MediVISA Policy Document
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Introduction

This is the policy document for MediVISA, underwritten by Lloyd’s Syndicate 4444 which is managed by Canopius Managing Agents Limited. Canopius Managing Agents Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 204847. Canopius Managing Agents Limited is registered in England & Wales number 01514453. Registered office: Gallery 9, One Lime Street, London, EC3M 7HA. The policy document and your certificate of insurance provide full information about your MediVISA cover and terms and conditions. You should familiarise yourself with their contents and keep them safe as you will need them in the event of making a claim.

Please take time to read this policy document to make sure you’re completely satisfied it meets your needs and that you understand the cover. It includes useful contact details should you need to make a claim or notify us if your circumstances have changed. If you need any further information or clarification on any aspect of your policy please do not hesitate to contact your agent.

1. About MediVISA

This policy provides cover for treatments and procedures outside of the United Kingdom unless you have purchased the MediVISA Home Country option. For eligible illnesses and medical conditions, see Section 4 ‘Cover under the policy’. The cover under this policy starts only once you have received an initial diagnosis by your doctor, consultant, specialist or physician of a condition or procedure included in Section 4.

The MediVISA claims and concierge service recommends doctors and treatment centres appropriate to your needs. It funds and manages both the practical and medical arrangements for treatment overseas or within the UK only if you have chosen the MediVISA Home Country Option. Your diagnosis, diagnostic procedures, treatment, services or prescriptions in the United Kingdom will not be covered unless the MediVISA Home Country extension is selected.

The policy provides specified benefits as set out in your certificate of insurance. For details of what is not covered, see Section 5 ‘Exclusions’.

A discount is of approximately 5% is given for annually paid premiums.

1.2 Definitions

In this document, ‘we’, ‘us’, or ‘our’ refer to the Insurer (Lloyd’s Syndicate 4444 managed by Canopius Managing Agents Limited) or anyone authorised to act on their behalf. ‘You’ and ‘your’ refer to the insured person and if applicable any covered partner or Dependents under the MediVISA policy.

For definitions of other terms, see the Glossary in Section 6.9). You can also call your broker or intermediary for more information.

Making A Claim

To begin the claims process call the MediVISA Claims & Concierge line, as soon as practicable, on:

020 8608 4256

Monday – Friday 08.00 – 18.00 (except bank holidays)

Or, alternatively, e-mail: MediVISA@healix.com

The MediVISA Claims & Concierge line is operated and administered on our behalf by Healix Health Services Ltd.
2 Criteria

2.1 Criteria

MediVISA covers eligible medical procedures and treatments relevant to specific illnesses and conditions, as set out in Section 4 ‘Cover under the policy’ and your certificate of insurance, subject to the following criteria:

i. You have already received an initial diagnosis by your doctor, consultant, specialist or physician of a covered condition or procedure included in section 4.

ii. The illness or condition must not be pre-existing in the 10 years prior to your cover first being taken out;

iii. You must be a resident of the United Kingdom and aged between 18 and 64 years old and dependents between 0 and 24 years old.

iv. There is a 90 day waiting period from the date your cover is first taken out during which time you are not able to claim. **You should not delay seeking medical attention in order to qualify for cover under this insurance.**

v. The diagnosis must be confirmed by us following the second opinion review as explained in Section 3, Claim Procedure.

vi. The treatment must be medically necessary in our opinion;

vii. You are not eligible to claim under this insurance if you have already commenced or are receiving treatment for the condition which you wish to claim for within the state healthcare system (NHS) or through an alternative insurance provider;

viii. The treatment must be undertaken during the period of cover;

ix. The treatment must be arranged and undertaken in accordance with the claims procedure, as set out in section 3 ‘Claims Procedure’;

x. The medical and services expenses shall be limited to the maximum sums specified in this policy, see section 2.2 ‘Total Expenses’;

The eligible medical expenses are incurred outside the United Kingdom with the exception of certain medication expenses, unless the MediVISA Home Country cover (see Section 4.4) has been selected.

2.2 Maximum value

The total expenses you can claim for depends on your level of cover and is shown in the Benefits Summary Table (below)

