

# Status Medical Insurance Solutions Status Worldwide Healthcare



## Insurance Product Information Document

Company: Designed by Status Insurance Management Limited, Financial Services Number: 305697 who are authorised and regulated by the Financial Conduct Authority. This policy is underwritten by Astrenska Insurance Limited.

Level of Cover: Level 2 Standard

This document does not contain the full terms and conditions of the cover which can be found in the policy wording and schedule. It is important that you read all these documents carefully.

### What is this type of insurance?

This is an international private medical insurance contract which provides the customer with cover for medical treatment whilst they are living/working outside of their home country.



### What is insured?

#### Overall Maximum Benefit

- ✓ The maximum amount we will pay in respect of all benefits is £/\$/€500,000 per person, per year.

#### Medical & Hospitalisation

- ✓ Hospital accommodation and treatment as an In-patient or day-care admissions – Full cover.
- ✓ Prescription medications – Full cover.
- ✓ Physiotherapy – £/\$/€50 per session (max 12 sessions).
- ✓ Organ transplant – £/\$/€150,000.
- ✓ Hospital accommodation or treatment for any psychiatric, mental or psychological disorder – £/\$/€2,500 (max 10 days).

#### Outpatient Benefits

- ✓ 90 days post inpatient follow up – up to £/\$/€1,500.
- ✓ Outpatient surgery – Full cover.
- ✓ Costs of general physician referrals, consultations and specialists – £/\$/€1,000.
- ✓ Prescription medications – £/\$/€1,500.
- ✓ X-Rays, Pathology, Diagnostic Tests and procedures, MRI, PET & CT Scans – £/\$/€1,500.

#### Wellness Benefits

- ✓ Adult and child general health check-ups – £/\$/€100.

#### Dental

- ✓ Emergency dental treatment – Full cover.

#### Cancer Care Cover

- ✓ The costs of in-patient, day-care and out-patient treatment after being diagnosed with cancer – Full cover.



### What is not insured?

- ✗ Outpatient psychiatric treatment or consultations.
- ✗ Any dental treatment other than emergency treatment or sudden relief of pain.
- ✗ Emergency dental treatment caused by eating or drinking, normal wear and tear, or any oral hygiene procedure (such as tooth brushing).
- ✗ Any costs associated with locating/transporting a replacement organ or removing the organ from the donor or implanting an artificial and/or non-human organ.
- ✗ The costs of any normal pregnancy and childbirth, elective Caesarean, planned home birth or any pre-natal or postpartum visits or appointments.
- ✗ Hormone replacement therapy.
- ✗ Any claims arising from birth injuries or defects, congenital illness, or congenital abnormality.
- ✗ Chronic or end-stage renal failure which requires regular or long-term dialysis.
- ✗ Treatment for a pre-existing medical condition or 'related condition' for which you have received treatment, suffered any symptoms (whether investigated or not) or sought advice at any time prior to your date of entry unless the condition(s) has been disclosed in writing on the application form and we have agreed to provide cover in writing.
- ✗ Treatment for any alcoholism, drug or substance abuse or dependency, or any claim due to being under the influence/effects of alcohol, intoxicants, drugs or narcotics
- ✗ Participation in certain sports and activities as detailed in your policy document.



## What is insured continued...

### Chronic Conditions

- ✓ Newly diagnosed conditions – £/\$/€5,000 (lifetime limit of £/\$/€30,000).
- ✓ Out-Patient Stabilisation of Acute Chronic Episode – £/\$/€2,000.
- ✓ In-Patient/Day-Patient Stabilisation of Acute Chronic Episode – £/\$/€50,000.
- ✓ Palliative Treatment of Terminal Condition – £/\$/€10,000.

### Medical Evacuation

- ✓ Emergency medical evacuation and repatriation including medical escort – Full cover.

### Temporary Return Home Benefit

- ✓ Cover in your Home Country for visits of 90 days or less – Full cover.

### Optional Add-on

You can add optional cover for the following benefits for an additional premium.

- Routine Dental Treatment
- Major Dental Treatment
- Maternity Benefits

Please check your policy documents to confirm if you have purchased an Optional Add-on.



## Are there any restrictions on cover?

- ! All costs exceeding the maximum annual combined outpatient limit of £/\$/€1,500.
- ! Where covered your wellness benefits are subject to a 12 month waiting period.
- ! Evacuation, travel or accommodation costs where not agreed by us in writing prior to the date of travel.
- ! Accounts, bills and invoices must be submitted within six months of the treatment.



## Where am I covered?

- ✓ You are covered for medical treatment in the countries listed in the Geographical Area selected by you:
  - Area 1 – Europe only
  - Area 2 – Africa & India
  - Area 3 – Worldwide excluding USA & Canada
  - Area 4 – Worldwide



## What are my obligations?

You are required to:

- Contact us when planning medical treatment in order to obtain pre-authorisation.
- Make any premium payments within the required or agreed time and to provide relevant documents or information which we request.
- You must answer all questions fully and honestly at all times and tell us immediately if there is any change to your circumstances.
- You must act honestly and within the terms of contract or agreement



### **When and how do I pay?**

You must pay your premium when it becomes due. The policyholder is responsible for ensuring all payments are made. If you are signed up for direct debit you are required to pay in line with your payment schedule. If you are paying by salary deduction your premium will be deducted by your employer from your salary. All premiums owed must be paid within the policy term.



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

Your policy will last for one year unless we agree to a shorter period. The policy start and end dates are shown on your policy document.



### **How do I cancel the contract?**

You can cancel your policy at any time by following the instructions in your terms and conditions.

If you cancel your policy of insurance within 30 days from either the date of issue or receipt of your policy terms and conditions, we will refund to you any premium you have paid and we will recover from you any payments we have made.

Note: After the initial 30 day cooling off period, we are able to issue a pro rata refund providing there have been no claims paid or pre-authorised and there is a minimum of 3 full months remaining of the policy period.