



MEMBERSHIP GUIDE

FEBRUARY 2019





PLEASE READ THE MEMBERSHIP GUIDE CAREFULLY BEFORE COMPLETING
THE MEMBERSHIP APPLICATION FORM.

YOU SHOULD RETAIN THIS COPY FOR YOUR INFORMATION

HEALTH INTERNATIONAL MEMBERSHIP GUIDE

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Please refer to *Membership Guide for full explanation of terms and conditions.*

BENEFITS SCHEDULE	
MAXIMUM BENEFIT LIMIT	
Emergency medical Services, EVACUATION, RELOCATION and / or REPATRIATION , medical expenses and ELECTIVE treatment.	DIAMOND 2,000,000 per MEMBER per year and maximum 2,000,000 per any one event
Medical expenses are reimbursed at the PREFERRED RATE where services are provided in the Republic of South Africa.	Applicable to MEMBERSHIP PLAN
ELECTIVE INCLUDING MEDICALLY NECESSARY TREATMENT	
Cost of ELECTIVE Treatments including IN-PATIENT, DAY CASES, HOSPITAL ACCOMMODATION , surgery costs, specialist cost etc.	Up to a maximum benefit limit per MEMBER per year
CHRONIC LIFE TIME BENEFIT For costs incurred for the monitoring of an established CHRONIC CONDITION(S) or ACUTE ON CHRONIC episodes (Excluding routine check-ups / consultations, drugs and dressings).	40,000 LIFE TIME LIMIT Per Chronic Condition
ONCOLOGY BENEFIT Treatment aimed to cure CANCER including IN-PATIENT, OUT-PATIENT, or DAY CASE from the time of diagnosis including all tests, drugs, chemotherapy and radiotherapy, and any diagnosed secondaries / reoccurrences of an established primary CANCER .	Up to maximum benefit
CANCER LIFE TIME BENEFIT For costs incurred following ONCOLOGY treatment for check-ups / consultations, tests, drugs, dressings, monitoring, chemotherapy and radiotherapy if required.	50,000 LIFE TIME LIMIT
HIV / AIDS LIFETIME BENEFIT For IN-PATIENT costs which arise from or are in a way related to Human Immunodeficiency Virus (HIV) and / or HIV related illness, including Aquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex Syndrome (ARCS) and or any mutant derivative or variation thereof.	20,000 LIFE TIME LIMIT following a 24 month WAITING PERIOD
PREGNANCY AND CHILDBIRTH Including pre and post natal check ups, delivery costs and the initial well baby check at birth - Excluded if conception is within the first 12 months from date of new membership.	5,000 any one MEMBER any one MEMBERSHIP YEAR
NEWBORN BENEFIT For PRE-REGISTERED newborn BABIES , for IN-PATIENT treatment of ACUTE ILLNESS which presents symptoms at birth or which manifests within 14 days following birth. To include HOSPITAL ACCOMMODATION costs for the maternal parent whilst the newborn receives treatment as an IN-PATIENT .	30,000 per birth
TERMINAL ILLNESS BENEFIT Cost associated to PALLIATIVE treatment on approval by OUR MEDICAL DIRECTOR up to the limit.	80,000 per MEMBER
MEDICAL EXPENSES We shall pay for all reasonable expenses for medical treatment, diagnosis and advice.	Up to the benefits indicated
PATIENT MONITORING	Up to the benefits indicated
POST OPERATIVE AND / OR MEDICALLY NECESSARY REHABILITATION (at the discretion of OUR MEDICAL DIRECTOR) In a step-down or related facility after discharge from hospital / clinic.	Maximum Limit 15,000 or maximum 90 days
OUT-PATIENT REHABILITATION (at the discretion of OUR MEDICAL DIRECTOR).	Maximum Limit 15,000 or maximum 12 months
EMERGENCY TREATMENTS	
EMERGENCY EVACUATION Including cost of treatment for IN-PATIENT, HOSPITAL ACCOMMODATION , surgery costs, specialist cost, etc.	Up to a maximum benefit limit per MEMBER per year
REPATRIATION OF MORTAL REMAINS.	Up to maximum of 5,000, in respect of any one MEMBER in respect of repatriation of mortal remains by scheduled aircraft or burial or cremation in the country of demise up to the equivalent costs
DENTAL TREATMENT from BODILY INJURY and relief of pain.	The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY . Additionally up to a maximum of 250 per MEMBER per year for EMERGENCY DENTAL TREATMENT
Travel as per the BENEFITS SCHEDULE in AREA OF COVER , with an option to purchase additional travel days for Travel Worldwide.	MEMBER may purchase up to 45 days for Travel Worldwide inclusive and an additional 45 days on application. Limited to 250,000 per person per annum and to 30 days per year for USA and Canada
ASSISTANCE SERVICES	
Compassionate Emergency Visit (at the discretion of HEALTH INTERNATIONAL).	Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE
Compassionate Emergency Visit of parent / guardian of a child 18 years and under (at the discretion of HEALTH INTERNATIONAL).	Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per day up to 30 days
Childcare (at the discretion of HEALTH INTERNATIONAL).	Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety
GENERAL	
COUNTRY OF RESIDENCE	THE REGION
AREA OF COVER - SUB-SAHARAN AFRICA	Unlimited travel per year, but no more than 90 days any one trip
Maximum Aggregate Limit per family per year	Not applicable

MEMBERSHIP PLANS - all figures shown are in USD

<p align="center">EMERALD 500,000 per MEMBER per year and maximum 500,000 per any one event</p>	<p align="center">GARNET EVAC PLUS 250,000 per MEMBER per year and maximum 250,000 per any one event</p>
<p align="center">Applicable to MEMBERSHIP PLAN</p>	<p align="center">Applicable to MEMBERSHIP PLAN</p>
<p align="center">Up to a maximum benefit limit per MEMBER per year</p>	<p align="center">Up to a maximum benefit limit per MEMBER per year</p>
<p align="center">15,000 LIFE TIME LIMIT Per Chronic Condition</p>	<p align="center">Not covered</p>
<p align="center">Up to maximum benefit</p>	<p align="center">Up to maximum benefit</p>
<p align="center">20,000 LIFE TIME LIMIT</p>	<p align="center">Not covered</p>
<p align="center">5,000 LIFE TIME LIMIT following a 24 month WAITING PERIOD</p>	<p align="center">Not covered</p>
<p align="center">Not covered</p>	<p align="center">Not covered</p>
<p align="center">Not covered</p>	<p align="center">Not covered</p>
<p align="center">40,000 per MEMBER</p>	<p align="center">Not covered</p>
<p align="center">Up to the benefits indicated</p>	<p align="center">Up to the benefits indicated</p>
<p align="center">Up to the benefits indicated</p>	<p align="center">Up to the benefits indicated</p>
<p align="center">Maximum Limit 15,000 or maximum 90 days</p>	<p align="center">Maximum Limit 15,000 or maximum 90 days</p>
<p align="center">Maximum Limit 15,000 or maximum 12 months</p>	<p align="center">Maximum Limit 15,000 or maximum 12 months</p>
<p align="center">Up to a maximum benefit limit per MEMBER per year</p>	<p align="center">Up to a maximum benefit limit per MEMBER per year</p>
<p align="center">Up to maximum of 5,000, in respect of any one MEMBER in respect of repatriation of mortal remains by scheduled aircraft or burial or cremation in the country of demise up to the equivalent costs</p>	<p align="center">Up to maximum of 5,000, in respect of any one MEMBER in respect of repatriation of mortal remains by scheduled aircraft or burial or cremation in the country of demise up to the equivalent costs</p>
<p align="center">The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY. Additionally up to a maximum of 250 per MEMBER per year for EMERGENCY DENTAL TREATMENT</p>	<p align="center">The full reasonable and MEDICALLY NECESSARY costs of EMERGENCY DENTAL TREATMENT and dental procedures necessary to restore and replace sound natural teeth lost or damaged as a result of BODILY INJURY. Additionally up to a maximum of 250 per MEMBER per year for EMERGENCY DENTAL TREATMENT</p>
<p align="center">MEMBER may purchase up to 45 days for Travel Worldwide inclusive and an additional 45 days on application. Limited to 100,000 per person per annum and to 30 days per year for USA and Canada</p>	<p align="center">WORLDWIDE - unlimited trips but a maximum 60 days any one trip - except USA and Canada limited to 30 days per trip</p>
<p align="center">Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE</p>	<p align="center">Cost of one economy class return air ticket on a scheduled airline / flight to enable person nominated to visit a MEMBER who is hospitalised outside COUNTRY OF RESIDENCE</p>
<p align="center">Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per day up to 30 days</p>	<p align="center">Cost of one economy class return air ticket on a scheduled airline / flight and accommodation costs of a parent / guardian of a child (18 years and under) who is hospitalised up to a maximum of 100 per day up to 30 days</p>
<p align="center">Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety</p>	<p align="center">Pay for a responsible person to accompany the minor(s) under 12 years of age of a MEMBER left unattended due to a MEDICAL EMERGENCY to their RESIDENCE or place of safety</p>
<p align="center">THE REGION</p>	<p align="center">THE REGION</p>
<p align="center">Unlimited travel per year, but no more than 90 days any one trip</p>	<p align="center">Unlimited travel per year, but no more than 60 days any one trip, excluding your COUNTRY OF RESIDENCE</p>
<p align="center">Not applicable</p>	<p align="center">1,000,000 per family per year</p>

SECTION 1 - INTRODUCTION

EXPACARE INSURANCE COMPANY (MAURITIUS) LIMITED is a company duly registered and regulated in accordance with the laws of Mauritius Financial Services Commission, to carry on the business of international private medical insurance business pursuant to an External Insurance Business Licence. It is a wholly-owned subsidiary of **HEALTH INTERNATIONAL GROUP LIMITED**, a company duly registered in accordance with the laws of Guernsey. It carries on the business of international private medical insurance through membership plans known as **HEALTH INTERNATIONAL** providing **MEMBERS** with **BENEFITS** and **ASSISTANCE** in the case of **ILLNESS** and **BODILY INJURY** under a selection of products, referred to as **PLANS**.