Benefits Summary Table

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>STANDARD</th>
<th>GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseas Treatment, Hospitalisation and Care</td>
<td>Covered to benefit and plan maximums (see Total Expenses)</td>
<td>Covered to higher benefit and plan maximums (see Total Expenses)</td>
</tr>
<tr>
<td>Lump Sum Benefit</td>
<td>£10,000 lump sum on return to UK after treatment abroad.</td>
<td>£20,000 lump sum on return to UK after treatment abroad.</td>
</tr>
<tr>
<td>Second Opinion and International Concierge</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Travel Costs</td>
<td>Covered for insured and companion in economy class travel</td>
<td>Covered for insured and companion in business class travel.</td>
</tr>
<tr>
<td>Accommodation Costs</td>
<td>Covered for insured and companion in 4 star accommodation.</td>
<td>Covered for insured and a companion in 5 star accommodation.</td>
</tr>
<tr>
<td>Daily Cash Allowance</td>
<td>£125 per overnight stay for hospitalisation. Maximum 45 days.</td>
<td>£250 per overnight stay for hospitalisation. Maximum 45 days.</td>
</tr>
<tr>
<td>Medications</td>
<td>£30,000 lifetime limit for medications purchased in country of residence.</td>
<td>£60,000 lifetime limit for medications purchased in country of residence.</td>
</tr>
<tr>
<td>Repatriation of Mortal Remains</td>
<td>Covered in the event of death whilst abroad.</td>
<td>Covered in the event of death whilst abroad.</td>
</tr>
<tr>
<td>Optional UK Cover</td>
<td>Covered as above but excludes Travel, Accommodation and Repatriation</td>
<td>Covered as above but excludes Travel, Accommodation and Repatriation</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>Up to £1 million insured per year. £2 million insured/lifetime.</td>
<td>Up to £2 million insured per year. £4 million insured/lifetime.</td>
</tr>
</tbody>
</table>
2.3 Start and end of cover

Cover starts on the start date shown in the certificate of insurance.

You may apply to include a partner or Dependent children. Cover for a partner or a Dependent child will start at the time the adjustment is made to the policy and hence the start date may differ from that applicable to the policyholder, unless the partner or Dependent child is added when the policy is set up. Once added, your partner or Dependent children will have the same end date as you.

MediVISA cover ends when one of the following occurs:

- The annual policy expires, as stated by the end date shown in the certificate of insurance;
- You have claimed the maximum benefit allowed for under your plan;
- You reach the maximum age of 70;
- The policy is cancelled by you or us;
- You fail to pay the premium due within 30 days of such payment being due. If you fail to make a payment we will contact you using the last known address we have for you and will ask for payment to be received by a certain date. If you fail to make a payment by this date we will cancel the cover and send you written confirmation of doing so.
3 Claims procedure

You must always follow the claims process detailed in this section before arranging or receiving any treatment. Failure to do so may result in part or all of your claim being denied. We will not pay if you have already commenced or are receiving treatment for a condition which you wish to claim for within the state healthcare system (NHS) or through an alternative insurance provider.

3.1 Starting a claim

Following an initial diagnosis by your consultant or specialist of a condition or procedure included in section 4 (Cover under the policy), you or a representative must, as soon as practicable, contact the MediVISA Claims & Concierge Service on:

020 8608 4256 or alternatively email MediVisa@healix.com

This Service is operated and administered on our behalf by Healix Health Services Ltd.

We will explain the procedure for assessing your claim through the second opinion service, as shown in the diagram below. This will enable us to evaluate your diagnosis and assess whether there is cover under this policy.

3.2 Authorisation

The second opinion service determines whether the initial diagnosis can be confirmed and relates to a covered condition and procedure. We will report the outcome to you. If your condition and treatment are confirmed you must, as soon as practicable after they are confirmed to you, inform us whether you want to receive the treatment outside the United Kingdom (or within the United Kingdom if you have opted for the additional Home Country cover).

We will provide a list of recommended hospitals to you. You must then tell us which of these you want to go to. We will then start to make the necessary arrangements and guide you through your Treatment Plan.

Claim Process Flow Diagram

- A formal diagnosis is made for an eligible condition from your consultant/specialist.
- Call MediVISA Claims and Concierge service.
- A second opinion will be arranged and covered for assessment and eligibility. If ineligible, you will be referred back to specialist.
- On confirmation of diagnosis you will be offered treatment.
- Once accepted, Concierge will arrange and pay for travel, hotels and treatment.
- While being treated you receive a daily cash allowance.
- On return, you receive a cash lump sum and medications paid for if required.
3.2.1 Treatment Plan
Upon authorising your claim, we will issue a Preliminary Medical Certificate, providing written confirmation of the Treatment Plan to be carried out at the chosen hospital. The Certificate entitles you to receive the stated treatment, prescriptions and/or other services relating to your claim at the hospital you have chosen.

3.3 Treatment
The treatment will be carried out according to the terms of the Preliminary Medical Certificate. We will pay the covered expenses, as set out in Section 4 ‘Cover under the policy’ directly to the hospital, clinic, doctor or other authorised medical service.

We will pay healthcare providers direct in respect of covered treatment, procedures and or services undertaken. All original invoices and bills should be furnished to us as soon as practicable after the treatment, procedure or service has been carried out.

When taking out a MediVISA policy you accept that doctors approved by us may visit and examine you at any reasonable time to gather and report information relevant to your claim and treatment. You should be aware that refusal to comply with this requirement may invalidate your claim.

