Plan information & highlights

SUMMARY OF BENEFITS Maximum Policy Limit Options £750,000/€1,000,000/\$1,250,000 (Per Insured Person, Per Period of £1,500,000/€2,000,000/\$2,500,000 Insurance) Under 60 years for Participant and Spouse Age Limits 15 days to 18 years for Dependent Child Nil Excess Excess per Insured Person (except as specifically stated elsewhere in the Schedule) Europe (as defined) Area of Cover Options Worldwide excluding USA (Refer to Area of Cover definition for further details) Worldwide 30 days up to 12 months, renewable up to a maximum of 5 **Coverage Duration Options** years Incrementally extendable from 5 days until reaching a Extensions / Renewal Options maximum of 60 months Up to 90 days after policy expiry date for continued Coverage Extension Period treatment of an eligible illness or injury Coverage available for inpatient and outpatient medical expenses World-Class Medical Benefits Freedom to choose any hospital, clinic, or doctor in your area of cover 24-hour medical emergency helpline plus a wide range of international emergency benefits including emergency 24 Hour International Emergency Care evacuation, emergency reunion, return of mortal remains and more 24-hour secure access from anywhere worldwide to manage

*Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

your account online

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MEDICAL BENEFITS

(Coverage for usual, reasonable and customary charges. Subject to excess and coinsurance when appl Maximum Limits are not Design of Jacuary coupless otherwise stated

	_	
1	Hospitalisation	Full cover*
2	Intensive Care Unit	Full cover*
3	Medical Expenses	Full cover*
4	Outpatient Medical Expenses	Full cover*
5	Pre-Existing Conditions	No cover
6	Day Patient Surgical/Hospital Facility	Full cover*
7	Laboratory	Full cover*
8	Radiology/X-ray	Full cover*
9	Chemotherapy/Radiation Therapy	Full cover*
10	Pre-Admission Testing	Full cover*
11	Surgery	Full cover*
12	Chiropractic Care (Medical order or treatment plan required)	Full cover*
13	Maternity and Newborn Care	No cover
	Extended Care Facility	
14	(Upon direct transfer from acute care Hospital)	Full cover*
14 15	(Upon direct transfer from acute	Full cover*
	(Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an	
15	(Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital)	Full cover*
15 16	(Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous	Full cover* <i>No cover</i>
15 16 17	(Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous Outpatient Mental/Nervous Emergency Local Ambulance	Full cover* No cover No cover
15 16 17 18	(Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous Outpatient Mental/Nervous Emergency Local Ambulance Transport	Full cover* No cover Full cover*
15 16 17 18	 (Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous Outpatient Mental/Nervous Emergency Local Ambulance Transport Prescription Drugs 	Full cover* No cover No cover Full cover* Full cover*
15 16 17 18 19 20	 (Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous Outpatient Mental/Nervous Emergency Local Ambulance Transport Prescription Drugs Emergency Room - Accident Emergency Room - Illness (Subject to an additional excess of £150/€200/\$250 if not admitted as 	Full cover* No cover No cover Full cover* Full cover* Full cover*
15 16 17 18 19 20 21	 (Upon direct transfer from acute care Hospital) Home Nursing Care (Provided by a home healthcare agency. Upon direct transfer from an acute care hospital) Inpatient Mental/Nervous Outpatient Mental/Nervous Emergency Local Ambulance Transport Prescription Drugs Emergency Room - Accident Emergency Room - Illness (Subject to an additional excess of £150/€200/\$250 if not admitted as an inpatient or day patient) 	Full cover* No cover No cover Full cover* Full cover* Full cover* Full cover*

*Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

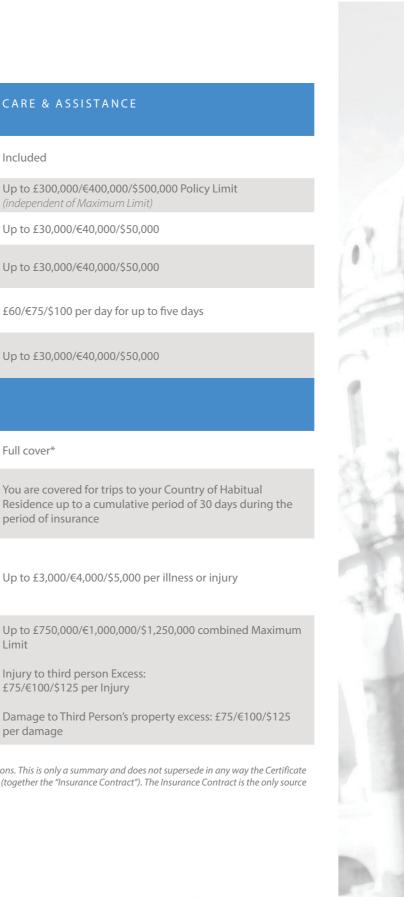
INTERNATIONAL EMERGENCY CARE & ASSISTANCE When coordinated through the Policy Administrator.

1	24-Hour Emergency Medical Help Line	Included	
2	Emergency Medical Evacuation	Up to £300,000/€400,000/\$500,000 Policy Limit (independent of Maximum Limit)	
3	Emergency Reunion	Up to £30,000/€40,000/\$50,000	
4	Cremation/Burial or Repatriation of Remains	Up to £30,000/€40,000/\$50,000	
5	Natural Disaster Evacuation & Accommodation	£60/€75/\$100 per day for up to five days	
б	Repatriation for Medical Treatment	Up to £30,000/€40,000/\$50,000	
ADDITIONAL BENEFITS			
1	Terrorism Coverage	Full cover*	

2 Incidental Return Trip Residence up to a cumulative period of 30 period of insurance	days during the
³ Organised Sports Up to £3,000/€4,000/\$5,000 per illness or in	njury
Up to £750,000/€1,000,000/\$1,250,000 cor Limit	nbined Maximum
4 Personal Liability Injury to third person Excess: £75/€100/\$125 per Injury	
Damage to Third Person's property excess: per damage	£75/€100/\$125

*Benefits are subject to exclusions and limitations. This is only a summary and does not supersede in any way the Certificate of Insurance and governing policy documents (together the "Insurance Contract"). The Insurance Contract is the only source of the actual benefits provided.

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ADDITIONAL COVER OPTIONS

These benefits are optional and only applicable if selected and purchased at time of original application. Options apply to all individuals listed on the application form, unless otherwise noted.

Adventure Sports Option

Up to £30,000/€40,000/\$50,000

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CONDITIONS OF COVER

- 1. Cover and benefits are subject to the applicable coinsurance and all terms and conditions of the plan and Policy Wording.
- 2. Cover under a WorldStudysM plan is secondary to any other cover.
- 3. Cover and benefits are for medically necessary, usual, reasonable and customary charges only.
- 4. Charges must be administered or ordered by a medical practitioner.
- 5. Charges must be incurred during the period of cover or the cover extension period (*if applicable*).
- 6. Claims must be presented to IMG for payment within 180 days from the date the claim was incurred.

