

International Health Insurance Insurance Product Information Document



Company: Insured Nomads
Product: Connect Personal Health Plans

Insured Nomads Corporation is registered in the USA with NPN# 19616300, Insured Nomads (Association) is registered at 60 rue François 1er 75008, Paris, France, and Insured Nomads Europe Limited is registered in Ireland (registration number 742021) at 13 Adelaide Road, D02 P950, Dublin, Ireland.

This document is a summary and does not contain the full terms and conditions of the plan. These can be found in the plan wording and on your Certificate of Insurance (if you are already a member of Insured Nomads).

What is this type of insurance?

The Connect personal health plans are private medical insurance policies designed for individuals and their families, primarily for international coverage. The three plans available (see below) provide cover for necessary medical treatment of medical conditions that develop after a member's date of entry to the plan (unless we were informed of a medical condition during the application process and agreed to cover it).



What is insured?

Core inpatient and daycare cover

- ✓ Annual medical limit of US\$500,000, \$1,000,000, or \$3,000,000
- ✓ Hospital accommodation and board
- ✓ Prescription drugs and materials
- ✓ Surgical fees, including anaesthesia and theatre charges
- ✓ Intensive care
- ✓ Surgical appliances and materials
- ✓ Physician and therapist fees
- ✓ Diagnostic tests
- ✓ Cancer care (inpatient, daycare, and outpatient)
- ✓ Psychiatry and psychotherapy
- ✓ Organ transplant
- ✓ Kidney dialysis
- ✓ Post-hospitalization treatment
- ✓ Accommodation costs for one parent staying in hospital with an insured child under 18: US\$100-200 per night, maximum 15 or 30 nights per year, depending on your plan
- ✓ Nursing at home or in a convalescent home: US\$100, \$150, or \$200 per day, maximum 15 days
- ✓ Rehabilitation treatment: US\$100, \$150, or \$200 per day, maximum 20 days
- ✓ CT, MRI, PET and CT-PET scans
- ✓ Inpatient cash benefit per night where treatment has been received free of charge: US\$100, \$150, or \$200 per day, maximum 15, 20, or 25 days
- ✓ Emergency outpatient treatment (within the first 24 hours of the emergency event): US\$500, \$750, or \$1,000
- ✓ Emergency inpatient dental treatment (within the first 24 hours of the emergency event)
- ✓ Palliative care: US\$10,000, \$25,000, or \$50,000 per lifetime
- ✓ Long-term care: maximum 90 days
- ✓ Post-hospitalization treatment: 90 days following discharge
- ✓ Drug and alcohol addiction treatment for dependent children

Assistance and Repatriation

- ✓ Medical evacuation
- ✓ Emergency treatment outside the area of cover: for trips of a maximum of 42 days
- ✓ Repatriation of mortal remains: US\$10,000
- ✓ Travel costs for an accompanying person and travel costs of insured family members in the event of an evacuation: \$1,500, 2,500, or \$4,000, or in the event of repatriation of mortal remains: \$2,500

Other benefits apply; please refer to the table of benefits available in the [Connect Brochure](#) or the [Policy Wording](#).

The following coverage details our optional modules, which you can choose to add to your plan:

Outpatient (Optional): maximum annual limit US\$3,000, \$5,000, or \$8,000

- Consultation with medical practitioners (\$300, \$1,000, or 100%) and specialists (80%, 90%, or 100%)
- Prescription drugs: \$200, \$1,000, or 100%
- Physiotherapy: \$500, \$1,000, or \$2,500 (if prescribed) or five visits (non-prescribed)
- Prescribed medical aids: \$1,000 or \$3,000
- Child home nursing: \$100/day for a maximum of 7 days



What is insured? (continued)

Outpatient (Optional)

- Diagnostic tests
- Vaccinations
- Cancer screening
- Health and wellbeing checks: \$750
- Hormone replacement therapy
- Psychiatry and psychotherapy: 10 or 20 visits
- Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture, and podiatry: \$300, \$1,000, or \$2,500

Maternity (Optional): 12-month waiting period

- Routine inpatient and outpatient maternity: \$5,000 or \$10,000
- Complications of pregnancy and childbirth: \$10,000 or \$15,000
- Home delivery: \$1,000 or \$1,500
- Infertility treatment: \$5,000 or \$7,500

Dental/Optical (Optional): 10-month waiting period

- Maximum annual limit: \$2,000 or \$5,000
- Dental treatment and surgery: 80% or 100%
- Periodontics: 80%
- Orthodontic treatment and dental prostheses: 50% or 65%
- Laser eye treatment: \$1,000 or \$1,500
- Prescribed glasses and contact lenses including eye examination: \$150 or \$300



What is not insured?

