



REGENCY
employee benefits

INTERNATIONAL HEALTH INSURANCE



**“With clients in
over 120 countries
around the world”**



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Welcome to REGENCY

Regency Employee Benefits is a provider of comprehensive international health insurance plans designed for globally mobile individuals throughout more than 120 countries. Our services are designed to help you - our customers - understand the risks of living overseas and to provide cost effective solutions that will offer protection for your employees, loved ones and family members. In simple terms, we exist to help you.

Regency Employee Benefits is part of the international insurance and finance company - Regency Assurance - an organisation that brings together a tradition of financial strength and security with a forward thinking and customer focused approach to the underwriting and management of insurance and pension programs.

As the preeminent provider of insurance and pension solutions to individuals, companies and governmental organisations around the world, Regency Assurance is recognised for its ability to implement risk managed and results driven solutions.

With licenses to carry out multiple insurance and pension lines of business the company's position within the global financial industry has led the company to be considered by many as the first port of call for integrated financial risk management products and services. Today, Regency Employee Benefits products can be found in over 120 countries around the world, with its influence on international financial markets and business practices going beyond those geographical jurisdictions.







UNITED NATIONS GLOBAL COMPACT

The UN Global Compact is a strategic policy initiative for businesses that are committed to aligning their operations and strategies with ten universally accepted principles in the areas of **human rights, labour, environment and anti-corruption**. By doing so, business, as a primary driver of globalisation, can help ensure that markets, commerce, technology and finance advance in ways that benefit economies and societies everywhere.

As social, political and economic challenges (and opportunities) - whether occurring at home or in other regions affect business more than ever before, many companies recognise the need to collaborate and partner with governments, civil society, labour and the United Nations.

This ever-increasing understanding is reflected in the Global Compact's rapid growth. With over 12,000 corporate participants and other stakeholders from over 145 countries, it is the largest voluntary corporate responsibility initiative in the world.

Endorsed by chief executives, the Global Compact is a practical framework for the development, implementation and disclosure of sustainability policies and practices, offering participants a wide spectrum of workstreams, management tools and resources - all designed to help advance sustainable business models and markets.

As the world's largest corporate citizenship and sustainability initiative, Regency Employee Benefits is proud to be a member of and support the United Nations Global Compact and has integrated the principles of the program within the overall visions, values and international operating standards of Regency Employee Benefits.

GLOBAL REACH

Supporting the international community in over 120 countries around the world

Regency Assurance has been recognised for its truly global reach and its ability to implement worldwide solutions that have not only provided international consistency for clients but has also ensured that insured persons can receive peace of mind that coverage is able to reflect their environment no matter where they are in the world.



Cross-border solutions

This international experience has been especially beneficial for the expatriate community where global mobility is a key characteristic of their lives and the need for cross-border solutions forms a key driver for their insurance decisions.



Trusted protection

With over 10,000 insurance and financial services agents around the world, Regency Employee Benefits has been able to establish itself as the preferred choice for the international community, with industry professionals trusting Regency to deliver the protection that their clients require.



Global support network

In addition, Regency Employee Benefits has developed a global support network for clients that means that wherever they are in the World, they will be able to feel confident that their coverage has the infrastructure in place to support their needs.



STRENGTH & SECURITY

As part of Regency Assurance, a regulated insurance and financial services company, clients can be confident that Regency Employee Benefits products and services are delivered on a foundation of financial strength and security that is supported throughout by a customer focused ethos of trust and fairness.

Compliance towards international insurance and financial services standards is at the very heart of the company which operates under long term insurance licenses issued, maintained and monitored through the Financial Services Regulatory Commission. This not only ensures that the company's practices adhere to highest international standards but that Regency Employee Benefits is able to meet all liabilities financially whilst sustaining sufficient margins of solvency.



“ Safe and secure
provider of
global insurance ”

These regulatory standards have been put in place to lower the burden of risk for insured persons and dramatically increase the financial security that they receive when arranging their insurance programs.

Regency Employee Benefits' attitude towards building financial security and confidence has seen the company instigate an auditable practice. This means that Regency Employee Benefits is able to meet any financial liabilities incurred through the provision of its insurance coverage and has a sustainable financial capacity to meet its operational responsibilities.



