International Private medical insurance

Insurance Product Information Document

Company: Anahita Insurance Corporation

Anahita Insurance Corporation is registered in Barbados with a registered office at CGI Tower, 2nd Floor, Warrens, St. Michael, BB22026, Barbados. Anahita Insurance Corporation is licensed by the Financial Services Commission in Barbados, number 534.

Product: Seven Corners Expat and Nomad Health Insurance (Bronze)

This document is a summary of the key features and exclusions of the policy and does not take into consideration your specific demands and needs. 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 day patient treatment

- ✓ Private hospital charges.
- Specialist fees.
- Private road ambulance.

Outpatient treatment from a doctor or specialist

- Consultations, diagnostic tests, prescription drugs (when immediately following inpatient treatment and for a maximum of 90 days).
- ✓ CT, MRI and PET scans.
- ✓ Surgery.
- Emergency dental treatment.
- ✓ Health checks (12-month waiting period).

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 return home in the event of the death of a close family member under 74 years of age.

Any limits will be shown in the table of benefits.



What is not insured?

These are some of the key exclusions in the Seven Corners Expat and Nomad Health Insurance (Bronze) policy, 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.
- Alcohol and substance abuse and addiction.
- **K** Cosmetic or plastic surgery.
- X Congenital abnormalities and birth defects.
- 🗶 Dental treatment.
- 🗶 Eating disorders.
- 🗶 Experimental treatment.
- 😕 Hormone Replacement Therapy.
- K Infertility and assisted reproduction.
- Learning difficulties, behavioural and developmental problems.
- 🗶 Obesity and weight loss surgery
- Y Palliative care and relief of symptoms.
- Pregnancy and childbirth.
- Preventative treatment and procedures.
- 🗴 Psychiatric treatment.
- Screenings, health checks and vaccinations.
- X Sex change or gender reassignment.
- **×** Sleep disorders.
- Treatment of complications caused by a medical condition or treatment excluded under the policy.
- X Treatment in the USA.

Are there any restrictions on cover?

- The maximum age of joining is 74.
- There is an overall maximum limit shown in the table of benefits.
- Cover for outpatient treatment is only provided immediately following inpatient treatment for 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 is paid.





Where am I covered?

- Cover is provided for treatment received in your area of cover (Worldwide excluding USA).
- ✓ 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 must be paid by credit or debit card. It can be paid in full at the start of the period of insurance or by monthly instalments.



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 this 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.
- You will need to send a policy cancellation request by email to Freedom Health Insurance at info@freedomhealthinsurance.co.uk.