MEMBERS are covered whilst resident in **THE REGION** and / or whilst travelling in **SUB-SAHARAN AFRICA** only or for **TRAVEL WORLDWIDE** depending on the specific **PLAN** selected.

ACCESS TO MEDICAL BENEFITS & ASSISTANCE

Trilogy Benefits Group is the authorised administrator of **HEALTH INTERNATIONAL PLANS** in **THE REGION**.

Regional Office Contact details are as follows:-

TRILOGY BENEFITS GROUP

PO Box BW 269
Borrowdale,
Harare,
Zimbabwe

OR

23 Kenilworth Road,
Newlands,
Harare,
Zimbabwe

E-mail: admin@healthintergrp.com

Website address: www.healthintergrp.com

Membership of **HEALTH INTERNATIONAL PLANS (DIAMOND, EMERALD and GARNET EVAC PLUS)** and the provision of **BENEFITS** and **ASSISTANCE** are subject to the terms and conditions, definitions and exclusions as set out in the **HEALTH INTERNATIONAL** Membership Guide, as updated from time to time. Note that the provision of any **BENEFITS** and **ASSISTANCE** is at all times provided at **HEALTH INTERNATIONAL'S** sole discretion.

SECTION 2 - DEFINITIONS

This SECTION explains the meaning of certain words or phrases in the Membership Guide. Words written in bold have the specific meaning as defined below.

If **YOU** have any questions on any aspects of **YOUR HEALTH INTERNATIONAL** product, please contact **US** - see contact details as shown in **OUR** letter to **YOU** accepting **YOU** to **MEMBERSHIP**.

- 2.1 **ACUTE BODILY INJURY** means any accidental, sudden, unforeseen and violent event occurring at an identifiable time and place which may befall **YOU** and over which **YOU** have no control, which results in serious **BODILY INJURY** which potentially threatens loss of life or of limb and which qualifies **YOU** for **BENEFITS**.
- 2.2 **ACUTE ILLNESS** means any sudden and unforeseen deterioration of health which in the opinion of our **MEDICAL DIRECTOR** is potentially life threatening which first manifests itself during the period of **MEMBERSHIP** and which qualifies **YOU** for **BENEFITS**.
- 2.3 **ACUTE ON CHRONIC** means unexpected acute exacerbations and / or episodes of a **CHRONIC CONDITION** which develops after a condition is a **CHRONIC CONDITION**.
- 2.4 **AREA OF COVER** means **SUB-SAHARAN AFRICA**.
- 2.5 **ASSISTANCE** means any assistance **WE** may in our sole discretion provide to **YOU** including:
- 2.5.1 The procurement of road and air ambulance services;
 - 2.5.2 The procurement of medical services and admissions to hospitals and other medical facilities;
 - 2.5.3 The provision of guarantees of payment to hospitals, **DOCTORS** and any medical facilities for any services;
 - 2.5.4 Case management services including hospital visits and arrangement of accommodation;
 - 2.5.5 General counseling and assistance provided by **OUR** experienced professionals.
- 2.6 **BENEFICIARY** means any person or persons clearly and unambiguously identified by **YOU** in writing to **US**.
- 2.7 **BENEFITS** are those benefits as set out in the **BENEFITS SCHEDULE**.
- 2.8 **BENEFITS SCHEDULE** means the schedule detailing those **BENEFITS** provided by **US** under the **PLAN**.
- 2.9 **BODILY INJURY** means any accidental, sudden, unforeseen and violent event occurring at an identifiable time and place which may befall **YOU** and over which **YOU** have no control, which results in serious physical injury and which qualifies **YOU** for **BENEFITS**.
- 2.10 **CANCER** means a malignant tumor or neoplasm, characterised by the uncontrolled growth and spread of malignant cells with invasion and / or destruction of normal body tissue.
- 2.11 **CERTIFICATE OF INSURANCE** (sometimes called the Insurance Certificate) is issued by **US** and shows the **BENEFITS**, limits, exclusions and excesses that apply to **YOU**. **YOUR CERTIFICATE OF INSURANCE** must be read in conjunction with this membership guide.
- 2.12 **CHRONIC CONDITION** means a disease, **ILLNESS** or injury that in the opinion of **OUR MEDICAL DIRECTOR** has at least one of the following characteristics:-
- 2.12.1 It has no known cure and continues indefinitely;
 - 2.12.2 It reoccurs;
 - 2.12.3 It is permanent;
 - 2.12.4 It may require **YOU** to be specifically trained or **REHABILITATED**;
 - 2.12.5 It needs long-term monitoring, consultations, check-ups, examinations or tests;
 - 2.12.6 It is caused by changes to the body that cannot be reversed;
 - 2.12.7 Where use of any equipment or machinery will not, in the opinion of **OUR MEDICAL DIRECTOR**, result, or be likely to result, in **YOUR** recovery or restore **YOU** to **YOUR** previous state of health.

- 2.13 **CHRONIC LIFE TIME BENEFIT** means the **PALLIATIVE** treatment of an established **CHRONIC CONDITION(S)** as described in the **BENEFITS SCHEDULE** up to the **LIFE TIME LIMIT**. Once this limit has been reached the benefit is exhausted.
- 2.14 **COMPLIANCE REGULATIONS** means the protocols and laws required of **EXPACARE INSURANCE COMPANY (MAURITIUS) LIMITED** by the Mauritius Financial Services Commission (as listed in clause 9.8)
- 2.15 **COUNTRY OF RESIDENCE** means the country in which **YOU** and **YOUR** dependants normally reside, which must meet the eligibility requirements of **YOUR** selected **PLAN**.
- 2.16 **DAY CASE** means being admitted for treatment at a recognised and duly registered medical facility where a **MEMBER** is admitted and occupies a bed, but does not remain overnight.
- 2.17 **DEATH CERTIFICATE** means a document completed and signed by a **DOCTOR** or **MEDICAL SPECIALIST** stipulating the date and cause of **YOUR** death.
- 2.18 **DENTIST** means a person, who is trained, qualified and licensed to practice dentistry by the licensing authority of the country in which **YOU** receive **YOUR** dental treatment.
- 2.19 **DOCTOR** means a person who:
- 2.19.1 Is a registered, qualified or licensed medical practitioner practicing in the **AREA OF COVER**;
 - 2.19.2 Is acting within the scope of his / her licence;
 - 2.19.3 Is not a member or part of **YOUR IMMEDIATE FAMILY**.
- 2.20 **ELECTIVE** means treatment for any non-emergency **MEDICAL CONDITION** resulting from **ILLNESS** or **BODILY INJURY** where in the opinion of **OUR MEDICAL DIRECTOR**, **YOU** require hospitalisation and / or treatment. **ELECTIVE** treatment requires **PRE-AUTHORISATION** as set out in clause 10.2.
- 2.21 **EMERGENCY DENTAL TREATMENT** means treatment received from a **DOCTOR** or a **DENTIST** for the immediate relief of dental pain if this benefit is shown on **YOUR PLAN'S BENEFITS SCHEDULE** up to the maximum limit shown.
- 2.22 **EVACUATION** means **YOUR** transportation by air and / or land following a **MEDICAL EMERGENCY** which has been approved by **US** in the event that the local medical services available are in **OUR** opinion inadequate or if the local attending **DOCTOR**, in agreement with **OUR MEDICAL DIRECTOR**, recommends hospitalisation of a kind not available in **YOUR** locality.
- 2.23 **EXPACARE INSURANCE COMPANY (MAURITIUS) LIMITED** is a company duly registered in accordance with the laws of Mauritius (Registered No. 23670 / 5472 C1 / GBL).
- 2.24 **HEALTH INTERNATIONAL** the name of the international private medical insurance business carried on by **EXPACARE INSURANCE COMPANY (MAURITIUS) LIMITED**.
- 2.25 **HEALTH INTERNATIONAL GROUP LIMITED** is a company duly registered in accordance with the laws of Guernsey (Registration No. 52323).
- 2.26 **HIV / AIDS LIFE TIME BENEFIT** means the **PALLIATIVE** treatment of **HIV / AIDS** related illnesses for costs incurred for **IN-PATIENT TREATMENT** as described in the **BENEFITS SCHEDULE** up to the **LIFE TIME LIMIT**. Once this limit has been reached the benefit is exhausted.
- 2.27 **HOSPITAL ACCOMMODATION** means accommodation at any hospital or duly registered medical facility, including all **YOUR** meals and refreshments, but excluding other personal requirements and items such as phone calls, newspapers, guest meals, cosmetics etc.
- 2.28 **ILLNESS** means any **MEDICAL CONDITION** other than **ACUTE ILLNESS** or **ACUTE BODILY INJURY** as determined by **OUR MEDICAL DIRECTOR**.
- 2.29 **IMMEDIATE FAMILY** is defined as a parent, child, spouse or sibling.
- 2.30 **IN-PATIENT TREATMENT** means treatment at a hospital or duly registered medical facility where a **MEMBER** is admitted and occupies a bed for one or more nights.
- 2.31 **MEDICAL CONDITION** means any health related condition for which in the opinion of **OUR MEDICAL DIRECTOR YOU** require hospitalisation or treatment.

