

This policy summary has been designed to provide you with key information and it is important that you read this information carefully. This summary does not contain the full standard terms, conditions and exclusions that apply to this product which are contained in the policy wording, a copy of which is available on request.

The insurer of this policy is Astrenska Insurance Limited. Status Medical Insurance Solutions provides all services relating to the general administration of the policy including the issue of documents and collection of premiums. Services relating to claims handling and case management, evacuation and assistance under this policy are provided by Intana, a trading style of Collinson Insurance Services Limited. Nonstandard terms may apply, and each customer must complete an application form prior to being accepted by us for cover under the policy.

	BASIC	STANDARD	SUPER	EXECUTIVE
Overall Maximum Benefit	£/€//\$200,000	£/€//\$500,000	£/€//\$1,500,000	£/€//\$5,000,000
Standard Annual Excess	Nil	Nil	Nil	Nil
Item 1 - In-Patient and Day-Patient Benefits				
a) Medical charges for Accidents, Emergencies, Surgical Care, Intensive Care, Theatre, Anaesthetics, Nursing and Medical Practitioner charges for Surgery, Treatment, Services and Supplies routinely provided	Full cover	Full cover	Full cover	Full cover
b) Standard private room hospital accommodation	Full cover	Full cover	Full cover	Full cover
c) Surgeons, Specialists, Consultants, Anaesthetists, Nurses and Ancillary Charges	Full cover	Full cover	Full cover	Full cover
d) Diagnostic Tests and procedures, MRI, PET & CT Scans	Full cover	Full cover	Full cover	Full cover
e) Physiotherapy	Full cover up to £/€//\$40 per session (max 12 sessions)	Full cover up to £/€//\$50 per session (max 12 sessions)	Full cover (max 12 sessions)	Full cover (max 20 sessions)
f) Prescribed drugs, dressing and durable medical equipment	Full cover	Full cover	Full cover	Full cover
g) Home Nursing Care (following in-patient/day-patient treatment)	Not covered	Full cover up to £/€//\$100 per visit (max 30 days)	Full cover up to £/€//\$100 per visit (max 60 days)	Full cover up to £/€//\$100 per visit (max 90 days)
h) In-Patient Rehabilitation & Extended Care Facility	Not covered	Full cover up to 30 days	Full cover up to 90 days	Full cover up to 180 days
i) Second surgical opinion	Full cover	Full cover	Full cover	Full cover
j) Psychiatric Treatment (12 Month Waiting Period)	Not covered	£/€//\$2,500 (max 10 days)	£/€//\$5,000 (max 20 days)	£/€//\$10,000 (max 30 days)
k) State Hospital Cash Benefit	£/€//\$100 (max 60 nights)	£/€//\$200 (max 60 nights)	£/€//\$300 (max 60 nights)	£/€//\$400 (max 60 nights)
l) Organ Transplant (Kidney, Liver, Heart/Valve, Pancreas, Muscular/Skeletal, Cornea or combination thereof)	£/€//\$100,000	£/€//\$150,000	£/€//\$250,000	£/€//\$500,000
m) Reconstructive Surgery following an Accident or a cancer claim	Full cover	Full cover	Full cover	Full cover
n) Prosthetic Implanted Devices	Full cover	Full cover	Full cover	Full cover
o) Hospital Accommodation for parent staying with a child under 16	Full cover	Full cover	Full cover	Full cover
<p>This section does not cover:</p> <ul style="list-style-type: none"> Rehabilitation, other than that covered in item 1h above Locating a replacement organ or any costs incurred for the removal of the organ from the donor, the transportation costs of the organ and all associated administration costs <p>For a comprehensive list of what is not covered under this benefit, please refer to the policy wording</p>				

