



Expatriate Medical Insurance Cover







Insurance Product Information Document

Company: Regent Asset Management International Limited (FRN418133)

This Insurance Product Information Document only contains a summary of the insurance cover. It does not contain the full terms and conditions of the insurance that can be found in your Policy Document and Policy Schedule. You should read your Policy, Certificate of Coverage, Schedule of Benefits, and Declaration carefully to ensure your cover meets your needs.

| What is this type of insurance? | |
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| Expatriate Medical Insurance (Gold) | |
|  What is insured? |  What is not insured? |
| <p>Subject to pre-approval requirements, waiting periods, and lifetime limits as set out in the Policy. The overall policy limit applies unless a lower amount is specified below.</p> <ul style="list-style-type: none"> ✓ The costs of Standard Hospital accommodation ✓ Hospital accommodation for companion of a minor - \$300 ✓ Other In-patient medically necessary Services, Procedures and Supplies whilst in Hospital ✓ Physicians' fees ✓ Surgical Implants or Prostheses where this has been pre-approved ✓ Organ and Tissue Transplantation that is not elective, experimental, or investigational where this has been evaluated or approved by the Company subject to lifetime limits – \$1,000,000 ✓ Prescription Medications - \$25,000 ✓ Diagnostic Medical Services as part of medically necessary services in connection with pre-approved treatment ✓ Physical Therapies and/or Rehabilitation where this has been pre-approved - \$25,000 ✓ Durable Medical Equipment - \$25,000 ✓ Dialysis and Hemodialysis in a dialysis center ✓ Short-term Home Health Care where this has been pre-approved - \$25,000 ✓ Allergy Treatments excluding over the counter medications ✓ Hearing Aids where these are not implanted and have been pre-approved by the Company – \$2,000 | <ul style="list-style-type: none"> ✗ Claims where the payment of a claim would be in breach of relevant legislation with respect to embargoes, economic and political and political sanctions ✗ Claims made where the pre-notification requirements specified in the Policy have not been adhered to ✗ Any claims in respect of pre-existing conditions where cover is excluded or limited in the Certificate of Coverage ✗ Any claim amount that exceeds a specified limit in the policy ✗ Illnesses, injuries, and complications excluded by this Policy ✗ Pre-existing Conditions not declared and approved by the Company, including complications, treatments and conditions derived from or related to them ✗ Services, treatments, or supplies provided to an Insured who is not under the care of a physician or medical professional legally accredited in the country where they practice or not prescribed by a duly accredited physician or medical professional ✗ Claims submitted to the Company after a period of one hundred and eighty (180) days from the date the service is provided ✗ Acupuncture, homeopathy, chiropractic, spas, hydrotherapy, alternative medicine, traditional Chinese or complementary medicine, thermal cure, kinesiotherapy, dolphin-assisted therapy, chelation therapies, herbal therapies, and massages ✗ Maternity care and maternity and newborn complications for Policies with deductible options of \$5,000 or higher ✗ Any hospital admission lasting more than twenty-four (24) hours prior to a scheduled surgery or procedure. ✗ any expenses incurred in a public, private or governmental (social security system) medical center or |

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| <ul style="list-style-type: none"> ✓ Occupational and Speech Therapy where this has been pre-approved by the Company - \$3,000 ✓ Second Medical Opinion ✓ Cancer Treatments ✓ Accidental Dental Benefit ✓ Human Papilloma Virus (HPV) ✓ Human Immunodeficiency Virus (HIV) - \$500,000 ✓ Alzheimer's Disease ✓ Palliative Care / Hospice ✓ Prophylactic Surgery - \$25,000 ✓ Bariatric Surgery - \$10,000 ✓ Reconstructive Surgery ✓ Prosthetics and External Devices - \$25,000 ✓ Aviation Accident Injuries ✓ Recreational Sports Injuries ✓ Maternity - \$8,000 ✓ Maternity and New-Born Complications - \$500,000 (Outside Latin America) ✓ Congenital / Hereditary Conditions - \$700,000 (conditions manifest before 18) and Cellular & Biological Immunotherapy \$500,000 ✓ Preventative Medical Exam - \$450 (\$150 for Dependent Children) ✓ Emergency Transportation ✓ Repatriation or Cremation of Mortal Remains (included in Air Ambulance) ✓ Travel Assistance - \$10,000 ✓ Genomic Test - \$10,000 ✓ Funeral Assistance - \$2,500 | ✖ | <p>hospital where you are entitled to free care, services, and treatment, or for which you would not have to pay if you did not have insurance coverage, including institutions that receive government or private funds related to a specific procedure.</p> <p>Any expenses incurred or services rendered by a family member or relative, by any blood relation, or a member of the Insured's household, or at an entity or facility owned by the Insured, a family member, relative, or member of the Insured's household even if the bill or claim is filed by another person or entity, such as a professional partnership or corporation. Self-treatment by an insured who is a physician is also excluded</p> |
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|  | Are there any restrictions on cover? |
| ! | Insurers will not pay claims in respect to persons over 74 years of age or under 18 years of age other than Dependents who are their eligible unmarried, biological, legally adopted children, and stepchildren for whom the Principal Insured has been appointed as legal guardian by a court of competent authority or between the ages of 18 and 23 where the Dependents are in full time education |
| ! | Insurers will not pay claims in respect to persons that reside in the United States of America or its dependent territories |
|  | Where am I covered? |
| ✓ | Worldwide |
|  | What are my obligations? |
| - | The Principal Insured must notify insurers within 30 days of any change in country of domicile and permanent residence of any insured person |
| - | The Principal Insured must notify insurers of any medical condition, symptom or sign that arises or is diagnosed for the first (1st) time between the date on which the Principal Insured signs the Declaration (application) and the date on which the insurance is approved for any of the insured persons |
| - | To pay the Deductible and Coinsurance (if applicable) where a claim is made |
| - | Principal Insured and their Dependent(s) expressly agree, understand, approve, and authorize the Company and its Consultant to access their past, present, and future medical information and to share it with any of its affiliated companies and/or subcontractors, as deemed necessary by the Company. |
|  | When and how do I pay? |
| - | The required premium for this Policy is for a period of twelve (12) months and must be paid in United States dollars on or before each Payment Due Date or any other Due Date approved in writing by the Company. The Principal Insured is responsible for the on-time payment of the premium and the Policy will only be in force for the period for which the premium has been paid. |
|  | When does cover start and end? |
| - | Cover starts and ends on the dates specified in the Schedule to this Policy |
|  | How do I cancel the contract? |
| - | You can cancel the Policy for any reason within 14 days of receiving the Policy and receive a full refund unless a claim has been made. If You cancel the Policy after that time the Company will refund that portion of the premium representing the unexpired period of the Policy up to a maximum of 65% of the premium paid less the cost of any claims and \$75 administrative expenses. To cancel this Policy, You must write to Regent Asset Management International Limited and return the policy documents provided to you. |