

WORLDWIDE COVERAGE **ZONE A**
PLATINUM – CLASSIC – ESSENTIAL

NO DEDUCTIBLE

Expatriate Benefits Healthcare Guide



INCLUDING USA & CANADA, LIMITED TO EMERGENCY
TREATMENT ONLY IN SWITZERLAND



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When and for how long are you covered?

The present policy takes effect on the 1st of January each year for a period of 12 months and ends on the 31 December of each year at midnight. Unless we receive a written cancellation by registered mail 2 months prior to the end of the year, the policy will be renewed automatically for a new period of 12 months.

You are insured, the moment SGI approves your application and premium is paid :

- ▶ immediately for medical attention and/or hospitalization following an accident or the onset of an infectious disease ;
- ▶ for Dental, Orthodontic and Optical treatment after a 9 months waiting period;
- ▶ for maternity after a 10 months waiting period;
- ▶ for check-up waiting period, depending on your plan.

The medical coverage terminates at the request of the member by sending to Swiss Global Insurance a written notice, minimum 30 days for the end of the year or, it can be terminated at any time by Swiss Global Insurance for non-payment of premium.



Who is eligible for cover ?

ANYONE, as a member of SWISS GLOBAL INSURANCE, under the age of 65 at the time of enrolment, and their dependents:

- ▶ Your spouse, provided you are not divorced or living apart under an implied or expressly written separation agreement. SGI recognizes common law and «Pacte Civil de Solidarité»« P.A.C.S. » agreements; proof of status must be supplied by policyholder at the time of enrolment.
- ▶ Your children, and/or those of your spouse (or, if you are not married, those of your common law spouse or partner), under the age of 21, provided that they are financially dependent on you.

Between 21 and 26 years of age, children enrolled in full time secondary or higher education (written proof of enrolment at an educational establishment is required) are eligible for coverage as dependants under the SGI policy. They may take on paid employment provided they do not work for more than three months per year.



Your Healthcare Program

SWISS GLOBAL INSURANCE reimburses all of your medical fees worldwide, incurred between your enrolment date and your termination date. These medical services must be provided by recognizing medical providers in the country where they were performed and must be medically necessary for the treatment of an illness or of an accident. Treatment must be provided by officially recognized physicians. In all cases, reimbursements will be handled depending on the basis of the health care program described in the following benefit schedules.

NB: Medical expenses are reimbursed after deduction of all potential reimbursements made by a social security system for which the member is eligible and any deductibles or co-insurances.

BENEFITS	REFUND & LIMITS
In-patient and Day-case Treatment	
Any private Hospital or Clinic accommodation in private room	100%
Surgical operations including post-operative care	100%, up to 3 months post-operative care
Surgical appliances and prosthetic implants	100%
Drugs and materials, including surgical dressings	100%
Physician and therapist fees	100%
Theatre charges & Anaesthesia	100%
Intensive & Critical Care, Intensive Treatment & Therapy	100%
Coronary care and High Dependency Unit	100%
Pathology X-rays, Diagnostics test	100%
Advanced diagnostic tests (CT, MRI scans)	100%
Advanced diagnostic tests (PET and CT-PET scans)	100%
Reconstructive surgeries to restore appearance after an accident	100%
Reconstructive surgeries to restore appearance after a surgery	100%
Accommodation cost for one parent staying in hospital with an insured child under 12 years old	100%
Outpatient - Medical Treatment	
Day-care treatment and out-patient surgical operations	90%
General practitioner fees including costs for family doctor and specialist	90%
Prescribed drugs and dressings	90%
Pathology X-rays and diagnostic tests	90%, pre-approval required
Advanced diagnostic tests (CT, MRI scans)	90%, pre-approval required
Advanced diagnostic tests (PET and CT-PET scans)	90%, pre-approval required
Cancer and Oncology Therapy	
In- & day-patient treatment	100%
Related out-patient treatment	90%
Organ, Bone marrow, Tissue transplants	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	90%
Kidney and Renal Dialysis	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	90%
Hospice and Palliative care	
In- & day-patient treatment	100%
Related out-patient treatment	90%

The annual refund limit per beneficiary per year is USD 1'000'000

PLATINUM

ZONE A

Benefits and Limits are per beneficiary and per year. They are expressed on a usual, customary, and reasonable basis.