Item 2 - Out-Patient Benefits

<u>Maximum Annual Combined Limit (except for out-Patient surgery)</u>	<u>£/€//\$1,000</u>	<u>£/€//\$1,500</u>	<u>£/€//\$5,000</u>	<u>Up to the overall maximum benefit limit</u>
a) Out-Patient surgery	Full cover	Full cover	Full cover	Full cover
b) Family & General Physician(s), Treatment & Referrals	Not covered	£/€//\$1,000	£/€//\$5,000	Full cover
c) Medical Specialists and Consultants	Not covered	£/€//\$1,000	£/€//\$5,000	Full cover
d) X-Rays, Pathology, Diagnostic Tests and procedures, MRI, PET & CT Scans	Not covered	£/€//\$1,500	£/€//\$5,000	Full cover
e) Post Hospitalisation Physiotherapy (within 90 days of Treatment)	Not covered	£/€//\$1,000 up to £/€//\$100 per session (max 10 sessions)	£/€//\$1,500	Full cover
f) Prescribed Drugs, Medicines, Dressings and Durable Medical Equipment	Not covered	£/€//\$1,500	£/€//\$5,000	Full cover
g) Emergency Room Treatment - for illness without admission.	Not covered	Full cover (£/€//\$150 excess)	Full cover (£/€//\$150 excess)	Full cover (£/€//\$150 excess)
h) 90 Days Follow-Up Treatment Post In-Patient/Day-Patient	£/€//\$1,000 up to £/€//\$50 per session	£/€//\$1,500 up to £/€//\$100 per session	£/€//\$5,000	Full cover
i) Psychiatric Treatment Following Physician or Medical Specialist referral (12 month waiting period)	Not covered	Not covered	£/€//\$5,000 (max 10 sessions)	£/€//\$10,000 (max 10 sessions)
j) Complementary Medical Treatment including prescribed drugs and medicines	Not covered	£/€//\$250	£/€//\$500	£/€//\$1,000
k) Physiotherapy and Osteopathy	Not covered	£/€//\$500 up to £/€//\$50 per session (max 10 sessions)	£/€//\$1,000 (max 12 sessions)	£/€//\$5,000 (max 20 sessions)
l) AIDS/HIV Treatment (Newly diagnosed)	Not covered	Not covered	£/€//\$20,000 (£/€//\$50,000 lifetime limit)	£/€//\$30,000 (£/€//\$70,000 lifetime limit)
m) Hormone Replacement (Early Onset of menopause Under 40)	Not covered	Not covered	£/€//\$10,000	Full cover (max 18 months)
n) Hormone Replacement (menopause over 40)	Not covered	Not covered	£/€//\$250	£/€//\$500

This section does not cover:

- All costs exceeding the maximum annual combined out-patient limit expressed on your schedule of benefits
- In respect of item 2i above, any costs incurred within the initial 12 months of cover
- In respect of item 2l above, any costs incurred within the initial 2 years of cover
- Any costs incurred within the initial 24 months of cover relating to treatment for HIV and AIDS (item 2l)

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 3 - Wellness Benefits, Optical & Audiology Benefits

12 month waiting period applies

a) Adult Wellness Health check	Not covered	£/€//\$100 (nil excess)	£/€//\$250 (nil excess)	£/€//\$250 (nil excess)
b) Child Wellness Health check	Not covered	£/€//\$100 (nil excess)	£/€//\$250 (nil excess)	£/€//\$250 (nil excess)
c) Eye Glasses/Contact Lenses Contribution	Not covered	Not covered	Not covered	£/€//\$150
d) Hearing Aid Contribution	Not covered	Not covered	Not covered	£/€//\$150

This section does not cover:

- Any costs incurred within the initial 12 months of cover
- Sunglasses of any kind, including prescription sunglasses.

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 4 - Emergency Dental Benefits

a) Emergency Dental Treatment Following Accident (Received within 5 days following accident)	Full cover	Full cover	Full cover	Full cover
b) Sudden Relief of Dental Pain (Out-Patient/Dental Surgery) - Immediate relief of severe pain (Received within 5 days following the event)	Not covered	Not covered	£/€//\$250	£/€//\$250

This section does not cover:

- Emergency dental treatment caused by eating or drinking, normal wear and tear, tooth brushing or any other oral hygiene procedure
- Gingivitis, periodontitis or gum disease of any kind
- Precious metals in any dental procedure

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 5 - Cancer Benefits

a) In-Patient/Day-Patient and Out-Patient Oncology Treatment, including Cancer Tests, Chemotherapy, Radiotherapy, Drugs, Treatment and Consultations	Full cover	Full cover	Full cover	Full cover
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Item 6 - Chronic Conditions

a) Newly Diagnosed Chronic Conditions Diagnosis and Routine Management	Not covered	£/€//\$5,000 (£/€//\$30,000 lifetime limit)	£/€//\$10,000 (£/€//\$50,000 lifetime limit)	Full cover
b) Out-Patient Stabilisation of Acute Chronic Episode	Not covered	£/€//\$2,000	£/€//\$5,000	Full cover
c) In-Patient/Day-Patient Stabilisation of Acute Chronic Episode	Not covered	£/€//\$50,000	Full cover	Full cover
d) Palliative Treatment of Terminal Condition	Not covered	£/€//\$10,000	£/€//\$50,000	Full cover
e) Hospice Care (Terminal prognosis within 6 months)	Not covered	Not covered	Full cover up to 90 days (lifetime limit)	Full cover up to 180 days (lifetime limit)
f) Bereavement Counselling (relates solely to death due to terminal illness involving hospice care)	Not covered	Not covered	£/€//\$250 up to 5 sessions	£/€//\$500 up to 10 sessions