- ✗ Experimental or unproven treatment or drug therapy
- ✗ Treatment outside your geographical area of cover
- ✗ Non-emergency treatment outside your selected area of cover
- ✗ Cosmetic or reconstructive treatment (except reconstructive breast surgery after a covered illness)
- ✗ Detoxication/ disintoxication treatment
- ✗ Care and/or treatment of intentionally caused illnesses and/or self-inflicted injuries
- ✗ Any surgery or treatment relating to a gender reassignment/ sexual reassignment/ gender confirmation
- ✗ A circumcision, other than for medical reasons
- ✗ Treatment as a result of conflict or disaster if you are an active participant or put yourself in danger (with an exception if called upon to perform a maintenance or monitoring mission to ensure people's security)
- ✗ Thermal cures, medical costs relating to a stay in a thalassotherapy center or fitness center
- ✗ Hair loss treatment (unless caused by a serious illness) or hair transplantation

Other exclusions apply; please refer to the [Policy Wording](#) section on Exclusions.



Are there any restrictions on cover?

- ! The cover is restricted to the geographical area chosen.
- ! Any limitations contained in your Certificate of Insurance.
- ! The co-insurance, benefit limit, and waiting period specified for particular benefits under the personal health plan you have chosen, as per the table of benefits in the plan documents.
- ! Waiting periods (the time from when you first purchased the benefit before you can claim):
 - Outpatient psychiatry and psychotherapy (optional benefit): 6 months
 - Dental/Optical (optional benefit): 10 months
 - Maternity (optional benefit): 12 months
- ! The annual limit of cover for the plan you have chosen.
- ! The excess, as stated on your Certificate of Insurance.

In some circumstances, we may agree to include certain pre-existing conditions at an additional premium. Other restrictions apply. Please see the full terms and conditions in the Policy Wording and Benefit Guide.



Where am I covered?

You will be covered in the geographical area that you selected at the inception of cover, and limited to emergencies when traveling outside your chosen area of cover.



When and how do I pay?

Your premium will need to be paid in advance of the insurance period that it refers to. If you prefer it, you can choose to pay in monthly installments. Several payment methods are available, e.g., bank transfer, credit card, etc. The premium payment methods will be emailed to you at the point of sale. Credit card can be updated on your app: My Health by Insured Nomads

Please note that if your premium payment is not in order, cover may be suspended or cancelled.



What are my obligations?

- You must pay your premium.
- You are liable for the remainder of any premiums unpaid if we have paid a claim or made a guarantee of payment during the period of cover.
- All information requested during application process (including medical history) and during policy period must be answered as truthfully and accurately as possible.
- If you have selected a deductible, co-pay and co-insurance, you must pay the agreed amount before we will make any payment.
- You must inform us if you or any other member's personal details change (including contact details, change of address, country of residence or country of nationality).
- You must contact us for pre-authorization as soon as you or any other member needs treatment, whether in-patient or day-patient medical treatment



When does the cover start and end?

This policy is an annual, 12-month contract. The dates of your period of cover are stated on your Certificate of Insurance, and unless it is terminated or renewed, the cover will end one (1) year after the start date. Your start date will be shown on the first Certificate of Insurance.

- Except in the case of fraud, if this policy ends before the end date any premium which has been paid in relation to the period after cover has ended will be refunded to the extent that it does not relate to a period of time in which we have provided cover, so long as we have not paid any claim, or made any guarantee of payment during the period of cover.
- Unless you (or we in certain circumstances) choose not to renew, your policy will be renewed and paid automatically.



How do I cancel the contract?

A request in writing (email or otherwise) instructing of your desire to cancel is required if you to cancel your policy, or if you want to cancel coverage under your plan for one or more of your dependents.

We will cancel cover from the date we have received your written instructions, or from a date in the future that you specified.

Cancellation from a prior date to us receiving your written instruction is not possible and will not be honored. If we receive your written instructions within 14 days of your date of policy start, and provided that no claims have been submitted, we will refund your premium in full. If we receive your written instructions more than 14 days after your date of policy start and you have not made a claim, we will issue a pro rata refund.