This policy covers the costs of certain medications available in the United Kingdom and not provided through the National Health Service (NHS), as stated in section 4.2.7 (Medication expenses in the United Kingdom).

You are required to contact us to arrange pre-authorisation from us before paying for the Medication. Failure to do so may invalidate part or all of your claim insofar as it relates to Medication in receipt of:

- the relevant prescription;
- original invoice; and
- proof of payment.

Which should be furnished to us as soon as practicable after you’ve made payment.

If the medication has been part-funded by the United Kingdom’s National Health Service or another insurance policy, you must clearly demonstrate to us which costs were funded by you.

We will reimburse you for your part payment upon receipt of:

- the relevant prescription;
- original invoice; and
- proof of part payment by you including original copies of any bills and receipts.

Which should be furnished to us as soon as practicable after you’ve made part payment.

If you make a fraudulent claim under this policy we will:

- not pay for the claim
- in the event that payment has been made, recover such amount from you
- give notice to terminate your policy with immediate effect with no further liability or refund of premium.

3.4 Underwriting
This policy provides cover for new eligible medical conditions that you (or anyone else covered under the policy) first suffer from after 90 days from the first start date of this policy.

Any Pre-existing Conditions as defined in Section 6.9 ‘Glossary’ will not be covered under this policy.
4  Cover under the policy

4.1  Illnesses and procedures

In accordance with the criteria (in Section 2) and limitations (which include Exclusions as stated in Section 5) in this policy, the following illnesses and medical procedures are covered by this policy provided that the treatment takes place in the hospital stated in the Preliminary Medical Certificate.

4.1.1  Cancer treatment

This policy covers treatment of any malignant tumour, characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues, including leukaemia and Hodgkin’s lymphoma.

4.1.2  Coronary artery and heart surgery

Where the surgery is recommended by a Consultant Cardiologist, this policy covers:
- coronary heart bypass graft (CHBG) surgery;
- myocardial re-vascularity to correct by means of bypass grafts, narrowing or blockage of one or more coronary arteries;
- surgery to replace or repair one or more heart valves.

4.1.3  Neurosurgery

Where the surgery is recommended by a Consultant Neurologist, this policy covers:
- surgical intervention of the brain or any other intracranial structures;
- surgery to remove benign tumours located in the spinal cord, or non-invasive alternative treatments if surgery is not required.

4.1.4  Transplants

Where the surgery is recommended by a consultant surgeon, this policy covers:
- transplant of:
  - a kidney; a section of lung; a segment of liver; or a section of pancreas donated by a living compatible human donor;
  - bone marrow transplantation (BMT) or peripheral blood stem cell transplantation (PBSCT) of cells originating from either the insured person (autologous transplant); or a compatible living donor (allogeneic transplant);
- Hematopoietic Stem Cell Transplant (HSCT) of cells originating from bone marrow, peripheral blood, or umbilical cord blood, derived from the insured person (autologous transplant) or a compatible living donor (allogeneic transplant). Cover is limited to medical conditions / disorders that respond to HSCT and where the treatment is considered to be conventional and not Experimental Treatment, as defined in section 6.9 Glossary. Covered conditions/disorders include:
  - Acute Leukaemias
  - Chronic Leukaemias
  - Myelodysplastic Syndromes
  - Haematopoietic Cell Disorders
  - Lymphoproliferative Disorders
  - Phagocyte Disorders
  - Plasma Cell Disorders
  - Other Malignancies
  - Inherited Platelet Abnormalities
  - Inherited Haemoglobinopathies
  - Inherited Metabolic Disorders
  - Histolytic Disorders
  - Inherited Immune System Disorders

4.2  Medical expenses

4.2.1  Professional fees

In accordance with the criteria and limitations stated in this policy, as authorised by the Preliminary Medical Certificate and set out in section 4.1 (Illnesses and procedures), this policy will pay fees for:
- any examination or other necessary treatment by a doctor/specialist at the agreed hospital;
- anaesthesia and surgery;
- laboratory tests including (where applicable) medical testing of the insured person’s bone marrow or donated bone marrow;
- radiology (X-rays) and other necessary scans and tests including electrocardiography (ECG), echocardiography, myelograms, electroencephalography (EEG), angiography and tomography;
- radiotherapy;
- chemotherapy;
- blood and plasma transfusions;
- provision of oxygen;
- provision of intravenous drips and injections.
4.2.2 Hospital charges

In accordance with the criteria and limitations stated, this policy will pay hospital charges arising from you undergoing treatment outside of the United Kingdom unless you have purchased the MediVISA Home Country option as authorised by the Preliminary Medical Certificate and set out in section 4.1 (illnesses and procedures), as follows:

- use of the operating theatre and related equipment and services at the agreed hospital;
- charges for accommodation, meals and general nursing services provided at the agreed hospital, intensive care unit (ICU) or monitoring unit where the insured person undergoes treatment. cover for ICU charges is limited to a maximum period of 30 consecutive days per claim;
- outpatient services at the agreed hospital;
- accommodation at the agreed hospital or unit for a relative or other companion (where available).

