover?

- ! Some benefits have specific limits. Please refer to your Schedule of Benefits for full details;
- ! Cover is provided up to an overall annual limit please refer to your Schedule of benefits for full details;
- ! Cover is restricted to the area of cover that your employer selected. If your employer selected worldwide cover, we'll cover you for treatment in any country, however, if your employer selected worldwide excluding the U.S., we will only cover you for emergency treatment whilst in the U.S.;
- ! If your employer selected a deductible, the amount selected will apply to benefits as set out in your policy documentation;
- ! We will only start paying for your treatment when your deductible figure has been reached;
- ! Cover for pre-existing conditions under this product is dependent on the underwriting type that applies to the cover. Please contact your Group Scheme Manager if you have any questions in relation to whether pre-existing conditions are covered by your policy.



## Where am I covered?

- ✓ You will be covered depending on which area of the world your employer selected, if your employer has selected worldwide cover, we will only cover you for treatment in any country, however, if your employer selected worldwide excluding the U.S., we will cover you for emergency treatment whilst in the U.S.



## What are my obligations?

- You must take reasonable care to provide complete and accurate answers to the questions we ask when you take out, make changes to, and renew your policy;
- You must also take reasonable care to provide complete and accurate answers to the questions we ask when making a claim. Claims must be submitted no later than 180 days after cover has ended or we may refuse to pay the claim;
- You must also tell us about changes to your circumstances, for example, a change of name or address, or any other material information that has changed;
- You must advise your Group Scheme Manager as soon as possible if your principal country of residence changes, as cover in some countries is subject to local health regulations;
- All in-patient and some day-patient treatment requires pre-authorisation. Please refer to the Schedule of Benefits which highlights the benefits marked with \* which require pre-approval;
- The provision of insurance under this policy is conditional on you observing and fulfilling the terms, provisions, conditions and clauses of this policy;
- We strongly recommend that you call us before any planned hospital admissions take place so that we can advise you on what will and will not be covered, in the event of a claim.



## When and how do I pay?

Premiums are paid by your employer.



## When does the cover start and end?

From the start date (shown on your membership certificate) until the renewal of your employers group scheme and then for the period when your employer renews your policy and pays your premium (usually 12 month).



## How do I cancel the contract?

If you wish to cancel your policy please contact your Group Scheme Manager.