This section does not cover:

- Treatment of a chronic medical condition which was diagnosed and pre-existed your date of entry
- Chronic or end-stage renal failure which requires regular or long-term dialysis

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 7 - Evacuation, Travel & Transportation Benefits

a) Emergency Medical Evacuation & Repatriation Including medical escort	£/€//\$250,000 Within area of cover to nearest medical facility (Independent of Plan Maximum Limit)	Full cover within area of cover	Full cover within area of cover or to home country	Full cover within area of cover or to home country
b) Emergency Local Ambulance	£/€//\$1,000	£/€//\$2,500	Full cover	Full cover
c) Accompanying Relative Travel and Accommodation	Not covered	£/€//\$2,500	Full cover	Full cover
d) Hospital Accommodation for parent staying with a child under 16	Not covered	Not covered	Full cover	Full cover
e) Cremation/Burial or Repatriation of Remains outside of Home Country	£/€//\$10,000	£/€//\$25,000	Full cover	Full cover
f) Compassionate Home Visit (12 month waiting period)	Not covered	Not covered	£/€//\$2,000	£/€//\$5,000
g) Transport unattended children Under 19 to specific location or Economy Return Airfare for attending Adult	Full cover	Full cover	Full cover	Full cover

h) Security and Political Evacuation and Repatriation	Not covered	Not covered	£5,000 lifetime limit	£10,000 lifetime limit
i) Natural Disaster Evacuation and Accommodation	Not covered	Not covered	Up to £/€//\$250 per 24 hours (max 5 days)	Up to £/€//\$250 per 24 hours (max 5 days)
j) Worldwide Accident and Emergency Treatment Out of Area Cover	Not covered	£/€//\$30,000 (max 30 days)	£/€//\$50,000 (max 60 days)	£/€//\$75,000 (max 90 days)
k) Elective Out of Area Treatment Extension and Airfare Benefit (major surgical intervention only)	Not covered	Not covered	Full cover	Full cover

This section does not cover:

- Evacuation, travel and accommodation costs unless specifically agreed by us and confirmed, in writing, prior to the date of travel
- The transfer of a pregnant woman to hospital for routine childbirth, unless it is necessary due to medical complications
- Any costs for either non-emergency medical treatment outside your area of cover or where the total number of days travelling in each period of insurance exceeds the number stated on your schedule of benefits
- Any costs incurred within the initial 12 months from inception under item 7f above
- Any costs incurred under item 7h or 7i where there has been a mandatory evacuation order in the previous 6 months

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Personal Accident Benefits

Personal Accident Benefit Maximum Annual Combined Limit	Not covered	Not covered	£/€//\$25,000	£/€//\$50,000
a) Public Transport Accidental Death	Not covered	Not covered	£/€//\$25,000	£/€//\$50,000
b) Permanent Total Disability Due to Accident	Not covered	Not covered	£/€//\$15,000	£/€//\$30,000
c) Permanent Total Loss of Sight	Not covered	Not covered	£/€//\$10,000	£/€//\$10,000

This section does not cover:

- Persons aged 70 or over and children under 19.
- Bodily infirmity, sickness and/or disease
- Medical or surgical treatment
- Pre-existing medical conditions

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Optional Add-On Benefits:

These benefits only apply if you have selected each optional add-on, have paid the required additional premium and the optional benefit is shown on Your Certificate of Insurance.

Supplementary Dental Benefits - the below benefits will apply to the Basic, Standard and Super cover levels only. Supplementary dental benefits are included as standard on the Executive cover level.
All limits are per insured person per policy period unless specifically stated otherwise

Item 9 - Routine Dental Treatment

Maximum Annual Combined Limit - £/€/ \$500

25% co-insurance and a 6 month waiting period applies

a) Routine Exam, Check-Up & X-Rays (Max 2 per year)	£/€/ \$100
b) Cleaning, Scaling & Polishing (excludes teeth whitening) (Max 2 per policy period)	£/€/ \$100
c) Fillings (Per Tooth) Max 3 per policy period	£/€/ \$100
d) Extractions (Per Tooth)	£/€/ \$100
e) Extraction of Wisdom Teeth (In-Patient/Day-Patient/Out-Patient/Dental Surgery)	£/€/ \$500

