

International Medical Insurance

Insurance Product Information Document



Insurance Company: BULSTRAD LIFE VIENNA INSURANCE GROUP
6, Sveta Sofia Street, Sofia 1301, Bulgaria
Registration number with the Bulgarian Insurance Regulator: BG831211284

Managing General Underwriter (MGU): GLOBAL BENEFITS GROUP GMBH
Fillgradergasse 7/8, 1060 Vienna, Austria
Commercial Registry Number: FN 466613 x

Product: Global Protector SILVER

This document is a summary of what this insurance does and doesn't cover. Complete individual pre-contractual and contractual information is provided in your policy documentation. You are responsible for reviewing full policy terms and conditions.

What is this type of insurance?

This insurance is a cover of medical expenses for treatments for both emergency and routine healthcare, within an aggregate annual limit of €1,000,000 (sum insured). It provides you with flexibility in terms of choice of doctor and treatment facility, with the ability to receive treatment anywhere in your region of cover. Within the sum insured there are sub-limits for reimbursement of certain expenses and for services covered by insurance.



What is insured?

- ✓ Inpatient and day-care treatment, including diagnostic procedures, specialist fees, medicines, ICU, accommodation in semi-private room
- ✓ Radiotherapy, chemotherapy and oncology treatment
- ✓ Outpatient treatment
- ✓ Emergency treatment and emergency medical transportation and evacuation
- ✓ Organ transplantation: up to €100,000
- ✓ 20 physiotherapy visits
- ✓ Emergency dental care: up to €500 (treatment must be received within 48 hours)
- ✓ Alternative medical treatment after the first two visits: up to €350
- ✓ Chronic conditions after first 24 months up to €3,000
- ✓ Convalescence cash benefit: up to €500
- ✓ War and terrorism cover included but relevant reimbursement limited to €175,000 per person and to €700,000 per event

General benefits in all Global Protector plans:

- ✓ Repatriation of mortal remains or overseas funeral: up to €15,000
- ✓ Accompanying travel & expenses, following an emergency evacuation: up to €3,500
- ✓ Out of area emergency cover
- ✓ Elective home country care
- ✓ 24/7 care coordination services



What is not insured?

- ✗ Annual medical checkup
- ✗ Hospitalization cash benefit
- ✗ Hospice and palliative care
- ✗ Dental care
- ✗ Psychiatric care
- ✗ Maternity
- ✗ Newborn benefits
- ✗ Physical rehabilitation following inpatient treatment
- ✗ Home nursing

Common exclusions in all Global Protector plans:

- ✗ Anything mentioned in the general exclusions section
- ✗ Pre-existing medical conditions which you have not declared fully to us, and those which have not been accepted by us for cover in writing
- ✗ The amount of the policy excess or co-payment (part of the claims to be borne by the insured person), as stated in the policy
- ✗ Benefits that are not explicitly indicated in the schedule of benefits
- ✗ Any self-inflicted injury or attempted suicide
- ✗ Addictive conditions
- ✗ Fraudulent, dishonest or criminal acts by you or anyone acting on your behalf
- ✗ Cosmetic surgery or elective surgery
- ✗ Anything mentioned in the war and terrorism exclusions
- ✗ Charges in excess of usual and customary
- ✗ HIV/AIDS

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Are there any restrictions on cover?

- ! You must be under the age of 75 when you purchase a policy.
- ! Your dependent children must be under the age of 21 (24 for students).
- ! "Out-of-area" emergency cover is valid if you stay no more than 30 consecutive days.
- ! The reimbursement of the costs in the USA will be 80% if you go to a hospital other than a preferred network provider if a preferred network provider was available within a 30 miles radius.
- ! All your inpatient treatment plan must be pre-authorized. Please read your policy for more detailed information about preauthorization, full list of the services requiring authorization and information about claims.
- ! If you have been requested to complete our medical questionnaire, a moratorium period can be stated in the policy. This means we will exclude certain illnesses, injuries or related medical conditions that you mentioned in your application (questionnaire), for that specified moratorium period. If you do not experience any symptoms for that pre-existing condition during that period, the condition may become eligible for benefit upon expiry of the moratorium period.



Where am I covered?

- ✓ This insurance covers you in the geographical areas stated within your policy, schedule of benefits.



What are my obligations?

- You must carefully review and understand your policy terms, conditions and exclusions. This document is only a summary of benefits and does not contain all limitations.
- You must make sure you meet the eligibility criteria under this policy.
- You must provide full and accurate information to all questions asked. Your answers must be true to the best of your knowledge and belief. Your answers will form part of the statement of facts on which your policy will be based. If you become aware of the fact that the information you have given us is inaccurate or has changed, you must immediately inform us. Failure to do this will invalidate your policy and claims will not be paid, meaning that you will be liable for any related costs.



When and how do I pay?

- Your premium is payable either by a credit or a debit card, or via bank transfer.
- If your insurance contract specifies a single premium, it should be paid before commencement of the insurance term. If your insurance contract specifies premium payment by installments, they should be paid in accordance with the time schedule specified in your insurance contract.



When does the cover start and end?

- Your cover will commence at 00:00 on the date shown on your member identification card and ends on the expiry date of your policy at 24:00. Your dependent's cover starts on the same date.



How do I cancel the contract?

- You can terminate the insurance by providing us with a written notification of the required cancellation date, which must be the date of writing or a future date, and provided that no claim has been submitted or settled in respect of medical expenses eligible for benefit under this policy, then the policyholder shall be entitled to a pro-rata refund of premium for the unexpired portion of the insurance.