4.2.3 Clinical charges

Where the agreed hospital is unable due to unforeseen circumstances to provide certain treatments or prescriptions in accordance with the Preliminary Medical Certificate and the cover set out in section 4.1 (illnesses and procedures), and an alternative Agreed Hospital cannot be arranged this policy will cover the cost of a:

- hospital;
- day clinic;
- walk-in centre; or
- minor injury unit

in providing these services in the country where such treatment or prescription was agreed to take place.

4.2.4 Transplant expenses

Where you receive an organ or bone marrow transplant from a live donor (allogenic transplant), this policy will cover eligible expenses and associated costs relating to the harvesting of the organ only.

4.2.5 Transport

This policy covers the cost of transport by ambulance or air ambulance, should this be considered necessary by the doctor responsible for the insured persons care.

4.2.6 Medication

This policy covers the cost of Medication prescribed overseas as part of your approved hospital treatment. This policy will also cover the cost of Medication for a further 30 consecutive days following discharge from hospital. This cover applies only to Medication purchased in the country where the treatment took place, before the policyholder’s return to the United Kingdom if Home Country Cover extension has been purchased this cover applies immediately following discharge from hospital.

See section 4.2.7 for further information about medication expenses in your home country once you return from overseas treatment or if Home Country Cover extension has been purchased then once you return home.

4.2.7 Medication expenses in the home country

Following an approved treatment or medical procedure under this policy that results in more than 7 consecutive nights stay in the agreed hospital, this policy will cover the cost of Medication purchased in your home country following overseas treatment or if the Home Country extension has been purchased that:

- was prescribed by the insured persons doctor(s) as being required for ongoing treatment;
- has been licensed and approved for use in the United Kingdom
- is regulated and requires prescription by a doctor;
- is required for a period of no more than 30 consecutive days starting from the day you return to your home or home country;
- costs no more than the benefit limit (per insured person) per period of cover (as included in the total expenses stated in section 2.2).

4.3 Practical expenses

4.3.1 Travel

In accordance with the criteria, and limitations stated, this policy will cover travel to and from the agreed hospital for:

- You and
- a companion.

We will make the arrangements based on the approved Treatment Plan.
You will be told the travel dates in good time in order to make the necessary personal arrangements. A return date after treatment will not be finalised until the treating consultant has confirmed that You are fit to travel.

Travel expenses shall include:
- transport from a UK address to the designated airport/station;
- rail or air ticket to the town or city where treatment will take place (as detailed in the MediVISA Plan Benefits Summary Table);
- transfer to the designated hotel if applicable;
- transfer from the hotel if applicable to the agreed hospital or other agreed location;
- transfer from the agreed hospital and/or hotel to the designated airport or station;
- rail or air ticket back to the United Kingdom and subsequent transport to a chosen address.

This policy will also provide assistance by arranging the hospital admission on your behalf.

If you decide to change the travel dates for any reason other than approved clinical reasons, we will require compensation for the cost of rearranging travel. Compensation will be limited to £2000 per person.

4.3.2 Accommodation

In accordance with the criteria and limitations stated, this policy will cover your accommodation costs and one companion in a standard double or twin room at a reasonable rate (as detailed in the MediVISA Plan Benefits Summary Table).

We will determine the dates of the booking in accordance with the Treatment Plan and will inform you in order to make the necessary personal arrangements.

If you decide to change the travel dates for any reason other than approved clinical reasons, we will require compensation for the costs of rearranging accommodation. The compensation we require will be reasonable and will not exceed £2000 per travelling person for each change of travel dates.

4.3.3 Daily Cash Allowance

This policy provides a cash allowance for each day that you spend in hospital, up to a maximum of 45 days for each claim.

This allowance is included in the total expenses stated in section 2.2.

4.3.4 Repatriation of Mortal Remains

In the event that you should die whilst outside of the United Kingdom on an approved treatment plan, this policy will cover the cost of repatriating your body, including embalming, the casket for your body, and any reasonable administrative costs.

4.3.5 Lump Sum Benefit

Following 30 days after completion of your approved Treatment Plan, upon return to your home or to your Home Country, this policy will pay a lump sum (as detailed in the MediVISA Plan Benefits Summary Table).

If you have opted for Home Country Cover and choose to receive your treatment in your home country then this lump sum benefit is paid at 50% of the amount paid if treated overseas. The policy pays one lump benefit per condition, per policy year.