This section does not cover:

- Any costs incurred within the initial 6 months of purchase of this optional benefit
- Gingivitis, periodontitis or gum disease of any kind
- Any costs incurred where you have not undergone a routine dental check-up within the 6 months prior to purchase of the cover

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 10 - Major Dental Treatment

Maximum Annual Combined Limit - £/€/ \$750

25% co-insurance and a 12 month waiting period applies

a) Removal of impacted, buried or unerupted teeth, removal of roots, removal of solid odontomes, apicectomy (excluding wisdom teeth)	£/€/ \$500
b) Root Canal Treatment	£/€/ \$500
c) New or Repair of Denture, Bridge, non-precious metal Crown or Inlay	£/€/ \$300 - new £/€/ \$200 - repair
Orthodontic Work (Children under age 19)	£/€/ \$500

This section does not cover:

- Any costs incurred within the initial 12 months of purchase of this optional benefit
- Gingivitis, periodontitis or gum disease of any kind
- Orthodontic treatment received for an insured person over the age of 19

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Item 11 - Maternity Benefits - the below benefits can be purchased as an add-on to the Standard, Super and Executive cover levels only. Maternity benefits are not available on the Basic cover level.

12 month waiting period applies

a) Routine pregnancy and childbirth (10% co-insurance applies)	£/€/ \$3,500 (nil excess)
b) Pregnancy and Childbirth Complications	£/€/ \$50,000
c) New-born hospital accommodation	Full cover (up to 10 nights)
d) New-born examination and wellness check (within 24 hours of birth)	£/€/ \$100 (nil excess)
e) Maternity Cash Benefit	£/€/ \$250
f) Medical Infertility Investigations (subject to Specialist referral)	£/€/ \$2,500
g) New-born cover (including non-hereditary birth defects and congenital abnormalities and premature baby treatment)	£/€/ \$25,000 (must enrol with parents within 31 days)

This section does not cover:

- Any costs incurred within the initial 12 months of purchase of this optional benefit
- Ante-natal classes and midwifery that is not directly associated with the childbirth
- Medical treatment for any form of infertility treatment or assisted reproduction
- Complications which may arise during, or as a result of a planned home birth delivery

For a comprehensive list of what is not covered under this benefit, please refer to the policy wording

Area of Cover:

Your Certificate of Insurance will show the countries which apply to your chosen cover level.

AREA 1 (EUROPE AND SURROUNDING COUNTRIES) comprises the following countries: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canary Islands, Channel Islands, Croatia, Cyprus (North & South), Czech Republic, Denmark, Egypt, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Greenland, Holland, Hungary, Iceland, Ireland, Isle of Man, Italy, Jersey, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovak Republic, Slovenia, Spain (including Balearics and Canary Islands), Sweden, Switzerland, Tajikistan, Tunisia, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan and Vatican City.

AREA 2 (AFRICA & INDIA) Continental Africa (including Madagascar & Mauritius) and Continental India as well as Myanmar, Bhutan, Bangladesh, Maldives, Pakistan, Sri Lanka, Nepal, Thailand, Vietnam, Laos and Mongolia. Includes Area 1.

AREA 3 (WORLDWIDE EXCLUDING USA & CANADA) comprises all countries worldwide with the exception of the following: United States of America and Canada. Includes Areas 1 and 2.

AREA 4 (WORLDWIDE) comprises all countries worldwide. Includes Areas 1, 2 and 3.

Significant Conditions and Exclusions:

General Exclusions

- Medical treatment for alcoholism, drug and substance abuse/dependency including any directly or indirectly attributable medical condition and/or bodily injury (see General Exclusion 2).
- Medical treatment due to the insured person being under the influence and/or suffering from the effects of alcohol, intoxicants, drugs or narcotics (see General Exclusion 5).
- Medical treatment for any form of assisted reproduction (including in vitro fertilisation) and its consequences, including any resulting pregnancy and childbirth or complications of the assisted reproduction treatment or complications of any resulting pregnancy and childbirth (see General Exclusion 9).
- Air travel where the insured person is more than 28 weeks pregnant (see General Exclusion 12).
- Any claims for medical treatment of a premature baby where a medical condition manifests after the initial 31 days from date of birth (see General Exclusion 13).
- Any claims arising from birth injuries or defects, congenital illness, or congenital abnormality (see General Exclusion 14).
- Medical treatment for Human Immunodeficiency Virus (HIV) or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions (see General Exclusion 16).
- Any claim or expense of any kind arising from experimental and/or unproven treatment or the use of unlicensed drugs or medicines (see General Exclusions 17 and 18).
- Cosmetic surgery or remedial surgery unless as a direct result of an accident or surgery for cancer which occurs during the period of insurance and is covered by this policy (see General Exclusion 21).
- Any claims arising from weight loss, weight problems or eating disorders; or snoring or sleeping disorders (see General Exclusions 22 and 23).
- This policy excludes participating in or practicing for certain sports, pursuits and activities (see General Exclusion 27). You should refer to this list to check whether cover is available for any activity you may be undertaking.