- 2.32 **MEDICAL DIRECTOR** means a person or persons appointed as such by **US** or someone authorised by **US** to do so on **OUR** behalf who in **OUR** discretion is suitably qualified for this role. **WE** may in **OUR** discretion seek and rely on the advice of the **MEDICAL DIRECTOR** when forming **OUR** opinion in relation to any matter.
- 2.33 **MEDICAL EMERGENCY** means any incident resulting in **ACUTE BODILY INJURY** or **ACUTE ILLNESS** which, in the opinion of **OUR MEDICAL DIRECTOR**, requires **YOUR** urgent hospitalisation or treatment in the nearest appropriate facility.
- 2.34 **MEDICAL SPECIALIST** means a **DOCTOR** who is practising and has a recognised certificate of higher specialist training or a consultant appointment (or equivalent) in the field of medicine or surgery in which **YOU** need treatment and in the country where **YOUR** treatment is provided.
- 2.35 **MEDICALLY NECESSARY** means treatment that in the opinion of **OUR MEDICAL DIRECTOR** is appropriate, urgent and necessary to treat a **MEDICAL CONDITION**.
- 2.36 **MEMBER(S)** means the person and dependants named in the membership application form and who have been accepted in writing by **US** for **MEMBERSHIP** of a **HEALTH INTERNATIONAL PLAN** and have paid the required **PREMIUM** in full.
- 2.37 **MEMBERSHIP** means membership of a **HEALTH INTERNATIONAL PLAN** which commences from the date of written acceptance by **US** and which subsists indefinitely subject to **YOUR** observance of the terms and conditions set out herein, including **YOUR PREMIUM** being paid in full on time.
- 2.38 **MEMBERSHIP CARD** means the membership card, which identifies **YOU** and states the **PLAN YOU** have subscribed to, **YOUR** membership number, **COUNTRY OF RESIDENCE**, type of cover, expiry date. Misuse of this card is unlawful and may be liable to prosecution. Lost, stolen or damaged cards will be replaced at **YOUR** expense.
- 2.39 **NEWBORN BENEFIT** applies to the **IN-PATIENT TREATMENT** of an **ACUTE ILLNESS**, including birth defects and congenital abnormalities, which presents at or within 14 days of birth, up to the limit as stated under the **BENEFITS SCHEDULE**, for a **PRE-REGISTERED NEWBORN MEMBER**.
- 2.40 **NEWBORN MEMBER** means a baby that becomes a **MEMBER** at the time of his / her birth provided that his / her **PREMIUMS** have been paid in full prior to the birth in accordance with clause 9.1.1.
- 2.41 **NO CLAIMS BONUS** means the bonus **WE** will allow **YOU** on the **RENEWAL** of **YOUR MEMBERSHIP** if no claims have been made by **YOU**. The bonus is based on the amount of time the **PLAN** has been claim free. If **YOU** have one or more claims paid during a **SUBSCRIPTION PERIOD**, the **NO CLAIMS BONUS** will be lost until the **PLAN** has been claim free for at least 12 months from date of **YOUR MEMBERSHIP**.
- 2.42 **ONCOLOGY** means the investigation and / or treatment of **CANCER**.
- 2.43 **OUT-PATIENT** means a **MEMBER** who receives medical treatment without being admitted to a hospital or duly registered medical facility.
- 2.44 **OUT-PATIENT TREATMENT** means treatment which is administered to an **OUT-PATIENT**.
- 2.45 **PALLIATIVE** means treatment, the purpose of which in the opinion of **OUR MEDICAL DIRECTOR** is to temporarily relieve and / or contain the symptoms rather than cure the actual medical condition which causes the symptoms.
- 2.46 **PLAN(S)** means **DIAMOND, EMERALD** and **GARNET EVAC PLUS**.
- 2.47 **PRE-AUTHORISATION** means a process through which a **MEMBER** seeks approval from **US** prior to undertaking treatment or incurring costs. Failure to obtain **PRE-AUTHORISATION** may invalidate a claim.
- 2.48 **PREFERRED RATE** means the discounted or wholesale prices that **OUR** case managers negotiate with medical providers on **OUR** behalf.
- 2.49 **PREGNANCY AND CHILDBIRTH** means routine pregnancy and childbirth, including pre and post-natal check-ups, delivery and the initial well-baby check at birth.
- 2.50 **PREMIUM** means the amount due and payable by **YOU** to **US**.
- 2.51 **PRE-REGISTERED** means that **WE** have been notified of a **PREGNANCY** by the end of the second trimester for the **MEMBER** to receive the **NEWBORN BENEFIT** as per the **BENEFITS SCHEDULE**.

- 2.52 **PROSTHESIS** and **SURGICAL APPLIANCE** means an artificial substitute or replacement of a part of the body.
- 2.53 **PSYCHIATRIC** means that which affects the mind, emotions or mental function of a person whether organic, traumatic or reactive in origin.
- 2.54 **REHABILITATION** means treatment which in **OUR** opinion is aimed at restoring health and / or mobility in order to allow **YOU** to live a more independent life.
- 2.55 **RELOCATION** means transporting **YOU** from one medical facility to a more appropriate medical facility as the result of a **MEDICAL EMERGENCY**, as determined by **OUR MEDICAL DIRECTOR**.
- 2.56 **RENEWAL** means a renewal of **YOUR MEMBERSHIP** as set out in Section 6 herein.
- 2.57 **REPATRIATION** means **YOUR** return to **YOUR COUNTRY OF RESIDENCE** following a **MEDICAL EMERGENCY**.
- 2.58 **RESIDENCE** means the address and country where **YOU** reside within the **THE REGION**, which is stated on the **MEMBERSHIP CARD** and was provided in the membership application form to **US**. No change in address shall be incorporated within the terms of the Membership Guide unless **WE** have been notified and have agreed in writing.
- 2.59 **SPONSORING PARTY** means your employer, family member or other third party who pays or is jointly responsible for paying the **PREMIUM** on **YOUR** behalf.
- 2.60 **SUB-SAHARAN AFRICA** means the Sub-Saharan African continent south of the 15 N latitude, including, Madagascar, the Comoros, Mauritius, Reunion, Seychelles, Sudan, Chad, Niger, Mali and Mauritania.
- 2.61 **SUBSCRIPTION PERIOD** means the period of cover set out in **OUR** latest written **CERTIFICATE OF INSURANCE**.
- 2.62 **TERMINAL ILLNESS** means an advanced or rapidly progressing incurable medical condition which in the opinion of **OUR MEDICAL DIRECTOR** is expected to lead to death.
- 2.63 **THE REGION** means Zimbabwe, Angola, Botswana, Democratic Republic of the Congo, Malawi, Mozambique, Namibia, Tanzania, Zambia, and the Republic of South Africa including Lesotho and Swaziland.
- 2.64 **TRAVEL WORLDWIDE** means travel by **YOU** outside the **AREA OF COVER** and is restricted to a limited number of days for any one **MEMBER** in any one **MEMBERSHIP PLAN YEAR**, depending on the **PLAN** subscribed to. The computation of days covered commences on **YOUR** day of departure and concludes on **YOUR** arrival back in the **AREA OF COVER**.
- 2.65 **VOLUNTARY EXCESS** means the first amount payable in each and every **ELECTIVE, EMERGENCY**, or **MEDICALLY NECESSARY** medical claim in each **SUBSCRIPTION PERIOD**, for all **IN-PATIENT** and **OUT-PATIENT TREATMENT** and **DAY CASES** prescribed by a **DOCTOR**.
- 2.66 **WAITING PERIOD** means any time period indicated by **US** at **OUR** discretion, calculated from the date of **YOU** joining **OUR PLAN**, or any other date specified in writing by **US**, that must lapse before claims for any specified condition(s) may be eligible under the **PLAN**.
- 2.67 **WE / US / OUR** means **HEALTH INTERNATIONAL** whether or not any action is taken, discretion is exercised, or opinion is reached by **US** or by someone else acting on **OUR** behalf with requisite authority.
- 2.68 **WORLDWIDE INCLUSIVE** shall mean all countries worldwide.
- 2.69 **YOU / YOUR** means the **MEMBER**.