4.4 Home Country Cover - extension

In accordance with the criteria and limitations stated in this policy, if you elect to purchase the MediVISA Home Country extension we will provide cover for Home Country treatment in the event of a covered claim for benefits outlined under section 4, with the exception of sections 4.3.1 (Travel), 4.3.2 (Accommodation) and 4.3.4 (Repatriation in the event of death).

This policy will not provide cover in instances where you opt to reverse your decision to either receive treatment abroad or in your Home Country once treatment has already begun.
5  Exclusions

5.1  Medical procedures

This section sets out what is not covered by your MediVISA policy.

Your policy excludes:

5.1.1 any treatment and/or services received not considered by us to be medically necessary;

5.1.2 any treatment and/or services received not considered by us to be reasonable and customary;

5.1.3 your diagnosis, diagnostic procedures, treatment, services or prescriptions in the United Kingdom unless the MediVISA Home Country extension is selected;

5.1.4 treatment for any Pre-existing condition(s) in the 10 years before the your cover was first taken out (including without limitation to congenital conditions, dementia, Alzheimer’s disease or other mental illness);

5.1.5 treatment for AIDS (acquired immune deficiency syndrome), HIV (human immunodeficiency virus) or any tumour or condition arising from them (including without limitation, Kaposi’s sarcoma),

5.1.6 any treatment, equipment or Medication that is Experimental in nature or is expressly treatment for clinical trials or research purposes and must be recognised by the appropriate governing body to determine that it is safe, effective and appropriate;

5.1.7 any Alternative Therapies and Medicine even if prescribed by a doctor;

5.1.8 cost of a life support machine or similar device after the first 30 consecutive days of use;

5.1.9 costs in the United States of America and/or if you are subject to the provisions of the US Affordable Care Act;

5.1.10 any treatment if the provision of such exposes the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union, United Kingdom or United States of America.

We will not provide any insurance cover in respect of any risk or exposure located in or arising from, or in connection with a country, individual or entity subject to trade or economic sanctions;

5.1.11 any treatment undertaken after the period of cover has expired.

5.1.12 any treatment that has already begun, is in progress, or has already been completed within the state healthcare system or through an alternative insurance provider and is therefore not eligible under this plan.

5.1.13 any costs that have not been prior approved by us as part of the Approved Treatment Plan.

MediVISA will only reimburse eligible expenses once you have already received an initial diagnosis by your consultant or specialist and where post diagnosis you start and complete your treatment pathway through the concierge service.

MediVISA will not provide cover if you decide to break from the agreed treatment pathway and later wish to reinstate or return unless agreed by us.

MediVISA will not provide cover if you do not make a claim within 30 days following formal diagnosis by your consultant or specialist.

5.2  Cancer

Cancer treatment cover excludes:

5.2.1 skin cancer, with the exception of malignant melanomas.

5.2.2 any cancer in-situ and or treatment of all tumours that are histologically classified as pre-malignant or having borderline malignancy or having low malignant potential.

5.2.3 tumours arising from HIV, as stated above in section 5.1.

5.3  Heart conditions

5.3.1 Coronary treatment cover excludes angioplasty surgery and Percutaneous coronary Interventions (PCI’s).

5.4  Transplants

Transplant cover excludes any transplant:

5.4.1 required as a consequence of alcoholic liver disease;

5.4.2 of organ(s) from a dead donor;

5.4.3 of organs or tissue that have been purchased, not donated;
5.4.4 of the insured persons own organ(s) to be donated to a third party;
5.4.5 that involves stem cells where this form of treatment is considered Experimental; or
5.4.6 costs relating to acquisition of the organ;
5.4.7 any treatment costs associated with the removal and transfer of the organ to the place of treatment.
5.4.8 Where in the medical opinion of both your treating physician and our approved doctors the best treatment is the transplant of bone marrow or an organ from a live donor and you decline that transplant we will not provide cover for any alternative treatment services or prescriptions relating to the disease.

5.4.9 Transplant cover also excludes any illness caused by an organ transplant unless the illness:
5.4.9.1 is a complication of the transplant surgery;
5.4.9.2 arises from the transplant surgery during the patient’s approved period of convalescence as agreed in the Treatment Plan before returning to their Home Country.

5.5 Medication
MediVISA excludes the costs, including administration costs, of Medication:

5.6.1 not recommended as part of the Approved Treatment Plan;
5.6.2 Not approved by the appropriate governing bodies.
5.6.3 purchased outside the Home Country unless provided for under section 4.2.6 of this policy;

5.6 Facilities and equipment
MediVISA excludes expenses for:

5.7.1 any nursing home, care home, hospice, sanatorium or similar residential care facility, even if the services needed relate to the covered illness or procedure. This exclusion does not apply during the approved period of convalescence as specified in the Treatment Plan, as stated in sections 4.2.2 (Hospital charges) and 4.2.3 (Clinical charges);
5.7.2 wheelchairs, special beds or other large equipment;

5.7.3 any prosthesis, including without limitation, artificial limb. This exclusion does not apply to prosthetic heart valves or breast implants required as a result of the agreed Treatment Plan as set out in the Preliminary Medical Certificate;
5.7.4 any orthopedic appliance (including without limitation, crutch and neck brace), accessory or equipment (including without limitation, wigs, footwear and corsets);
5.7.5 air conditioning appliances or equipment of a similar nature.

