

INTERNATIONAL MEDICAL INSURANCE

Insurance Product Information Document

Company: SI Insurance (Europe), SA

Product: Dcare

Plan: Basic

Underwritten by: SI Insurance (Europe), SA which is authorised by the Luxembourg Ministry of Finance from which it received its authorisation and license number 5493000B0GTBRMWN512. SI Insurance (Europe), SA is a Luxembourg based insurance company with company registration number B221096, and is supervised by the Luxembourg insurance regulator Commissariat aux Assurances.

This document constitutes a summary of the key information relating to the policy. The full pre contractual and contractual information is provided during the insurance conclusion process.

WHAT IS THIS TYPE OF INSURANCE?

It provides individual, family, or group medical insurance coverage in the event of an accident or illness.



What is insured?

- ✓ Annual maximum limit of €1.000.000 per person.
- ✓ Hospital services with accommodation in a private room.
- ✓ €100 per night cash benefit, if in-patient treatment is provided free of charge, for up to 15 days.
- ✓ Accommodation and meals for an accompanying parent of a child under the age of 16, provided both are insured.
- ✓ Surgery.
- ✓ Reconstructive surgery, if medically necessary due to a covered accident or illness.
- ✓ Rehabilitation following a covered in-patient treatment, for up to 30 days.
- ✓ Road ambulance services.
- ✓ Medical appliances, internal prostheses and durable medical equipment.
- ✓ Organ and bone marrow transplant and stem cell treatment.
- ✓ Hospice care for up to 30 days.
- ✓ Day care treatment without staying overnight in hospital.
- ✓ Preventive health screening up to €100.
- ✓ Cancer treatment.
- ✓ In-patient psychiatric care for up to 30 days.
- ✓ In-patient chronic condition treatment up to €10.000.
- ✓ Medical emergency assistance abroad up to €100.000.
- ✓ Medical emergency evacuation abroad.
- ✓ Repatriation of mortal remains or local burial up to €10.000.



What is not insured?

- ✗ Pre existing medical conditions, unless they were declared in writing at the inception of the insurance and accepted in writing.
- ✗ War, conflict, or terrorism.
- ✗ Illegal activity or as a result of intoxication or substance addiction.
- ✗ Intentional self injury, suicide or attempted suicide.
- ✗ Dangerous activities that involve exceptional risk of accident.
- ✗ Non-authorised or endless treatments.
- ✗ Experimental treatment, medicine or medical device.
- ✗ Routine, preventive or out-patient prescribed medicine.
- ✗ Weight loss treatment or removal of fat or surplus tissue.
- ✗ Smoking cessation and detoxication.
- ✗ Sexual dysfunction, fertility/infertility treatment and birth control.
- ✗ Pregnancy, maternity and childcare.
- ✗ Sexually transmitted diseases.
- ✗ Outbreaks, epidemics or public emergencies.
- ✗ Cosmetic, elective and transsexual surgery.
- ✗ Skin conditions and hair treatments.
- ✗ Sleeping disorders.
- ✗ Kidney dialysis.
- ✗ Out-patient consultations, treatments, medications, durable medical equipment, laboratory tests, diagnostic testing, psychiatric care, chronic condition treatment or physiotherapy.
- ✗ Genetic screening.
- ✗ Podiatric, optical, hearing, dental or non-medical care and alternative medicine.
- ✗ Congenital and hereditary conditions.
- ✗ Hormone replacement therapy.
- ✗ Charges in excess of usual, customary and reasonable.
- ✗ Nursing at home.



Are there any restrictions on cover?

- ! The deductible amount selected at the inception of the insurance and specified in the Certificate of Insurance.
- ! Some benefits have an annual or lifetime maximum and/or a maximum period or amount.
- ! For some benefits, cover begins after a 12-month waiting period from the inception of the insurance.
- ! Coverage ceases while any overdue premium remains unpaid.
- ! Failure to obtain pre-authorization may result in no payment for some benefits or a copayment for others.
- ! Air or sea travel after 28 weeks of pregnancy.
- ! Charges incurred before or after the period of insurance.
- ! Coverage ceases for anyone who no longer resides within European Economic Area (EEA).



Where am I covered?

- ✓ Worldwide, including or excluding the USA (according to the selection made at the inception of the insurance).



What are my obligations?

- When entering into, modifying or renewing the insurance, you are required to disclose any information that affects your insurance and to answer each question accurately.
- In the event of a claim, you must contact the Health Assistance Service and obtain pre-authorization before any costs are incurred. For some benefits below €3.000, you may notify us in writing afterwards. Please see the policy wording for full details.
- Pay your premium on time.



When and how do I pay?

Premiums may be paid annually, semi annually, quarterly or monthly, depending on our agreement, via automatic bank transfer or direct debit.



When does the cover start and end?

Cover begins on the Effective Date and ends 12 months later, on the Expiration Date, both of which are stated in the Certificate of Insurance. While any premium remains overdue, cover is suspended.



How do I cancel the contract?

With written notice sent by post or email. The policyholder may cancel within 14 days from the inception of the insurance (cooling-off period) and receive a full refund of premium, provided no claims have been made.

Any cancellation after the cooling-off period will result in a pro-rata refund, as long as no claims have been made.