SECTION 3 - ELIGIBILITY

To qualify for membership of **HEALTH INTERNATIONAL PLANS**, applicants must meet the eligibility requirements for each **PLAN**:-

PLAN	DIAMOND	EMERALD	GARNET EVAC PLUS
COUNTRY OF RESIDENCE	WITHIN THE REGION OF SUB-SAHARAN AFRICA AS STATED IN THE MEMBERSHIP GUIDE	WITHIN THE REGION OF SUB-SAHARAN AFRICA AS STATED IN THE MEMBERSHIP GUIDE	WITHIN THE REGION OF SUB-SAHARAN AFRICA AS STATED IN THE MEMBERSHIP GUIDE
AREA OF COVER	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA EXCLUDING YOUR COUNTRY OF RESIDENCE
Travel - AREA OF COVER	SUB-SAHARAN AFRICA (unlimited no. of trips but limited to a maximum of 90 days per trip)	SUB-SAHARAN AFRICA (unlimited no. of trips but limited to a maximum of 90 days per trip)	Travel - unlimited in AREA OF COVER (maximum 60 days per trip excluding your country of residence)
Additional Travel Option	* WORLDWIDE INCLUSIVE (maximum 90 days but limited to 30 days for USA and Canada)	* WORLDWIDE INCLUSIVE (maximum 90 days but limited to 30 days for USA and Canada)	WORLDWIDE unlimited trips maximum 60 days per trip except USA/ Canada maximum 30 days applies
<p>* The Additional TRAVEL WORLDWIDE Option allows MEMBERS to purchase (at the applicable PREMIUM) 45 travel days per MEMBER per SUBSCRIPTION PERIOD with the option to purchase an additional 45 days on application up to a maximum of 90 days in all per MEMBER per SUBSCRIPTION PERIOD.</p> <p>NOTE THAT TRAVEL TO USA AND CANADA IS LIMITED TO A MAXIMUM OF 30 DAYS AT ANY ONE TIME AND IN ANY ONE SUBSCRIPTION PERIOD.</p>			
TRAVEL			
<p>TRAVEL WORLDWIDE INCLUSIVE is restricted to MEDICAL EMERGENCIES and covers EVACUATION, RELOCATION and REPATRIATION as per SECTION 5 - EXPLANATION OF BENEFITS clause 5.8 and up to the limits as shown in the BENEFITS SCHEDULE and below.</p>			
<p>DIAMOND – Limit per any one trip USD250,000 as per the BENEFITS SCHEDULE EMERALD – Limit per any one trip USD100,000 as per the BENEFITS SCHEDULE GARNET EVAC PLUS – Limit per any one trip USD250,000 as per the BENEFITS SCHEDULE</p>			

SECTION 4 - BENEFITS - WHAT IS COVERED

4.1 **DIAMOND PLAN** means the **BENEFITS**, including cover for **MEDICAL EMERGENCIES, EVACUATION, RELOCATION** and / or **REPATRIATION**. It covers **YOUR** medical expenses and **ELECTIVE** treatment in cases of **ILLNESS** or **BODILY INJURY** up to the maximum benefit limit shown on the **BENEFITS SCHEDULE**.

YOU are covered for the cost of emergency medical expenses and **ELECTIVE** treatment in cases of **ILLNESS** or **BODILY INJURY** in the Republic of South Africa at the **PREFERRED RATE**.

4.2 **EMERALD PLAN** means the **BENEFITS**, including cover for **MEDICAL EMERGENCIES, EVACUATION, RELOCATION** and / or **REPATRIATION**. It covers **YOUR** medical expenses and **ELECTIVE** treatment in cases of **ILLNESS** or **BODILY INJURY** up to the maximum benefit limit shown on the **BENEFITS SCHEDULE**.

YOU are covered for the cost of emergency medical expenses and **ELECTIVE** treatment in cases of **ILLNESS** or **BODILY INJURY** in the Republic of South Africa at the **PREFERRED RATE**.

4.3 **GARNET EVAC PLUS PLAN** means the **BENEFITS**, including cover for **MEDICAL EMERGENCIES, EVACUATION, RELOCATION** and / or **REPATRIATION**. It covers **YOUR** medical expenses in cases of **ACUTE ILLNESS** or **ACUTE BODILY INJURY** related to a **MEDICAL EMERGENCY**, up to the maximum **BENEFIT** limit, as shown on the **BENEFITS SCHEDULE**.

SECTION 5 - EXPLANATION OF BENEFITS

5.1 APPOINTMENT OF LOCAL DOCTOR

If in the opinion of **OUR MEDICAL DIRECTOR YOU** can be treated in **YOUR** own locality, then **WE** may appoint a **DOCTOR** to attend to **YOU**. Any decision relating to the necessity of **YOUR** transportation will be at **OUR** discretion.

5.2 CHILDCARE

If **YOUR** children under the age of 12 years accompanying **YOU** are left unattended due to a **MEDICAL EMERGENCY**, **WE** may pay for a person who is in **OUR** opinion appropriate to accompany the minor(s) to their **RESIDENCE** or place of safety.

5.3 CHRONIC LIFE TIME BENEFIT – (Applicable to **DIAMOND** and **EMERALD PLANS** only)

WE shall pay for the costs incurred (excluding routine check-ups / consultations, drugs and dressings), for the monitoring of an established **CHRONIC CONDITION**, or **ACUTE ON CHRONIC** episodes, provided that these shall not during the period of **YOUR MEMBERSHIP** in aggregate exceed the amounts as stated in the **BENEFITS SCHEDULE**. Under the **CANCER LIFE TIME BENEFIT**, **WE** shall pay for the costs incurred as stated above, including tests, drugs, chemotherapy and radiotherapy if required.

5.4 COMPASSIONATE EMERGENCY VISIT AND DISCRETIONARY PAYMENT OF ACCOMMODATION COSTS FOR PARENT / GUARDIAN

If as a result of **ACUTE ILLNESS** or **ACUTE BODILY INJURY**, **YOU**, whilst travelling alone, are hospitalised or likely to be hospitalised in a country other than **YOUR COUNTRY OF RESIDENCE**, **WE** may, at **OUR** discretion, provide or pay for one economy class return air ticket on a scheduled airline / flight to the person nominated by **YOU** and having the same **COUNTRY OF RESIDENCE** as **YOU** to enable the nominated person to visit **YOU**. Accommodation and all other costs incurred by or on behalf of the nominated person remain the responsibility of that person.

WE may at **OUR** discretion pay for the accommodation costs of a parent / guardian of a child (aged 18 years and under), who is hospitalised, up to the maximum limit shown on the **BENEFITS SCHEDULE**.

5.5 DISPATCH OF A MEDICAL DOCTOR

At **OUR** discretion and with due regard to **YOUR** condition and where **REPATRIATION** and / or **EVACUATION** is inadvisable, a **DOCTOR** may be dispatched to make an on-site evaluation of **YOUR** condition, to determine **YOUR** suitability for **EVACUATION** and to collaborate with the attending **DOCTOR** and arrange **YOUR** eventual **EVACUATION** or **REPATRIATION**.

5.6 DISPATCH OF MEDICINE IN THE EVENT OF A MEDICAL EMERGENCY

If any medicine which, in the opinion of **OUR MEDICAL DIRECTOR** is essential for **YOUR** treatment, is not available in **YOUR** locality, but is reasonably available to **US**, then **WE** will dispatch it to **YOU**, but only the cost of the medication shall be paid by **US**.

5.7 EMERGENCY DENTAL TREATMENT RESULTING FROM BODILY INJURY

We shall pay for the full, reasonable and **MEDICALLY NECESSARY** costs of **EMERGENCY DENTAL TREATMENT** and dental procedures incurred by **YOU** necessary to restore and replace sound natural teeth, lost or damaged as a result of **BODILY INJURY**, and including the extraction of impacted Wisdom teeth under the **DIAMOND** and **EMERALD PLANS**.

Additionally we shall cover **EMERGENCY DENTAL TREATMENT** up to USD250 per **MEMBER** per **SUBSCRIPTION PERIOD**.