BENEFITS	REFUND & LIMITS
Further Benefits	
Chronic conditions	100%, up to USD 3'000 lifetime
Pre-existing medical conditions, (applicable after 12 months)	100%, up to USD 3'000 per year
Rehabilitation Treatment (Maximum 60 days)	100%
Hormone Replacement Therapy	90%
Local Road Ambulance / Local Air Ambulance	100%
Preventive Medicine	
Prescribed vaccinations, Inoculations & preventive drugs	100% refund if prescribed, up to USD 200 per year
Health check-up, including analysis and screening for early detection of illness or disease	100%, up to USD 500 once a year
Alternative Medicine	
Overall limit up to 10 sessions per year	
Chiropractic, Osteopathy, Physiotherapy	100%, up to USD 70 per session
Acupuncture, Homeopathy, Traditional Chinese Medicine	100%, up to USD 70 per session
Maternity	
Routine maternity (in-patient and out-patient treatment)	100%, up to USD 8'000
Complications of pregnancy (in-patient and out-patient treatment)	100%, up to USD 1'000'000
Complications of childbirth (in-patient treatment)	100%, up to USD 1'000'000
New-born care (up to 14 days before being named)	100%, up to USD 15'000
Optical Care	
Physician fees, Visits & optical care	90%
Frame / contact lenses	100%, up to USD 350 per year
Dental Care	
Overall limit up to USD 2'000 per year	
Dental treatment and Dental surgery	90%
Dental prosthesis	100%, up to USD 350 per tooth
Orthodontic treatment (must begin before the age of 18)	100%, up to USD 1'500 for the contract duration
Accident-related dental treatment (in-patient and out-patient)	100%, up to USD 1'000'000
Life insurance	
Death benefit maximum	USD 10'000
Emergency Evacuation	
Medical evacuation	100%
Emergency treatment outside area of cover	100%, up to 30 days per year
Return airfare to country of residence	100%
Expenses for one person accompanying an evacuated person	100%
Travel costs of one insured family member in the event of an evacuation	100%
Travel costs of one insured family member for the repatriation of mortal remains	100%
Repatriation of mortal remains	100%, up to USD 300
Local burial or cremation	100%, up to USD 1'000
Treatment arising directly or indirectly as a consequence of war or terrorism, provided you are an innocent bystander	100%, up to USD 40'000
Accidental death (Costs of repatriation or burial of remains only)	100%

The annual refund limit per beneficiary per year is USD 1'000'000

CLASSIC

ZONE A

Benefits and Limits are per beneficiary and per year. They are expressed on a usual, customary, and reasonable basis.

BENEFITS	REFUND & LIMITS
In-patient and Day-case Treatment	100%
Any private Hospital or Clinic accommodation in private room	100%, up to 3 months post-operative care
Surgical operations including post-operative care	100%
Surgical appliances and prosthetic implants	100%
Drugs and materials, including surgical dressings	100%
Physician and therapist fees	100%
Theatre charges & Anaesthesia	100%
Intensive & Critical Care, Intensive Treatment & Therapy	100%
Coronary care and High Dependency Unit	100%
Pathology X-rays, Diagnostics test	100%
Advanced diagnostic tests (CT, MRI scans)	100%
Advanced diagnostic tests (PET and CT-PET scans)	100%
Reconstructive surgeries to restore appearance after an accident	100%
Reconstructive surgeries to restore appearance after a surgery	100%
Accommodation cost for one parent staying in hospital with an insured child under 12 years old	100%
Outpatient - Medical Treatment	
Day-care treatment and out-patient surgical operations	80%
General practitioner fees including costs for family doctor and specialist	80%
Prescribed drugs and dressings	80%
Pathology X-rays and diagnostic tests	80%, pre-approval required
Advanced diagnostic tests (CT, MRI scans)	80%, pre-approval required
Advanced diagnostic tests (PET and CT-PET scans)	80%, pre-approval required
Cancer and Oncology Therapy	
In- & day-patient treatment	100%
Related out-patient treatment	80%
Organ, Bone marrow, Tissue transplants	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	80%
Kidney and Renal Dialysis	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	80%
Hospice and Palliative care	
In- & day-patient treatment	100%
Related out-patient treatment	80%

The annual refund limit per beneficiary per year is USD 1'000'000

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Benefits and Limits are per beneficiary and per year. They are expressed on a usual, customary, and reasonable basis.

