

International private medical insurance

Insurance Product Information Document



Company: AWP Health & Life S.A. – French Insurance Company

AWP Health & Life SA is a Public Limited Company with a capital of EUR 65,190,446, registered with the Trade and Corporations Registrar of Bobigny under number 401 154 679. Governed by the French Insurance Code and whose registered office is located at Eurosquare 2, 7 rue Dora Maar, 93400 Saint Ouen, France.

Product: Freedom Worldwide (Bronze)

This document is a summary of the key features and exclusions of the plan and does not form part of the contract between us. The full policy terms and conditions are included in the policy documents.

What is this type of insurance?

International private medical insurance, designed to cover the costs of private healthcare, from day to day medical and dental needs, through to diagnosis and treatment of acute medical illnesses, whilst living overseas.



What is insured?

Inpatient and daypatient treatment

- ✓ Private hospital charges.
- ✓ Specialist fees.

Additional benefits

- ✓ Private road ambulance.

Outpatient treatment from a doctor or specialist

- ✓ Consultations, diagnostic tests and prescription drugs (only when immediately following inpatient treatment and for a maximum of 90 days).
- ✓ CT, MRI and PET scans.
- ✓ Surgery

Treatment of cancer

- ✓ Oncology fees, diagnostic tests, radiotherapy and chemotherapy.
- ✓ Symptom relief and palliative care.

Medical evacuation and repatriation

- ✓ Evacuation if critical treatment not available locally.
- ✓ Accommodation and other travel expenses.
- ✓ Repatriation of mortal remains.

Compassionate emergency visit

- ✓ Travel costs to visit a close family member under 70 years of age who is critically ill.



What is not insured?

These are some of the key exclusions in Freedom Worldwide (Bronze) but it is not a full list of all exclusions which can only be found in the policy document.

- ✗ Treatment of a medical condition you had, or had symptoms of, before cover starts unless we have agreed to cover that condition.
- ✗ AIDS / HIV.
- ✗ Alcohol and substance abuse and addiction.
- ✗ Contraception and birth control.
- ✗ Cosmetic or plastic surgery.
- ✗ Congenital abnormalities and birth defects.
- ✗ Dental treatment, including orthodontic treatment.
- ✗ Eating disorders.
- ✗ Experimental treatment.
- ✗ Failure to follow medical advice.
- ✗ Learning difficulties, behavioural and developmental problems.
- ✗ Hormone replacement therapy.
- ✗ Infertility and assisted reproduction including IVF.
- ✗ Obesity and weight loss surgery.
- ✗ Palliative care and relief of symptoms.
- ✗ Pregnancy and childbirth other than the complications listed in the policy document.
- ✗ Preventative treatment and procedures.
- ✗ Professional sports.
- ✗ Psychiatric treatment.
- ✗ Screenings, health checks and vaccinations.
- ✗ Sex change / gender reassignment.
- ✗ Sleep disorders including snoring and sleep apnoea.
- ✗ Surgical appliances and devices.
- ✗ Transplants.
- ✗ Treatment received outside your area of cover.



Are there any restrictions on cover?

- ! There is an overall maximum limit depending on the level of cover chosen. This is shown in the table of benefits.
- ! Some benefits also have specific limits which are also shown in the table of benefits.
- ! Cover for outpatient consultations, diagnostic tests, prescription drugs, physiotherapy and alternative therapies is only provided if these services immediately follow inpatient treatment. Cover is limited to a maximum of 90 days.
- ! All charges must be reasonable and customary based on our experience and knowledge.
- ! If you select an excess, we will deduct this amount from the first valid invoice we receive and from any subsequent valid invoices until the excess has been fully applied. A new excess applies at the start of each period of insurance even if a claim is continuing.



Where am I covered?

- ✓ Cover is provided for treatment received in your area of cover (Europe, Worldwide excluding USA or Worldwide).
- ✓ No cover is provided for emergency medical treatment outside of your area of cover.



What are my obligations?

- You must give us complete and accurate answers to any questions we ask when you arrange your policy and whenever you make a claim. Failure to do so may invalidate your policy and we can refuse to pay a claim.
- You must pay the premium on time otherwise cover will be suspended and we will not pay any claims. If premiums remain unpaid for more than 30 days, we may cancel the policy.
- You must tell us if any of your personal details change, including your address.
- If you need to make a claim, you must contact our claims team to make sure it is covered under the policy.
- You must help us by providing any information we need to administer your policy or assess a claim.
- All claims must be sent to us within six months otherwise we may not accept them.



When and how do I pay?

The premium can be paid in full at the start of the period of insurance by cheque, credit or debit card, direct debit or by bank transfer (details available on request). The premium can also be paid by monthly direct debit.



When does the cover start and end?

The period of insurance will typically be a period of 12 months starting from the commencement date and ending on the cover end date shown on the certificate of insurance as long as the premium has been paid.



How do I cancel the contract?

- You have 14 days from the date you received the policy documents to cancel it and get a full refund of the premium as long as a claim has not already been made. This is called the 'cooling-off period'.
- If you cancel the policy after the cooling-off period has ended, we may refund any premium that has been paid for the rest of that period of insurance if no claim has been made. If a claim has been made, we will cancel the policy but not refund any premium and you must pay the rest of the full annual premium.
- To cancel the policy, contact the insurance broker who arranged the policy for you and send them your policy documents.