- 5.8 **EMERGENCY MEDICAL ASSISTANCE INVOLVING EVACUATION, RELOCATION AND REPATRIATION**
In the event of a **MEDICAL EMERGENCY** where **WE** consider the local medical services available to **YOU** to be inadequate or should the attending **DOCTOR**, in agreement with **OUR MEDICAL DIRECTOR**, recommend hospitalisation of a kind not available in **YOUR** locality, or preferred to that in **YOUR** locality, then **WE** will arrange, monitor, supervise and pay for the following services: -
- 5.8.1 **YOUR EVACUATION** to one of the nearest appropriate hospitals; and / or
 - 5.8.2 the **RELOCATION**, with or without medical supervision, by any means considered by **US** to be suitable (including air ambulance, chartered or commercial flight, or road transport), to a hospital more appropriately equipped for the particular **ACUTE BODILY INJURY** or **ACUTE ILLNESS**; and / or
 - 5.8.3 the **REPATRIATION**, including road ambulance transfers, to and from the airports with necessary medical supervision to an appropriate hospital or other health-care facility near **YOUR RESIDENCE**, provided that **YOUR MEDICAL CONDITION** permits such actions.
- 5.9 **EMERGENCY MEDICAL REFERRAL**
WE may refer **YOU** to a **DOCTOR** or hospital for emergency treatment.
- 5.10 **HIV or AIDS LIFE TIME BENEFIT** – (Applicable to **DIAMOND** and **EMERALD PLANS** only)
WE shall pay for the costs incurred subject to clause 8.17 (excluding routine diagnosis, check-ups / consultations, counselling, drugs, dietary requirements, maintenance and dressings) after the stated **WAITING PERIOD** for the treatment, as an **IN-PATIENT**, arising from or in any way related to Human Immunodeficiency Virus (**HIV**) and / or **HIV** related illness, including Acquired Immune Deficiency Syndrome (**AIDS**) or **AIDS** Related Complex Syndrome (**ARCS**) and / or any mutant derivative or variation thereof provided that these shall not during the period of **YOUR MEMBERSHIP** in aggregate exceed the amounts as stated in the **BENEFITS SCHEDULE**.
- 5.11 **MEDICAL**
WE provide the benefits listed under clause 5.11.1 to **YOU** (depending on the **PLAN** selected) in the event of a **MEDICAL CONDITION** (whether it is non-life threatening or resulting from a **MEDICAL EMERGENCY**) up to the maximum benefit limit shown on the **BENEFITS SCHEDULE**.
- 5.11.1 **MEDICAL EXPENSES**
WE shall pay for all reasonable expenses for medical treatment, diagnosis and advice to **YOU** on condition of the following:-
 - 5.11.1.1 Such expenses are incurred during **YOUR MEMBERSHIP**;
 - 5.11.1.2 Such expenses incurred are in accordance with the terms and conditions contained herein;
 - 5.11.1.3 The expenses relate to treatment that is **MEDICALLY NECESSARY**;
 - 5.11.1.4 In cases of **ACUTE BODILY INJURY** and **ACUTE ILLNESS**, only such expenses as are prescribed and administered through a properly qualified and licensed **DOCTOR** who is registered to provide the specialised services required;
 - 5.11.1.5 In cases other than **ACUTE BODILY INJURY** and **ACUTE ILLNESS**, only such expenses as are prescribed and administered through a properly qualified and licensed **MEDICAL SPECIALIST** who is in the opinion of **OUR MEDICAL DIRECTOR**, registered and qualified to provide the specialised services required;
 - 5.11.1.6 Such expenses as are **PRE-AUTHORISED** by **US**, and all **BENEFITS** are subject to the maximum benefit limit as stated in the **BENEFITS SCHEDULE**;
 - 5.11.1.7 Where services have been provided in the Republic of South Africa, **WE** will only pay eligible charges at the **PREFERRED RATE**.
- 5.12 **MONITORING**
WE will endeavour to regularly keep **YOU** and / or members of **YOUR** family informed of **YOUR** condition and the nature of the **ASSISTANCE** rendered.

- 5.13 **NEWBORN BENEFIT** - (Applicable to **DIAMOND PLAN** only)
WE shall pay for the costs incurred on behalf of a **PRE-REGISTERED NEWBORN MEMBER** for **IN-PATIENT TREATMENT** immediately following birth for any **ACUTE ILLNESS** including birth defects and congenital abnormalities as long as these present within 14 days. **WE** shall pay for the costs of **HOSPITAL ACCOMMODATION** for the mother whilst the **NEWBORN MEMBER** receives treatment in hospital.
This **BENEFIT** is subject to the maximum benefit limit shown on the **BENEFITS SCHEDULE**.
- 5.14 **PREGNANCY AND CHILDBIRTH** - (Applicable to **DIAMOND PLAN** only)
WE shall pay for the costs associated with **PREGNANCY AND CHILDBIRTH**, provided that such costs shall not exceed the maximum benefit limit shown on the **BENEFITS SCHEDULE** in respect of any **MEMBER**, in any **SUBSCRIPTION PERIOD**.
- 5.15 **ONCOLOGY BENEFIT**
WE shall pay for the costs of treatment that is aimed to cure **CANCER** whether received as **IN-PATIENT** or **OUT-PATIENT TREATMENT** or as a **DAY CASE** from time of diagnosis including all tests, drugs, chemotherapy and radiotherapy, and any diagnosed secondaries / reoccurrences of an established primary **CANCER**.
- 5.16 **REMOTE MEDICAL ADVICE**
Should **YOU** require medical advice or **ASSISTANCE**, **YOU** or **YOUR** representative may telephone the Control Centre of **YOUR** local Ambulance Service or **OUR** contact person in **YOUR** area (see contact details shown on **YOUR MEMBERSHIP CARD**). The advice given may include particulars of the nearest **DOCTOR** or hospital for consultation or admission. As a telephone conversation may not permit accurate diagnosis, this service shall be considered as advisory only.
- 5.17 **REPATRIATION AFTER TREATMENT**
After **YOUR** discharge from the hospital where **YOU** have been admitted or transferred, as provided for in clause 5.8 and 5.9 hereof, **WE** will arrange and pay for **YOUR** return, as an economy class fare-paying passenger on a scheduled airline / flight, to **YOUR COUNTRY OF RESIDENCE** when such return is possible according to the medical opinion of the attending **DOCTOR** and **OUR MEDICAL DIRECTOR**. **WE** shall have such obligation only where **YOU** are not holding a valid travel ticket as part of **YOUR** original travel arrangements.
- 5.18 **REPATRIATION OF MORTAL REMAINS**
In the event of **YOUR** death arising from the **MEDICAL EMERGENCY** or whilst hospitalised outside **YOUR COUNTRY OF RESIDENCE**, **WE** will repatriate the mortal remains by scheduled aircraft or pay for burial or cremation in the country of **YOUR** demise up to an amount equivalent to the **REPATRIATION** costs that would have been incurred in repatriating the mortal remains. This **BENEFIT** is subject to the maximum benefit limit shown on the **BENEFITS SCHEDULE**.

SECTION 6 - CONDITIONS

- 6.1 **YOU** may remain **OUR MEMBER** for an indefinite period subject to the terms and conditions set out herein and subject to **YOU** renewing **YOUR MEMBERSHIP** annually before the expiry of the **SUBSCRIPTION PERIOD**.
- 6.2 **OUR** Membership Application Form, including the medical questionnaire, must be completed in full on **YOUR** behalf and **YOUR** family's behalf and signed by **YOU** or the person having legal charge over any dependant. All particulars declared are deemed to be certified to be accurate in all respects and given in utmost good faith by **YOUR** signature or that of **YOUR** legal representative, or guardian in the case of a minor. In case of any false declaration and / or omissions, **WE** may in **OUR** discretion treat **YOUR MEMBERSHIP** as null and void, forfeit **YOUR PREMIUM** and any claim(s) shall be invalidated.
- 6.3 **YOU** agree and undertake to subscribe to **OUR** services at the **PREMIUM** stipulated on the applicable premium table from time to time and agree to be bound by the terms, conditions and exclusions of the Membership Guide.
- 6.4 Upon acceptance by **US** of **YOUR** application and receipt of the **PREMIUM** and issuance of a **MEMBERSHIP CARD**, **WE** undertake to perform **OUR** obligations to **YOU** in the event of **ACUTE BODILY INJURY, ACUTE ILLNESS, BODILY INJURY** or **ILLNESS** subject to the terms and conditions set out in the Membership Guide and the **PLAN** selected.
- 6.5 **WE** shall be entitled to decline a new application for **MEMBERSHIP** and **OUR** decision shall be final and binding, and **WE** shall not be required to furnish or substantiate **OUR** reasons for declining any new application.
- 6.6 All **MEMBERS** aged 70+ must have a letter from their usual **DOCTOR** stating that they are fit and well enough to undertake any planned travel period and itinerary. This requirement relates to travel benefits and **TRAVEL WORLDWIDE**.
- 6.7 The headings appearing in the Membership Guide have been used for reference purposes only and shall not affect its interpretation.
- 6.8 Unless the context clearly indicates the contrary intention, words importing any one gender shall include the other, the singular shall include the plural and vice versa.
- 6.9 **YOU** may **RENEW YOUR PLAN** at the end of each **SUBSCRIPTION PERIOD** subject to payment of the relevant **PREMIUM** and subject to the **BENEFITS** in force at the time of the **RENEWAL** date. Prior to the **RENEWAL** date **YOU** will receive a **RENEWAL NOTICE** either directly from **US** or via your Agent or Broker.
- YOUR PREMIUM** on renewal will be subject to medical inflations and will be based on **YOUR** age, ages of dependants, **YOUR** current **PLAN**, optional **BENEFITS**, **YOUR COUNTRY OF RESIDENCE** and **YOUR** chosen excess amount. A **NO CLAIMS BONUS** for claim free years will also be taken into consideration.
- Prior to the **RENEWAL** date **YOU** are required to update **US** on relevant changes to **YOUR** and **YOUR** dependants' medical conditions, medications, lifestyle, occupations and hazardous sports or pastimes by way of completing an information update form or such other form or document as may be required by **US** from time to time.