5.7 Practical expenses
MediVISA excludes expenses or costs for:
5.8.1 interpreters;
5.8.2 phone calls;
5.8.3 any items or services for personal use and not of a medical nature;
5.8.4 travel and/or accommodation that you organise independently;
5.8.5 cost of meals and refreshments, unless agreed as part of the Treatment Plan
5.8.6 any other incidental costs at the approved hotel.

5.8 Lump sum benefit
5.9.1 Payment of the lump sum benefit as stated in the MediVISA Plan Benefits Summary Table prior to 30 days after completion of your Treatment Plan. Also see section 4.3.5.

5.9 General exclusions
This policy excludes any illness, injury or disability arising from:

5.9.1 nuclear, radioactive, biological or chemical contamination (unless accidentally caused by the approved treatment);
5.9.2 war, invasion, insurrection, revolution, rebellion, riot, military coup, terrorist or any associated act of violence;
5.9.3 earthquakes, volcanic eruptions, hurricanes, floods or any other natural catastrophes;
5.9.4 overseas duties for the armed forces;
5.9.5 any epidemic or pandemic disease;
5.9.6 self harm or a suicide attempt;
5.9.7 abuse of alcohol and / or illegal or prescribed drugs;
5.9.8 participation in dangerous sports or professions unless this is disclosed in advance and formally accepted in writing by the Insurer as being covered;
5.9.9 any accident in which you were at fault or were not taking statutory precautions;
5.9.10 any offence, crime, or act of negligence committed by you or your legal representative;
5.9.11 any treatment and or services related directly to or as a consequence of any elective cosmetic treatment/surgery.
This exclusion 5.9.11 shall not apply to any associated covered conditions where the treatment / surgery has been agreed by us in writing.
6 Additional Information

6.1 Start of cover

Cover under your policy starts on the date that is shown on your certificate of insurance. When setting up your policy you may apply for your partner and/or Dependent children to be included from the policy start date. Alternatively you may apply to add them at a later date and, if accepted, their cover will start from the date the policy is amended. If added to your policy, cover in respect of your partner and/or Dependent children will take the same end date as you.

6.2 Renewal

MediVISA is an annual policy that expires 12 months from the start date shown in your certificate of insurance. To ensure that you continue to receive the protection required under your policy, we will write to you in advance of your renewal advising you of the price and terms for the new year. Provided that you are happy with the price and terms, you do not need to do anything and your cover will automatically renew on the date shown in your policy documents. If you do not wish to proceed with the renewal, please let us know by logging into your MediVISA account online and selecting to lapse your policy.

6.3 Changes to terms and conditions

We may occasionally change the terms and conditions of your policy.

Any change to policy terms and conditions will come into effect at the next annual renewal date unless the changes are deemed necessary by a change in regulation. We will issue renewal details and any changes to the term and conditions at least 28 days in advance.

If you have an existing claim, this will not be prejudiced by any change to policy terms and conditions.

6.4 Change of circumstances

If your circumstances change so that any of the information that you provided to us when you took out the policy is no longer correct, you must let us know as soon as practicable by logging into your online MediVISA account and selecting “Update my details”.

Examples of what you must tell us include:
- Change of address
- Change of name
- Medical conditions

We will use your notified address for all correspondence regarding this policy. Please notify us as soon as reasonably practicable of any change to your circumstances.

We may ask you to provide documentary evidence to validate any amendment.

6.5 End of cover

All cover under this policy will end if:
- The policy expires, as stated by the end date shown in the certificate of insurance;
- Treatments and benefits up to the maximum insured sum have been claimed;
- You reach the maximum age of 70.
- The policy is cancelled by us.
- You cancel the policy in accordance with section 6.6 below;
- you are in breach of any policy terms and conditions and the breach means we are entitled by law to end the policy cover;
- your premium is not paid by the due date as stated in your invoice, in which case we will send you a notice asking for payment by a specified date, if payment remains outstanding we will cancel your cover;
- your main residential address is no longer in the UK
- you die (a next of kin should inform us).
- You fail to meet eligibility criteria for cover.

Your partner’s cover will end if:
- he/she dies (you should inform us).

A Dependent child’s cover will end if:
- he/she reaches the age of 24 (cover ceases from the first renewal date after their 24th birthday);
- he/she is no longer in full time education
- he/she gets married and thus ceases to be a Dependent for the purposes of this policy;
- he/she dies (you should inform us).
- At renewal after the policyholder reaches 70 years of age.

