# International Health Insurance Standard Insurance Product Information Document



## Company: SI Insurance (Europe), SA Product: Evolution Health (EU) Standard Policy

Administered by: Morgan Price (Europe) ApS. Authorised and regulated by the Danish Financial Supervisory Authority, Registered in Denmark with Registration Number CVR No. 41127635.

**Underwritten by:** SI Insurance (Europe), SA, part of Sompo International Group, ("the Insurer") which is authorised by the Luxembourg Ministry of Finance from which it received its authorisation and license number 549300OOBOGTBRMWN512. SI Insurance (Europe), SA is a Luxembourg based insurance company with registered address at 40 avenue Monterey, L 2163, Luxembourg and company registration number B221096, and is supervised by the Luxembourg insurance regulator Commissariat aux Assurances.

The following summary does not contain the full terms and conditions of the contract which can be found in the **policy** document (which is available on request from the broker) and is not personalised to **you**. **You** should periodically review the insurance cover offered under the **policy** to ensure that the cover remains adequate for **+** needs. Bolded words below have the same meaning as defined terms within the **policy** document.

### What is this type of insurance?

This is an international health insurance **policy** designed to provide comprehensive medical benefits for expatriates (i.e. persons living/working outside of their home country), local nationals (i.e. persons living/working inside their home country) and their eligible **dependents**.

## What is insured?

The overall maximum limit is per insured person, per policy year up to the sum stated in the benefits schedule, unless otherwise stated in the certificate of insurance.

The benefits provided under the **policy** will depend on the level of cover selected by the **policyholder** (Standard, Standard Plus, Comprehensive, Premium and Elite) and will include:

- In-patient hospital stay
- ✓ Day-patient treatment
- Out-patient treatment, following an eligible in-patient stay
- Chronic conditions
- ✓ Cancer care
- ✓ Wellness benefits
- Emergency dental treatment
- Medical evacuation and repatriation

Cover is available for each **insured person**. The above is a non-exhaustive list, and is subject to the **policy's** terms and conditions.



## What is not insured?

- X Any **excess** payable
- Pre-existing medical conditions not declared on the application form
- × Alcoholism and substance abuse
- X Sexually transmitted diseases
- × Unlicensed drugs
- X Cosmetic treatment
- X Over the counter drugs and medicines
- × Preventative treatment
- X Experimental treatment
- X Weight loss surgery
- X Sleep disorders
- X Professional sports
- X Hazardous sports and pursuits
- X Deliberate self-inflicted injury, needless self-exposure to
- × peril, suicide, attempted suicide or self harm
- Accidents or medical treatment as a result of using electric or motorised scooters (the two/three wheeled variety you stand on) whether being driven on or off the road legally or illegally

The above is a non-exhaustive list and other exclusions apply. Please see **your policy** for a full list of all **policy's** exclusions.



#### Are there any restrictions on cover?

- Certain benefits under the **benefits schedule** have specific limits. Please refer to the **benefit schedule** for full details.
- Cover for **pre-existing medical conditions** is dependent on the underwriting type selected.
- Certain benefits have **waiting periods**, please refer to the **benefit schedule** for specific details.
- **Pre-authorisation** is required for some benefits; please check the **benefits schedule** for further information.
- Any chosen **excess** will be applied to your policy as shown in **your certificate of insurance**.



#### Where am I covered?

This **policy** provides cover depending on the area of the world selected. This will be shown on your **certificate of insurance**. If you travel outside of the **geographical area cover** is limited to emergency **medical treatment** for up to thirty (30) days.



#### What are my obligations?

- You have a duty to give us complete and accurate answers to any questions we may ask.
- You must provide your medical history if required.
- You must update us if there are any changes to the information provided by you.
- You must observe and comply with the policy's terms and conditions.
- · You must obtain pre-authorisation for claims where required.
- You must tell us as soon as possible if you move to another country of residence during the period of insurance.
- Premiums must be paid as shown in your policy documentation. We may refuse a claim if your premium is not up to date.



#### When and how do I pay?

If **you** have claimed there will be no refund of premium and **you** may still owe **us** outstanding frequency payments (monthly, quarterly or semi-annual).

- Premiums are payable in advance of cover being provided under this **policy**.
- · Premiums can be paid monthly, quarterly or semi-annual, BUT the policy remains an annual contract of insurance.
- Premiums are payable in the currency which **you** elected at the start of your policy.
- Annual premiums may be paid by bank transfer or credit card. Semi annual, quarterly or monthly premiums are payable by credit card only (in some countries, monthly direct debits/SEPA may be available).
- · Any taxes applicable will be collected along with your premium payments in the same frequency and method of payment.



#### When does the cover start and end?

**Your** policy will run for twelve (12) months from the **start date** shown in **your** quote or membership certificate. This is an annually renewable contract.



#### How do I cancel the contract?

You must notify us in writing to info@morgan-price.eu or Morgan Price (Europe) ApS c/o ØENS Virksomhedsadministration ApS, Lergravsvej 59, 1, 2300 København S, Denmark to cancel this **policy** within the 14 days cooling off period. **We** will refund **you** any premium paid provided no **claims** have been paid or pre-authorised by **us**. If **you** cancel the **policy** any other time, **you** must give **us** thirty days (30) notice and **we** reserve the right to charge an administration fee of  $\pounds/\xi/\$$  30.