BENEFITS	REFUND & LIMITS
Further Benefits	
Chronic conditions	100%, up to USD 3'000 lifetime
Pre-existing medical conditions, (applicable after 12 months)	100%, up to USD 3'000 per year
Rehabilitation Treatment (Maximum 60 days)	100%
Hormone Replacement Therapy	80%
Local Road Ambulance / Local Air Ambulance	100%
Preventive Medicine	
Prescribed vaccinations, Inoculations & preventive drugs	100% refund if prescribed, up to USD 200 per year
Health check-up, including analysis and screening for early detection of illness or disease, applicable after 6 months	100%, up to USD 500 once every 2 years
Alternative Medicine	
Overall limit up to 5 sessions per year	
Chiropractic, Osteopathy, Physiotherapy	100%, up to USD 70 per session
Acupuncture, Homeopathy, Traditional Chinese Medicine	100%, up to USD 70 per session
Maternity	
Routine maternity (in-patient and out-patient treatment)	100%, up to USD 6'000
Complications of pregnancy (in-patient and out-patient treatment)	100%, up to USD 1'000'000
Complications of childbirth (in-patient treatment)	100%, up to USD 1'000'000
New-born care (up to 14 days before being named)	100%, up to USD 7'500
Optical Care	
Physician fees, Visits & optical care	80%
Frame / contact lenses	100%, up to USD 350 per year
Dental Care	
Dental treatment and Dental surgery	Not covered
Dental prosthesis	Not covered
Orthodontic treatment (must begin before the age of 18)	Not covered
Accident-related dental treatment (in-patient and out-patient)	100%, up to USD 1'000'000
Life insurance	
Death benefit maximum	USD 10'000
Emergency Evacuation	
Medical evacuation	100%
Emergency treatment outside area of cover	100%, up to 30 days per year
Return airfare to country of residence	100%
Expenses for one person accompanying an evacuated person	100%
Travel costs of one insured family member in the event of an evacuation	100%
Travel costs of one insured family member for the repatriation of mortal remains	100%
Repatriation of mortal remains	100% up to USD 300
Local burial or cremation	100% up to USD 1'000
Treatment arising directly or indirectly as a consequence of war or terrorism, provided you are an innocent bystander	100%, upto USD 40'000
Accidental death (Costs of repatriation or burial of remains only)	100%

The annual refund limit per beneficiary per year is USD 1'000'000

BENEFITS	REFUND & LIMITS
In-patient and Day-case Treatment	
Any private Hospital or Clinic accommodation in semi-private room	100%
Surgical operations including post-operative care	100%, up to 3 months post-operative care
Surgical appliances and prosthetic implants	100%
Drugs and materials, including surgical dressings	100%
Physician and therapist fees	100%
Theatre charges & Anaesthesia	100%
Intensive & Critical Care, Intensive Treatment & Therapy	100%
Coronary care and High Dependency Unit	100%
Pathology X-rays, Diagnostics test	100%
Advanced diagnostic tests (CT, MRI scans)	100%
Advanced diagnostic tests (PET and CT-PET scans)	100%
Reconstructive surgeries to restore appearance after an accident	100%
Reconstructive surgeries to restore appearance after a surgery	100%
Accommodation cost for one parent staying in hospital with an insured child under 12 years old	100%
Outpatient - Medical Treatment	
Day-care treatment and out-patient surgical operations	80%
General practitioner fees including costs for family doctor and specialist	80%
Prescribed drugs and dressings	80%
Pathology X-rays and diagnostic tests	80%, pre-approval required
Advanced diagnostic tests (CT, MRI scans)	80%, pre-approval required
Advanced diagnostic tests (PET and CT-PET scans)	80%, pre-approval required
Cancer and Oncology Therapy	
In- & day-patient treatment	100%
Related out-patient treatment	80%
Organ, Bone marrow, Tissue transplants	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	80%
Kidney and Renal Dialysis	
In- & day-patient treatment	100%
Related out-patient treatment required prior to and after transplants	80%
Hospice and Palliative care	
In- & day-patient treatment	100%
Related out-patient treatment	80%