SECTION 7 - CANCELLATION

MEMBERSHIP may be cancelled by either party subject to 10 (ten) working days notice in writing to the other at the last know address, provided always that no such notice shall be valid unless given prior to the expiry of 9 (nine) calendar months from the commencement of **MEMBERSHIP**.

In the event of cancellation by either party, a refund of **PREMIUM** may be allowed and paid by **US** in such circumstances and in such amounts as **WE** may, in **OUR** sole discretion, determine. Under no circumstances shall any refund be considered where claims have been paid or are outstanding.

WE will not be liable for a pro rata return of **PREMIUM** in respect of a **GARNET EVAC PLUS** in the event of cancellation by either party.

In cases where **YOUR PREMIUM** is paid by a **SPONSORING PARTY** it remains **YOUR** responsibility to ensure that **YOUR PREMIUM** is paid on time and in full. **WE** will not notify you if the **SPONSORING PARTY** causes **YOUR MEMBERSHIP** to lapse or be cancelled.

SECTION 8 - EXCLUSIONS - WHAT IS NOT COVERED

WE shall be under no obligation to provide any **BENEFITS** to **YOU**, in the following circumstances:-

- 8.1 **Alternative insurance or medical aid:** If **YOU** are covered by any medical insurance or are a member of a Medical Aid Society then **YOU** are obliged in the first instance to claim against such insurance or Medical Aid. **WE** shall only be responsible in respect of amounts which exceed the cover provided by such insurance and Medical Aid and up to the **BENEFIT** limits as set out in the **BENEFITS SCHEDULE**;
- 8.2 **Assisted PREGNANCY:** Where any complications arise from a **PREGNANCY** resulting from assisted conception, the **BENEFITS** payable by **US** will be limited to the amounts as set out in the **BENEFITS SCHEDULE** applicable to **ROUTINE PREGNANCY AND CHILDBIRTH**; further the exclusion set out in 8.31 applies;
- Costs of treatment needed by a **NEWBORN MEMBER** as a consequence of a **PREGNANCY** following assisted conception (for example, a premature newborn child requiring admittance into a special care unit or other paediatric intensive care unit) will be paid by **US** up to the **LIMIT** under the **NEWBORN BENEFIT** as per the **BENEFITS SCHEDULE**, for babies conceived after the first 12 months from date of new **MEMBERSHIP**;
- 8.3 **Birth defects and congenital abnormalities** being medical conditions that are present at birth or believed to have been present since birth, whether inherited or caused by any environmental factor, being any abnormality or disability, anomaly, deformity, disease, illness or injury which presented at birth (whether diagnosed or not), problems caused by or which happened before the baby was born (for example, the effect of a drug) or problems due to an early or abnormal birth;
- Inherited or hereditary** conditions of a newborn child that either parent:
- 8.3.1 Knows exists, and / or
 - 8.3.2 Suffers from, and / or
 - 8.3.3 Has had treatment or medication for, and / or
 - 8.3.4 Knows has been or is present in the **IMMEDIATE FAMILY**.
- 8.4 **Bone Disease** the cost of treatment of bone disease when related to gum disease;
- 8.5 **CHRONIC CONDITION:** The costs of treatment relating to a **CHRONIC CONDITION** unless this has been agreed in writing by **US**;
- 8.6 **Cosmetic surgery** for **ELECTIVE** cosmetic or plastic surgery and any consequences of having such surgery unless, in the opinion of **OUR MEDICAL DIRECTOR**, it is necessitated by a covered **MEDICAL EMERGENCY** or for remedial purposes as a result of a covered surgical procedure and which has been authorised by **US**;
- 8.7 **Damage to teeth** being the costs of dental treatment following accidental damage to teeth resulting from eating any foods;
- 8.8 **Dental care** being the cost of orthodontic or any dental care, including but not limited to fillings, scaling and polishing, root canal treatment and treatment of abscesses;
- 8.9 **Dermatological treatment** including but not exclusive to skin blemishes, moles (including routine mole mapping), birth marks, acne (with the exception nodular / cystic acne), photo dynamic therapy or solar keratosis;
- 8.10 **Eating disorder** being the costs of treatment of eating disorders such as, but not limited to, anorexia nervosa and bulimia;
- 8.11 **Eyes and ears** for the cost of routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, laser eye treatment, specialised intraocular lenses, hearing aids or cochlear implants;
- 8.12 **Failure to obtain authorisation:** where treatment was not approved in advance by **US**;

- 8.13 **Fees for filling in claim forms or for the release of medical information** being charges levied by **DOCTORS** or **DENTISTS** for filling in claim forms or providing medical reports and other documentation or for validating claims;
- 8.14 **Foetal treatment** which is any surgery or other treatment of the foetus whilst still in the womb;
- 8.15 **GARNET EVAC PLUS** where medical expenses are incurred under **GARNET EVAC PLUS PLAN** by **YOU** in **YOUR COUNTRY OF RESIDENCE**;
- 8.16 **Hepatitis “B”** for costs directly or indirectly arising out of or consequent upon or contributed to by Hepatitis “B”;
- 8.17 **HIV** or **AIDS**: If it has been established that **YOU** have contracted **AIDS** or **HIVRI**, **WE** will not be held responsible for paying any treatment and / or expenses incurred and will, where necessary, seek reimbursement from **YOU** for any expenses that might have been paid or authorised by **US**, except as provided for under the **BENEFITS SCHEDULE** following the stated **WAITING PERIOD** under clause 8.49.3;
- 8.18 **HRT** for all costs incurred for hormone replacement therapy;
- 8.19 **Illness(es) of a mental or nervous nature** which are directly or indirectly connected with any illness of a mental or nervous nature; including psychiatric treatment and / or evaluations as an in-patient or out-patient;
- 8.20 **Kidney dialysis** for long-term kidney dialysis. However, **WE** will pay for up to six weeks of kidney dialysis if needed immediately before a kidney transplant which is a covered **MEDICAL EMERGENCY** and / or for **ACUTE INJURY** or trauma and which has been authorised by **US**;
- 8.21 **Medical aids**: Cost of supplying, maintaining, hiring or fitting any physical aids or corrective devices (for example hearing aids, wheelchair, walking sticks, orthotics or supportive devices) or other equipment, medical or otherwise unless required for a covered **MEDICAL CONDITION** and such costs have been approved by **OUR MEDICAL DIRECTOR**, or any other equipment, medical or otherwise;
- 8.22 **Morbid obesity** being treatment for, or related to morbid obesity, being where body mass index (BMI) is, in the opinion of **OUR MEDICAL DIRECTOR**, in excess of ‘40’ whether pre-existing or not;
- 8.23 **Newborns** in respect of newborns until after discharge from hospital following birth and in any event only if **YOU** have notified **US** within 30 days of the date of birth, for babies conceived within the first 12 months from date of a new **MEMBERSHIP**;
- 8.24 **Non-medically necessary goods and services** for costs of food, lodging or transportation for a companion, except in the case of a child who is 18 years and under when accommodation and board may be included at **OUR** discretion for a parent / guardian for not more than USD100 per day of in-patient confinements up to a maximum of 30 days;
- 8.25 **Not medically necessary**: Treatment provided which, in the opinion of **OUR MEDICAL DIRECTOR**, is not medically necessary;
- 8.26 **Nursing homes, convalescence homes, health hydro complexes, step down facilities, home nursing and nature cure clinics** or similar establishments for costs incurred for rest cures, senatorial or custodial periods of quarantine or isolation, unless required in the opinion of **OUR MEDICAL DIRECTOR**, after hospital discharge for post operative and / or **MEDICALLY NECESSARY REHABILITATION** up to a maximum limit of USD15,000 or for a maximum period of 90 days, whichever is reached first, for a step down or related facility, and up to a maximum period of 12 months or to the maximum limit stated, whichever is reached first, for **OUT-PATIENT REHABILITATION**;
- 8.27 **Organ** donation of any kind;
- 8.28 **Organ transplant**: The aggregate **BENEFITS** directly or indirectly relating to an organ transplant are limited to USD250,000 in respect of **DIAMOND PLAN MEMBERS** and to USD100,000 in respect of **EMERALD PLAN MEMBERS**;
- 8.29 **OUR obligations** for any costs, loss or injury resulting from **OUR** failure to carry out **OUR** obligations set out in the Membership Guide due to circumstances beyond **OUR** control;

8.30 **Pre-existing conditions** as a result of any pre-existing illness or condition or any complications of a pre-existing illness or condition for which **YOU** have received medical advice or treatment preceding the date of **YOUR** application for membership, or arising from a **CHRONIC CONDITION** as determined by **OUR MEDICAL DIRECTOR**;

WE will pay for the cost of treatment of a pre-existing illness or condition, or a condition, which results from or is related to a pre-existing condition provided:-

8.30.1 **YOU** gave all the information asked for by **US** regarding **YOUR** medical history on the membership application form at the time of application;