If cover ends we will not pay for any treatment that takes place after the cover had ended.
6. 6 Cancellation

Cancellation by the Policyholder

The policy may be cancelled by the policyholder within the first 14 days of the start date stated in the certificate of insurance or within the first 14 days of the date this was received, whichever is later; or within 14 days of the date the policy was renewed.

If cancelling under these terms (called the cooling-off period) provided no claims have been made a full refund of any premiums paid for the period will be made.

After the cooling-off period has ended, the policyholder may still cancel the policy at any time. Provided no claims have been made, your premium relating to the period after the date of cancellation will be refunded and calculated on a pro rata basis. Under these circumstances you accept that no further cover will be provided or claims may be made. You can cancel your policy by logging into your MediVISA account and selecting “Cancel my policy”. We will acknowledge your cancellation instructions and cancel cover from the date you submitted them, unless you specify a date in the future. We are unable to back-date the date of your cancellation.

Alternatively you can also write to DUAL Corporate Risks Limited, Bankside House, 107-112 Leadenhall Street, London EC3A 4AF.

Cover will be cancelled from the date your written instructions are received by us, unless you specify a date in the future for cover to be cancelled from.

We will not pay for any treatment that takes place after your last day of cover.

6. 7 Sanction Limitation and Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

6. 8 Law and Jurisdiction

This policy is subject to English law and jurisdiction.

Data protection

Your agreement to be covered by this policy indicates your consent that we may use the information you provide for all fair and lawful purposes relating to your cover.
What we will use your information for

The information you provide will be used for the purposes of underwriting, administering and operating your policy. This includes claims investigation, decision making and administration.

To aid us in satisfying these purposes, we may disclose your information to third-party companies including policy administrators and claims handlers and, in the event of a covered claim, those involved in your treatment or care.

We will also use your data in anonymised statistical analysis.

Sensitive personal data

It is likely the information you provide will include sensitive personal data, as defined by the Data Protection Act 1998 (DPA). Sensitive personal data includes information about a person’s medical history or condition.

The DPA requires us to obtain your explicit consent before processing this data.

This means, for example, that we will obtain your explicit consent prior to using your sensitive personal data in respect of a claim or prior to requesting information from your GP or other medical practitioner that could have a bearing on a claim.

It also means we will not disclose your sensitive personal information to a third party – for example, a family member or a company involved in your treatment or care – unless we have received your explicit consent or the DPA permits us to make the disclosure without having obtained your explicit consent.

Your right to access information we hold about you

You have the right under the DPA to see a copy of the information we hold on you. To exercise this right, please write to us quoting your policy number to:

SecurityTrust International Limited, Kemp House, 152-160 City Road, London EC1V 2NX

We will respond to your request within 40 days of receipt.

Accuracy of Information

To help us ensure the information we hold on you is accurate, please write to us as soon as practicable if you become aware of any errors or omissions in this information.

Please use the contact details in the section above when writing to us and quote your policy number.

6.9 Making a complaint

Our aim is to provide an excellent level of customer service and care. If there is any aspect of our service that you are unhappy with please notify us and we will do all we can to resolve your complaint.

If you wish to make a general or customer complaint, please contact us:

Customer Complaints
SecurityTrust International Limited,
Kemp House, 152-160 City Road,
London EC1V 2NX
Tel: 03333 443653
Email: complaints@securitytrust.co.uk

If you wish to make a policy complaint, please contact us:

Head of Compliance
155 Fenchurch Street,
London EC3M 6AL
Tel: 020 7337 9888
Email: complaints@dualgroup.com

Please quote your policy number and or claim reference (as appropriate) in any correspondence.

or, If your complaint relates to a claim, please direct it to:

Healix – MediVisa Claims Complaints,
Healix House,
Esher Green,
Esher KT10 8AB
Tel: +44 20 8608 4256
Email: MediVISA@healix.com

If you are dissatisfied with the response that you receive, you may refer your complaint to the Complaints team at Lloyd’s:

Lloyd’s, Complaints, Fidentia House, Walter Burke Way, Chatham Maritime, Chatham, Kent ME4 4RN
Tel. No: 0207 327 5693 Fax: 0207 327 5225
Email: complaints@Lloyds.com
Website: www.lloyds.com/complaints

Details of Lloyd’s complaints procedures are set out in a leaflet “Your Complaint - How We Can Help” available at www.lloyds.com/complaints and are also available from the above address.
If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service (FOS). The FOS is an independent service in the UK for settling disputes between consumers and businesses providing financial services. Their contact details are as follows:

The Financial Ombudsman Service, Exchange Tower, Tower E14 9SR
Tel. No: 0800 023 4567
Email: complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

If you have purchased your policy online you can also make a complaint via the EU’s online dispute resolution (ODR) platform. The website for the ODR platform is: [http://ec.europa.eu/odr](http://ec.europa.eu/odr).