For a full list of benefits and exclusions please refer to the policy wording (available upon request).

Eligibility

This policy is designed for both individual and a company sponsored/paid arrangement covering expatriates (i.e. persons living and/or working outside their home country) and their eligible dependants. Local nationals may be included but only subject to our prior written approval.

Newly insured applicants are eligible to be included for cover under this policy providing they are under age 75 at their date of entry, subject to completion of the appropriate application form. In the case of children, they must be under age 19 and unmarried (or under age 25, unmarried and in full-time further education) at their inception date.

Children may remain covered under this policy until the annual renewal date first following their 19th birthday (or 25th birthday where in fulltime education) or marriage at which time their insurance cover under this policy will end.

A pre-existing condition is defined as any medical condition, psychological condition or 'related condition' for which you have received treatment, suffered any symptoms (whether investigated or not) or sought advice in the 2 years prior to your inception date. A 'related condition' is deemed to be any medical condition that is either an underlying cause of, or directly attributable to, the medical condition subject to claim.

Declaration, Changes and alterations to your policy

You must immediately inform us of any change in the information given on the application form, in particular relating to your address, country of residence, the birth or adoption of a child or any other change involving your insured dependants.

We may change the premium rates, terms, conditions and benefits of your policy from time to time but any such changes will not apply until the next annual renewal date first following introduction of such changes. You may only apply to change your cover level or area of cover at the annual renewal date of the policy. If we accept your application, we reserve the right to apply a variation in cover to any medical conditions which pre-existed the date of such change.

Cover While Travelling Outside Your Area of Cover

You are covered for emergency treatment only while travelling outside your chosen area of cover. This will only operate when you do not travel for more than the number of days stated on your schedule of benefits in each period of insurance.

Governing Law

This insurance is governed by the laws of England and Wales unless we agree otherwise.

Duration of cover

The cover is from the date of inception for a period of one year and is renewable upon payment of the premium due and acceptance of the terms and conditions applicable at the renewal date. The period of cover will be shown on the Certificate of Insurance.

Your rights to cancel

You have the right to cancel the cover within 30 days of receipt of the policy documents and receive a full refund, provided you have not made any claims under the policy. You may cancel at other times and may be entitled to a pro-rata refund provided no claims have been made and/or pre-authorisation given. Please refer to Section 2 of the policy wording for full details.

How to claim

The details of making a claim are shown under Section 3 – Where and how to contact us, of the policy wording. Completed claim forms must be sent to StatusHealth@intana-assist.com

What to do if you have a complaint

For complaints about the way this policy was sold to you or about how the policy has been administered, please contact:

Status Insurance Management Limited
10 High Street
Billericay
Essex CM12 9BQ
England
UNITED KINGDOM

Tel: + 44 (0) 1277 637581

Fax: + 44 (0) 1277 634046

Email: enquiries@statusmedicalinsurance.com

For all other complaints, including the claims service, please contact:

Quality Department
Astrenska Insurance Limited
PO Box 637
Haywards Heath
West Sussex
RH16 1WR
England
UNITED KINGDOM

Email: quality@astrenska.com

If you cannot settle your complaint directly you may be entitled to refer it to the Financial Ombudsman Service, Exchange Tower, London E14 9SR.

Are we covered by the Financial Services Compensation Scheme (FSCS)?

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 90% of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS.

Status Medical Insurance Solutions is a brand of Status Global Insurance, which is a trading name of Status Insurance Management Limited which is authorised and regulated by the Financial Conduct Authority (FCA) in the United Kingdom. Their FCA number is 305697.

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France Office	:	1 Rue de Four, 82210 Castelmayran, Tarn et Garonne, France

www.statusmedicalinsurance.com

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UK Registered Address: Cutlers Exchange, 123 Houndsditch, London EC3A 7BU. Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and Prudential Regulation Authority – registration number 202846.