8.30.2 Neither **YOU** nor the dependant with the pre-existing condition or condition knew about the pre-existing condition before the effective date of **MEMBERSHIP**;

8.30.3 **WE** did not specifically exclude cover for costs of treatment, when **MEMBERSHIP** details were sent to **YOU**;

8.31 **PREGNANCY AND CHILDBIRTH** for the cost of ending a pregnancy on non-medical grounds as well as antenatal classes and midwifery costs when not associated with delivery, and costs associated with routine **PREGNANCY AND CHILDBIRTH** where the date of conception is within the first 12 months from the date of new **MEMBERSHIP** and for all costs related to **PREGNANCY, CHILDBIRTH** and postnatal health whether normal, assisted or complicated unless the **PREGNANCY** is **PRE- REGISTERED** with **US** before the end of the second trimester;

8.32 **Professional sports, dangerous activities or circumstances** where any injury or illness is caused :

8.32.1 Whilst **YOU** are engaged in any professional sporting activity, or any sport or activity considered by **US** at **OUR** discretion as being of a dangerous nature without limiting the generality thereof, including but not limited to parachuting, gliding, paragliding, parascending, white water rafting, canoeing, underwater diving involving the use of any artificial apparatus, unless **YOU** hold an Open Water Diving Certificate and are diving with another certified diver or **YOU** are diving with a certified instructor both no deeper than 30 meters below the surface, off-road biking such as "motor cross", hang-gliding, or bungee jumping, quad biking, micro lighting or any occupation considered by **US** at **OUR** discretion as being of a dangerous nature, without limiting the generality thereof, including but not limited to mining, construction and security unless previously disclosed and accepted by **US**;

8.32.2 Whilst **YOU** are engaging or participating in racing of any kind involving the use of a power driven vehicle, vessel or aircraft, aeronautics or aviation except as a fare paying passenger in a properly licensed and operated aircraft over recognised air routes. **WE** may consider granting cover to **YOU** if licensed to fly **YOUR** own (or a) registered aircraft;

8.32.3 Directly or indirectly by, or arising from or contributed to by nuclear material or by ionizing radiation or contamination by radio activity or by weapons of mass destruction, including chemical, biological or nuclear contamination of whatever nature;

8.32.4 Or attributable directly or indirectly to or occurs as a consequence of war, invasion, acts of foreign armies, armed hostility (regardless of there being no formal declaration of war), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, terrorism, riot, strike and civil commotion, martial law or state of siege, or attempted overthrow of government, or as a member of any security force or group engaging in any aforementioned activities;

EVACUATION / REPATRIATION may be considered if **YOU** suffer **ACUTE BODILY INJURY** as a result of any of the foregoing events provided **YOU** were not actively participating or had travelled into an area where it is common knowledge that any of the foregoing events are imminent or in progress;

8.33 **Reproductive medicine** being the costs relating to testing fertility, treating infertility and or artificial / assisted conception. The costs of any form of contraception are also excluded;

- 8.34 **Routine examinations, screening and check-ups** being:
- 8.34.1 routine examinations, procedures, check-ups, consultations and drugs;
 - 8.34.2 the cost of well-baby care and routine immunizations;
 - 8.34.3 routine physical check-ups;
 - 8.34.4 visits to General Practitioners;
 - 8.34.5 visits to **MEDICAL SPECIALISTS**, unless then sent for further exploratory investigations;
 - 8.34.6 visits to a casualty during office hours where the **MEMBER** could adequately have been seen by a General Practitioner in the opinion of **OUR MEDICAL DIRECTOR**;
 - 8.34.7 investigations requested by a General Practitioner unless authorised by our **MEDICAL DIRECTOR** or a **MEDICAL SPECIALIST** and Primary Healthcare Services including ophthalmic visits and prescription spectacles;
 - 8.34.8 Well Woman benefits, 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 provided that, if a condition is diagnosed during a Well Woman check that leads to further investigations and a valid claim, then **WE** may in **OUR** discretion refund to the **MEMBER** the cost of the Well Woman check, up to a maximum of USD500 per membership year;
- 8.35 **Self and consensually inflicted injuries, attempted suicides and criminal acts** which arise directly or indirectly from **YOUR** intentional and / or deliberate act, such as self-inflicted injury or attempted suicide or where you encourage or consent to injuries being inflicted on **YOU**, or where **YOU** participate in any criminal activity;
- 8.36 **Self-discharge**: where **YOU** discharge yourself from a Medical Facility against medical advice, and / or, refuse or fail to follow the medical advice and treatment recommended by **YOUR DOCTOR** and **YOUR** refusal to follow the medical advice results in additional treatment becoming necessary, which but for this exclusion would be payable by **US**;
- 8.37 **Sexual problems, sex change and sexually transmitted infections** being the costs relating to the treatment of sexual problems including impotence / erectile dysfunction, or a sex change. **YOU** are not covered for the costs of treating sexually transmitted infections or sequelae;
- 8.38 **Sleep disorders** for any costs related to snoring or sleep apnoea including sleep studies or corrective surgery;
- 8.39 **Substance abuse**: where any **INJURY** or **ILLNESS** which, in the opinion of **OUR MEDICAL DIRECTOR**, results from or has been contributed to by the abuse of alcohol, recreational drugs or any substance (including medications taken for a reason different to that for which they were intended, or in a manner or in quantities other than as medically directed or prescribed);
- 8.40 **Surgical or medical appliances or equipment** being the cost of supplying, fitting or hiring physical aids or corrective devices (for example, hearing aids, hoists or wheelchairs) with the exception of crutches and Zimmer frames after a medical procedure, where this is necessary in the opinion of **OUR MEDICAL DIRECTOR**. **WE** will pay for surgically implanted body parts (see Definition of "**PROSTHESIS** and **SURGICAL APPLIANCE**");
- 8.41 **TERMINAL ILLNESS** costs relating to **PALLIATIVE** treatment of a **TERMINAL ILLNESS** except where **YOU** have received prior approval from **OUR MEDICAL DIRECTOR**, up to the maximum benefit limit as set out in the **BENEFITS SCHEDULE**;

8.42 Third Party acts, omissions and liability:

8.42.1 **ASSISTANCE** may be provided to **YOU** by **US** or by independent contractors on **OUR** behalf. **WE** shall not be liable to **YOU**, **YOUR** heirs or executors for any loss or damage or **BODILY INJURY YOU** may sustain as a result of **ASSISTANCE** being rendered to **YOU** or as a result of a delay or failure, for whatever reason, to render **ASSISTANCE** to **YOU** by **US** or by an independent contractor acting on **OUR** behalf;

8.42.2 **WE** shall not be liable to **YOU** for the loss or damage caused or attributable to the negligence, whether gross or otherwise, wrongful acts and / or omissions of any of the medical, paramedic and nursing staff or other health-care professionals or other persons who may provide direct or indirect services to **YOU** in terms of the Membership Guide.

8.42.3 Where **YOUR BODILY INJURY** or **ILLNESS** is attributable to the act or omission of any third party under circumstances entitling **YOU** to recover damages for such **BODILY INJURY** or **ILLNESS** from such third party, **YOU** shall be obliged: -

8.42.3.1 To notify **US** in writing of **YOUR** intentions to take action for the recovery of such damages from such third party, identifying the third party to **US**;

8.42.3.2 To include in **YOUR** claim against the Third Party all amounts disbursed by **US** in rendering **ASSISTANCE** and **BENEFITS** to **YOU**, the sum total of which amounts shall be confirmed by **US** to **YOU** for this purpose;

8.42.3.3 Forthwith upon recovering these amounts, to pay same over to **US**;

8.42.4 In the event that **YOU** do not intend to take action to recover damages from any third party, **WE** shall be entitled, against the delivery of an appropriate indemnity in respect of legal costs, to require **YOU** to cede and assign **YOUR** rights of action against such a third party to **US**. If **WE** do proceed against the third party who caused or contributed to **YOUR BODILY INJURY** or **ILLNESS**, you shall be obliged to co-operate with **US** in the consequent legal proceedings.

8.43 **Transportation**: Unless such travel is required by air or road ambulance in the case of an immediately life threatening **MEDICAL EMERGENCY**;

8.44 **Travelling against medical advice** if at the time of commencing a journey or if the journey was undertaken against the advice of **YOUR** attending **DOCTOR**, as well as any journey taken with the intention of obtaining medical treatment unless **YOU** have received prior approval from **OUR MEDICAL DIRECTOR**;

8.45 **Treatment by a family member** when the nursing or treatment is administered by **YOUR** family, or relatives whether qualified or not;

8.46 **Treatment for CANCER** if, prior to **YOUR MEMBERSHIP**, **YOU** had **CANCER**, **YOU** will be excluded from receiving **BENEFITS** for any future treatment of that specific **CANCER** and related neoplasm. The exclusion of **BENEFITS** for **CANCER** and related neoplasm may be removed after time, when in the opinion of **OUR MEDICAL DIRECTOR**, the **CANCER** is cured and the exclusion is no longer appropriate;

8.47 **Treatment received after discharge from hospital** with regard to costs of whatever nature incurred for **YOU** remaining in the country where treated after discharge from hospital or approved nursing home unless prior agreement has been received in writing from **US**;

8.48 **Unauthorised travel or other costs** where a **MEDICAL CONDITION** is of such a nature as can adequately be treated, in the opinion of **OUR MEDICAL DIRECTOR**, at or near the place where the incident occurred and which if **YOU** are travelling, does not prevent **YOU** from returning to **YOUR COUNTRY OF RESIDENCE** or continuing with **YOUR** journey as a sitting passenger in any form of transport, without requiring medical escort;

8.49 **WAITING PERIOD** of 24 months as per the following, applicable to all new **MEMBERS** unless otherwise agreed by **OUR MEDICAL DIRECTOR**;

8.49.1 Age 40 years and over - Hysterectomy and related complications;

8.49.2 Age 50 years and over - Any **ELECTIVE** treatment relating to shoulders, spine, hips, elbows, wrists, knees or ankles.