The annual refund limit per beneficiary per year is USD 300'000

BENEFITS	REFUND & LIMITS
Further Benefits	
Chronic conditions	100%, up to USD 3'000 lifetime
Pre-existing medical conditions, (applicable after 12 months)	100%, up to USD 3'000 per year
Rehabilitation Treatment (Maximum 60 days)	100%
Hormone Replacement Therapy	80%
Local Road Ambulance / Local Air Ambulance	100%
Preventive Medicine	
Prescribed vaccinations, Inoculations & preventive drugs	Not covered
Health check-up, including analysis and screening for early detection of illness or disease, applicable after 12 months	100%, up to USD 500 once every 3 years
Alternative Medicine	
Chiropractic, Osteopathy, Physiotherapy	Not covered
Acupuncture, Homeopathy, Traditional Chinese Medicine	Not covered
Maternity	
Routine maternity (in-patient and out-patient treatment)	Not covered
Complications of pregnancy (in-patient and out-patient treatment)	Not covered
Complications of childbirth (in-patient treatment)	Not covered
New-born care (up to 14 days before being named)	Not covered
Optical Care	
Physician fees, Visits & optical care	Not covered
Frame / contact lenses	Not covered
Dental Care	
Dental treatment and Dental surgery	Not covered
Dental prosthesis	Not covered
Orthodontic treatment (must begin before the age of 18)	Not covered
Accident-related dental treatment (in-patient and out-patient)	100%, up to USD 300'000
Life insurance	
Death benefit maximum	USD 10'000
Emergency Evacuation	
Medical evacuation	100%
Emergency treatment outside area of cover	100%, up to 30 days per year
Return airfare to country of residence	100%
Expenses for one person accompanying an evacuated person	100%
Travel costs of one insured family member in the event of an evacuation	100%
Travel costs of one insured family member for the repatriation of mortal remains	100%
Repatriation of mortal remains	100% up to USD 300
Local burial or cremation	100% up to USD 1'000
Treatment arising directly or indirectly as a consequence of war or terrorism, provided you are an innocent bystander	100%, up to USD 40'000
Accidental death (Costs of repatriation or burial of remains only)	100%

The annual refund limit per beneficiary per year is USD 300'000



Exclusions

Depending on the healthcare program chosen by the policyholder, please see below the list of the main exclusions:

- ▶ treatment performed by any person who is not legally licensed to carry out the said treatment;
 - ▶ any/all medical treatment that are not ordered by a doctor or that are not a medical necessity ;
 - ▶ medical or dental care that is not up to the professional standards of the country where they were provided;
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- ▶ treatment for which the insured did not obtain prior approval or for which such approval was denied;
 - ▶ aesthetic treatment and cosmetic surgery of any type or nature, except following an accident (that occurs while this policy is in effect), with prior approval from the insurer and according to the terms, conditions and limitations as stipulated by the contract;
 - ▶ non-emergency surgery for which no prior approval was given;
 - ▶ charges for services or supplies ordered or received prior to the effective date of coverage or after the termination of coverage;
 - ▶ para-pharmaceutical items such as cotton, rubbing alcohol, sunscreen, etc...
 - ▶ in the event of hospitalization, personal expenses such as telephone calls and television rental;
 - ▶ expenses considered as unusual and excessive with respect to the country in which they were incurred;
 - ▶ treatment against obesity or anorexia;
 - ▶ treatment for infertility (IVF);
 - ▶ travel and accommodation expenses in relation with medical care;
 - ▶ laser refractive surgery / radial keratotomy (myopia surgery);
 - ▶ periodontics;
 - ▶ dental prostheses (Platinum included);
 - ▶ orthodontic treatment (Platinum included);
 - ▶ alternative medicine treatment when unrelated to an illness or accident
 - ▶ Spas and thermal cure;
 - ▶ in-patient prescribed psychiatric treatment;
 - ▶ all other psychiatric treatment, prescribed or non-prescribed;
 - ▶ detoxification treatment;
 - ▶ pre-operative care;
 - ▶ surgical prostheses not required intra-operatively;
 - ▶ chronic or end-stage kidney failure which has required regular or long-term dialysis;
 - ▶ expenses reimbursed or likely to be reimbursed by any other health plan or accident coverage ;
 - ▶ medical care given in nursing homes or old-age homes or resulting from help provided to people in their everyday life, even if those people are suffering from permanent or temporary disability;
 - ▶ treatment considered as experimental;
 - ▶ all type of genetic testing;
 - ▶ room & board, treatment in a specialized establishment after aspa;
 - ▶ room & board, treatment in a physical therapy or rehabilitation facility;
 - ▶ speech or oculomotor or occupational therapies;
 - ▶ non prescribed inoculations or travel related inoculations;
 - ▶ pre-existing conditions are not covered or limited refund as stated in plan details and general conditions;
 - ▶ chronic conditions are not covered or limited refund as stated in plan details and general conditions;
 - ▶ hormone replacement therapy when considered as not a medical necessity or for gender re-alignment;
 - ▶ long term care for chronic conditions & for disability are covered up to the maximum of the chronic conditions benefit;
 - ▶ Any Claim arising from:
 - self-inflicted Injury (including suicide or attempted suicide);
 - needless self-exposure to peril (except in an attempt to save human life);
 - travel undertaken against medical advice.