The existence, and your use, of these complaints procedures do not affect your other rights under this policy and your rights in law.

Compensation

You may be entitled to compensation from the Financial Services Compensation Scheme (FSCS) if we are unable to meet our liabilities to you under this policy. If you are entitled to compensation from the FSCS, its level and extent will depend on the nature of your cover.

Further information is available at:

www.fscs.org.uk
Financial Services Compensation Scheme (FSCS), 10th Floor, Beaufort House, 15 St Botolph Street, London EC3A 7QU
E-mail: enquiries@fscs.org.uk
Telephone: 0800 678 1100 or 020 7741 4100

6. 10 Glossary

This glossary provides definitions of terms that we use in this policy document.

Alternative Therapies and Medicine

Medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine or standard treatments. These include but are not limited to: acupuncture, aromatherapy, chiropractic medicine, homeopathic medicine, naturopathic medicine and osteopathic medicine.

Consultant or Specialist

A doctor licensed in the country that treatment is received in who has certification in a specialized area of medicine. The certification must be for a training beyond a general medical degree.

Consultant Cardiologist

A doctor licensed in the country that treatment is received in who has certification in a specialized area of medicine. The certification must be for specialising in diseases of the heart and cardiovascular system.

Consultant Neurologist

A doctor licensed in the country that treatment is received in who has certification in a specialized area of medicine. The certification must be for diseases of the nervous system.

Convalescence

The period of recuperation from an illness as approved in the Treatment Plan.

Dependents

Dependent are defined as being unmarried and in full-time education up to the age of 24.

Epidemic

An outbreak of a disease characterised by an abnormal number of cases in that area at that time.

Experimental Treatment

- Medication or treatment not currently recognised or approved by the worldwide medical community to be effective or proven;
- Medication or treatment not recognised by the professional medical organization or body in the country of treatment as conforming to standard medical practice;
- Medication and / or treatment not approved by the Food and Drug Association (FDA), National Institute for Health and Care Excellence (NICE) or other UK government bodies;
- Medication and / or treatment used for clinical trials only; or
- Treatment by non-qualified practitioners

General Practitioner (GP)

A registered medical practitioner in medical practice.
Home country
The territory in which you reside for a period of 12 months of the calendar year. In this case, the United Kingdom.

Lifetime Limit
The total expenses for the period of cover as stated in the MediVISA Plan Benefits Table Summary.

Medication
Any pharmacological substance or combination of substances exerting an immunological or metabolic effect, available only on prescription by a qualified doctor, dispensed by a licensed pharmacist and administered for therapeutic purposes, or for making a medical diagnosis. Where a doctor prescribes branded medication, this may be substituted by a non-branded alternative with the identical active ingredients, potency and available dosage.

Overseas Specialist
- fully trained and legally qualified and permitted to practice by the relevant authorities in the country in which your treatment takes place, and
- is recognised by the relevant authorities in that country as having specialised knowledge of, or expertise in, treatment of the disease, illness or injury being treated.

Preliminary medical certificate
A document issued by us, based on the findings of the second opinion, confirming treatment to be performed in relation to a claim, stating the hospital where treatment will take place, and any other services, supplies or prescriptions that are to be included.

Prosthesis
A device that replaces all or part of an organ or that substitutes or improves function of a part of the body that is partly or wholly inoperative.

Specialist
We consider a specialist to be:
- a medical practitioner with full current registration with the General Medical Council or a dentist with full current registration with the General Dental Council,
- a specialist in the treatment you are referred for
- has a certificate of Higher Specialist Training in their specialty that is issued by the Higher Specialist Training Committee of the appropriate Royal College or Faculty
- is or has been a National Health Service consultant or dentist

Pandemic
A worldwide outbreak and spread of a disease, with epidemics in many countries and most continents.

Pre-existing condition
A pre-existing condition is any condition or related conditions that you have suffered from, had symptoms of, received treatment and/or advice or consultation for, taken Medication for (prescribed or not), taken supplements for, had special diets for or were aware existed in the 10 years immediately prior to the start date of this policy.

Treatment Plan
A written plan that maps out the treatment and procedures approved by us to be carried out following the second opinion report.
MediVISA is administered by DUAL Corporate Risks Limited and underwritten by certain underwriters at Lloyd's as listed: Lloyd's Syndicate 4444 which is managed by Canopius Managing Agents Limited.

Lloyd's of London is one of the most recognised and respected names in the world. Lloyd's is the world's specialist insurance and reinsurance market, bringing together an outstanding concentration of underwriting expertise and talent. It is often the first to insure emerging, unusual and complex risks.