8.49.3 Treatment of **HIV** or **AIDS** related complications.

SECTION 9 - RIGHTS AND RESPONSIBILITIES

YOU, or somebody on **YOUR** behalf must:

- 9.1 pay **YOUR PREMIUM** in advance; should any amount remain outstanding 15 (fifteen) days from **RENEWAL** date then **YOUR MEMBERSHIP** will be deemed to be cancelled from the date of the purported **RENEWAL** and no benefits shall accrue hereunder;
- 9.1.1 provide **US** with a completed application form for the **PRE-REGISTERED MEMBER**. Thereafter the **PREMIUM** must be paid in full prior to the birth, failing this the **MEMBERSHIP** will be deemed to be cancelled and **WE** will not be liable for the **NEWBORN BENEFIT**. A Paediatric report must be provided to **US** post birth;
- 9.1.2 advise **US** in the membership application form of any pre-existing illness, injury or condition prior to the commencement of **MEMBERSHIP**;
- 9.1.3 notify **US** in writing within 30 days of a change in address which **WE** have agreed in writing and such change has been incorporated within the Membership Guide. A new **MEMBERSHIP CARD** will be issued if necessary;
- 9.1.4 be under 65 years of age on initial application for **MEMBERSHIP**.

9.2 **DUTY OF DISCLOSURE**

YOU irrevocably authorise any **DOCTOR** or other person who may have, or may acquire, any information and documentation concerning **YOUR** health to disclose such information and documentation to **US**. This authority shall remain in force for a period of not less than twelve months following the expiry or cancellation of **YOUR MEMBERSHIP**.

YOU must advise **US** within 30 days of the date of the birth if **YOUR** child is to be added to **YOUR PLAN** from the date of discharge after birth and **YOU** must pay the appropriate **PREMIUM** within 15 days thereafter, where the date of conception is within the first 12 months from the date of new **MEMBERSHIP**.

Acceptance of **YOUR** child is subject to Exclusion clause 8.30.

WE take **OUR** responsibility for confidentiality very seriously and any information which is supplied to **US** will be held securely.

9.3 **NOTIFICATION OF AMENDMENT TO MEMBERSHIP GUIDE**

Any notice to be given by **US** in terms of the Membership Guide may be given in writing to the last known address provided by **YOU** in **YOUR** membership application form.

YOU must, within 14 (fourteen) days, give written notice, advising **US** of any change to **YOUR** address.

9.4 **GOVERNING LAW**

The parties' agreement and any dispute or claim arising out of or in connection with it (including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of Mauritius.

9.5 **AMENDMENT**

WE may, at **OUR** discretion, amend any of the terms, provisions, stipulations or conditions in the Membership Guide, at any time by written or electronic notice addressed and delivered to **YOU**. Any such amendment shall be binding on **YOU** 10 (ten) days after the dispatch of the said notice to **YOUR** last known address provided always that no such amendment shall be effective retrospectively save where specifically so advised to or in respect of any member or members in the unfettered discretion of **OUR MEDICAL DIRECTOR**.

9.6 **INDEMNITY APPLICABLE TO ALL SERVICES**

WE reserve the right to suspend or curtail **OUR** services in the event of riot, military uprising, war, labour disturbances, acts of God, or refusal by Government Authorities to permit **US** to fully provide **OUR** services. **WE** will, however, endeavour to provide services to the best of **OUR** ability during any such occurrences.

9.7 **COMPLAINTS PROCEDURES**

OUR aim is at all times to exceed the level of service **YOU** expect from **US**. If there is an occasion when **YOU** feel that this objective has not been achieved, please contact **US**, **YOUR** Broker or Agent.

9.8 **COMPLIANCE REGULATIONS - YOU** are required to provide **US** with the following:

Individuals and families:

completed Membership Application Form;

photographic proof of identity;

certified copy of ONE of the following documents (required for all family members including minors):

- valid passport or
- valid driver's licence or
- valid identity card

proof of residence;

certified copy of ONE of the following documents (required for the Principal Member only):

- recent utility bill (not older than six months) or
- bank or credit card statement or
- confirmation of address from a professional person – (Accountant / Lawyer / Bank Manager)

Private Limited Company:

completed Membership Application Form / s;

proof of registration;

certified copy of the following documents:

- Certificate of Incorporation
- CR14 (Particulars of Register of Directors and Secretaries)

registered office address;

certified copy of ONE of the following documents:

- recent utility bill (not older than six months) or
- bank or credit card statement or
- confirmation of address from a professional person – (Accountant / Lawyer / Bank Manager)

validation of directors;

certified copy of the following documents (for one Director and The Public Officer):

- valid passport
- proof of residence

Public Limited Company:

completed Membership Application Form / s;

proof of registration;

certified copy of the following documents:

- Certificate of Incorporation
- CR14

registered office address;

certified copy of ONE of the following documents:

- recent utility bill (not older than six months) or
- bank or credit card statement or
- confirmation of address from a professional person – (Accountant / Lawyer / Bank Manager)

validation of directors;

certified copy of the following documents (for CEO (Head of Company) and Chief Financial Officer):

- valid passport
- proof of residence

9.9 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 admin@healthintergrp.com or refer to **OUR** Privacy Policy which can be found on **OUR** website.

SECTION 10 - CLAIMS

- 10 **YOU** must advise **US** of all circumstances likely to give rise to claims hereunder prior to any cost being incurred;
- 10.1 In the case of a **MEDICAL EMERGENCY** and unless the circumstances are such as to preclude prior action being taken, **YOU** or **YOUR** representative shall immediately telephone any of **OUR** Control Centres (see contact details shown on **YOUR MEMBERSHIP CARD**) and shall furnish **OUR** representative with:
- 10.1.1 **YOUR** name and address;
 - 10.1.2 **YOUR** membership number;
 - 10.1.3 The name, place, telephone, fax number or email address where **WE** can reach **YOU** and /or **YOUR** representative and / or **YOUR** treating **DOCTOR**; a brief description of the **MEDICAL EMERGENCY** and the nature of any **ASSISTANCE** required.
- NB: YOU** must get approval from **OUR MEDICAL DIRECTOR** before commencing any treatment.
- In cases where there is a real threat to life, **YOU** or **YOUR** representative must endeavour to arrange for **YOUR** immediate transfer to a hospital near the place of the incident by the most appropriate and cost effective and immediate means and shall thereafter notify any of **OUR** Control Centres (see contact details shown on **YOUR MEMBERSHIP CARD**). In the event of an incident resulting in hospitalisation prior to notice having been given to **US**, **YOU** or **YOUR** representative shall contact **OUR** Control Centre as soon as possible and in any event within 72 (seventy two) hours of the incident (see contact details shown on **YOUR MEMBERSHIP CARD**), failing which **WE** will not be liable for the costs incurred and treatment provided.
- 10.2 In the event of treatment being required for a **MEDICAL CONDITION** resulting from **ILLNESS** or **BODILY INJURY** which is not a **MEDICAL EMERGENCY** as defined under clause 2.20, **PRE-AUTHORISATION** is required prior to treatment at any medical facility, by presenting to **US**, in writing, a Medical Report or referral from the attending **MEDICAL SPECIALIST**, failing which **WE** will not be liable for the costs incurred for the treatment provided.
- 10.3 Claims for reimbursement from **US** for expenses paid and / or incurred by **YOU** for which **WE** would normally be responsible under the terms of the Membership Guide or which have been incurred with **OUR** consent, shall be paid directly by **US** to **YOU**, provided:-
- 10.3.1 such a claim is supported by documentary proof in the form of the original accounts, invoices, Medical Report from treating **MEDICAL SPECIALIST** and the like;
 - 10.3.2 such supporting documentation is received by **US** within 30 (thirty) days of the invoice having been rendered to **YOU**;
 - 10.3.3 **WE** have been informed immediately or in any event not later than 72 (seventy two) hours following the **MEDICAL EMERGENCY** as specified in 10.1 above;
 - 10.3.4 **YOU** shall repay **US** any amounts paid by **US** which are outside the **BENEFITS** allowed hereunder or for which recovery is made from alternative sources.

Your Health, Your plan, Our concern



*Quick Scan For
Contact Details*

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