For any further information please refer to the General Conditions or contact the Plan Administrator.



Swiss Global Insurance competitive edges

Our goal is to offer quality service, including:

- ▶ A multilingual team in contact with physicians and hospitals/clinics worldwide ;
- ▶ A unique contact to follow up your files, with a dedicated team of administrators for all members of SWISS GLOBAL INSURANCE ;
- ▶ A call center ensuring 24/7 Pre-certification services, 365 day per year ;

- ▶ Personalized insurance ID card for you and your dependents to facilitate admission to a hospital and direct billing ;
- ▶ Multi-currency reimbursements by wire transfer worldwide. Exchange rates applied are the rates of the days the medical expenses are incurred ;
- ▶ A simple phone call triggers a direct billing in case of hospitalization anywhere in the world, to avoid having to make any advance payment ;
- ▶ Consulting Physicians and dentists are available for a second medical opinion ;
- ▶ Confidentiality of medical information.



Administrative Procedures

DIRECT BILLING / PRE-CERTIFICATION

▶ DELIVERY

SWISS GLOBAL INSURANCE (SGI) issues a Letter of Guarantee (pre-certification) to the medical facility in order to settle directly the delivery charges according to the terms and conditions of your plan.

You will therefore benefit from a direct payment to your medical provider and will not need to claim for reimbursement.

▶ HOSPITALIZATION FOR MEDICAL OR SURGICAL REASONS

- FOR A PLANNED HOSPITALIZATION

Simply contact SWISS GLOBAL INSURANCE, ten days before admission, to ensure preparation of a Pre-certification agreement which will be sent by SGI to the medical provider.

You will therefore benefit from a direct payment without any advance payment from you. You will only pay those charges that are not covered by your plan such as your personal expenses (telephone and television rental, etc...)

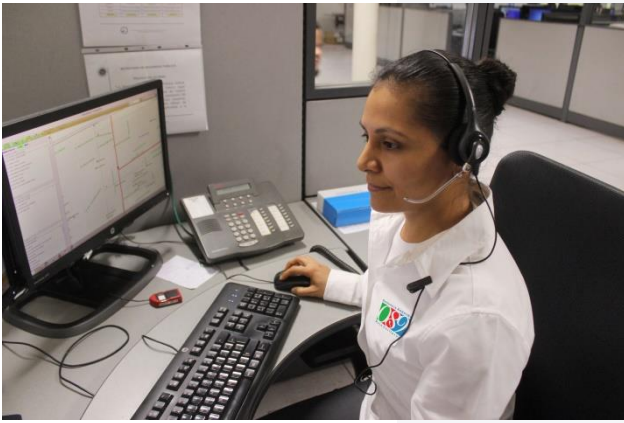
In order to facilitate any admission or any administrative procedures between SWISS GLOBALINSURANCE and medical facilities, simply show your insurance card to the admission desk. The medical facility will then contact directly SGI.

- IN CASE OF EMERGENCY

Just go directly to the hospital, show your insurance card to the admission desk and ask to the person incharge to contact directly SWISS GLOBAL INSURANCE, within the next 48 hours after your admission.

SGI will provide the medical facility with a pre-certification agreement.

For Pre-certification and Emergency, please use the following telephone number: + 41 22 310 38 94



PRIOR APPROVAL

As certain medical expenses have reimbursement limits, please contact us to know the reimbursement ceilings.

SGI prior approval is required for hospitalization, maternity, expenses over 400 USD, or for the following courses of treatment :

- ▶ Medical prosthesis other than dental;
- ▶ Stays in medical facilities ;
- ▶ Series of medical services as soon as there are more than 5 sessions: services by paramedical practitioners such as physiotherapy, acupuncture, osteopathic or chiropractic treatment.

In order to obtain prior approval, have your doctor send to SWISS GLOBAL INSURANCE a treatment plan with a medical report, including medical prescription, X-rays and detailed cost estimate. Prior approval given by SGI is then valid for the specified medical services within the limits indicated in the text of the approval.

Reimbursements may be reduced by 50% if you do not request SGI prior approval (including for hospitalization and maternity).

For prior approval and for information on reimbursement ceilings, please contact us on the following telephone number :

+41 223 10 38 94



How to be reimbursed?

Please send your claim form within 90 days from the date of treatment to the Claims Service Center.

The claim form must be completed and sent by email to SGI International Services at claims@swissglobalinsurance.com along with scanned invoices and payment receipts as well as other

relevant document justifying your request. Each document must state the name of the patient, date of cares, a full description of cares, the amount of medical expenses for each category of cares, the name, the address and the telephone numbers of the physician, of the medical facility. Receipts must have all these information to be accepted. We suggest that you keep the originals as our claim department may request the originals at any time. Please follow the instructions on the form.

If your claims are from Switzerland please send us the originals, for the rest of the world, simply send copies by email. Take the precaution of making photocopies of all documents before sending originals.

For outpatient medical expenses (office visits, prescription drugs, laboratory tests, X-rays as well as dental and vision care), please settle the bills first before sending your claim form to SGI for reimbursement.

Please accumulate your small medical and dental bills until you have enough to justify a significant reimbursement.

For vision care, prescription drugs or laboratory exams, the corresponding prescription must be included with the bills.

Send your claim to:

Swiss Global Insurance
c/o Swiss Health International Claims Service Center
Rue du Rhône 14
CH-1204 Geneva-Switzerland
Tel:+41 22 819 18 67- Fax:+41 22 819 19 00
E-mail: claims@swissglobalinsurance.com

If you or your dependents are covered by a Social Security system or another healthcare plan, you must first obtain the reimbursement from this primary insurance before sending your claim to SWISS GLOBAL INSURANCE Claim Center.

In this case, please enclose with each claim a copy of all medical and dental bills relating to the claim, as well as the original statement of the prior reimbursement. SWISS GLOBAL INSURANCE may ask you additional information that may be necessary to solve your benefit claim.

Emergency Evacuation



Scope of coverage

Insured Persons have access to the following services :
For certain services, specifically evacuation, medically supervised repatriation and repatriation of mortal remains, reimbursement is subject to the schedule of benefits.
The following services are provided by our 24-hour assistance.

Benefits

The Insured Person may contact SWISS GLOBAL ASSISTANCE to obtain the following travel information and services before starting or during his journey:

- ▶ 24 hour Assistance Call Centre
- ▶ Pre Travel Medical Advice
- ▶ Hotel Reservation
- ▶ Taxi Reservation
- ▶ Air Ticket Reservation
- ▶ Visa and Embassies information
- ▶ Cash advance
- ▶ Lost Passport Assistance
- ▶ Legal Assistance
- ▶ Ambulance Transfer
- ▶ Dispatch of Drugs

To comply with the terms and conditions of the Policy, the Insured Person needs to contact Swiss Global Assistance for pre-authorization before any evacuation and assistance costs are incurred. If the Insured Person fails to follow this condition, he will be liable to pay full costs of any transportation. Our contact information is on your membership card.

Contact : **Swiss Global Assistance Tel.: +41 22 310 37 88**

Contacts & Services

SWISS GLOBAL INSURANCE remains at your disposal for all queries or information pertaining to your medical benefits and claims.

In order to access our services, do not hesitate to contact us:

Swiss Global Insurance

c/o Swiss Health International
Rue du Rhône 14
CH-1204 Geneva-Switzerland

Telephone:

Claim assistance, Management, Sales: +41 22 819 18 67

Medical Emergency: +41 22 310 38 94

Email :

Management, Sales: info@swissglobalinsurance.com

Claim assistance: claims@swissglobalinsurance.com