SERVICE SATISFACTION

Regency Employee Benefits' customer focused philosophy has placed the company in a position to be recognised by many as a provider of excellence. This position is reflected through the levels of customer satisfaction with Regency consistently achieving a rating of over 98% amongst its international client base.

Regency consistently achieves a customer satisfaction rating of over...

98%



SERVICE SATISFACTION

Regency's high levels of customer service satisfaction are as a direct result of their investment in developing a service model that delivers upon clients' needs and requirements, creating a service structure that is tailored to the ever evolving environment of the international community.

By using the latest technologies, Regency Employee Benefits has been able to streamline the customer experience and eliminate many of the obstacles that are traditionally part of the delivery of customer-centric products and services by the insurance and financial services sector.

At the heart of Regency Employee Benefits' services are its people. A team of highly dedicated professionals committed to the overall visions and values of the company and focused on delivering customer service excellence. Training and development well above industry standards ensures a team whose daily objectives are directly linked to the actual received customer experiences.



BENEFITS REVIEW

 INPATIENT BENEFITS

 OUTPATIENT BENEFITS

 WELLBEING BENEFITS

 DENTAL BENEFITS

 GLOBAL SECURITY

 PSYCHOLOGY BENEFITS

 INTERNATIONAL ASSISTANCE

 EVACUATION & REPATRIATION



Inpatient Benefits

Being admitted into hospital for treatment of an injury or an illness can be a daunting time not only for the patient but for their friends and family too.

Regency's range of international health insurance plans all include inpatient benefits to ensure that this unique environment is experienced with the full backing and support of one of the world's premier insurance companies.

With a team of qualified and experienced professionals behind the scenes, members can be confident that their admission will receive the upmost focus and attention and that no matter where they are in the world, Regency's 24-hour assistance service will be on hand to help them through this daunting time.

Having medically trained personnel on hand, Regency is ideally placed to contribute to the entire journey of a hospital admission including pre-authorising and paying hospital bills, being on hand to liaise with hospital staff throughout their stay to being discharged.



Outpatient Benefits

From an everyday cold to cuts and bruises, visiting an outpatient clinic or general practitioner for treatment and medication is common place for those within the international, globally mobile community.

Receiving this treatment quickly is essential and Regency's outpatient benefits ensure that the cost of this does not become an additional burden for members.

In addition to this, Regency's claims reimbursement process has been simplified to allow patients to receive a speedy payment for their covered expenses and has been streamlined to reflect their "on the go" lifestyle including the ability to scan and email claims to Regency for reimbursement without the need for original forms and receipts.

Regency's fast track claims team recognises the need for efficient payments and is able to adjudicate claims in a manner that puts customer service at the forefront.



Wellbeing Benefits

Regency's suite of wellbeing benefits help members to stay healthy longer and maximize quality of life by giving them access to a number of preventative healthcare measures that can identify health issues early.

By detecting problems prior to feeling the effects of their symptoms, members can receive appropriate treatment before illnesses worsen and by picking up early signs of sickness, they are given more time to plan the ideal course for overcoming illnesses.

From annual medical health check-ups and eye tests to coverage for vaccinations, Regency's wellbeing benefits are an essential element of a comprehensive health insurance plan and allow members to feel confident that their overall health is being guarded.



Dental Benefits

Good dental health not only protects the integrity of teeth but ensures smiles remain bright for years to come.

Regency's range of dental benefits have been designed to comprehensively cover a multitude of dental needs so that members can feel secure that their teeth will get the right attention along with their overall healthcare needs.

Whilst many dental plans are limited in their scope of benefits, Regency has enabled its dental elements to extend across the spectrum of needs and includes coverage following accidents with Emergency Dental treatment to more complex work included within Major Dental treatment down to the more lifestyle oriented requirements contained within Routine Dental.

Overall, Regency's plans are ideal for those wishing to simply apply the additional coverage of dental benefits without the need to purchase separate standalone dental insurance.





Global Security Benefits

In an ever turbulent global security environment, Regency's unique approach allows members to trust that whilst they travel and reside around the world, their international health insurance coverage caters for many of the potential dangers that they may face.

Whilst many insurance programs available in the market specifically exclude claims relating to terrorism and security based events, Regency has developed generous benefits that mean that these concerns can be addressed.

Through Regency's team of dedicated security and risk management personnel, the health insurance coverage is able to deliver benefits tailored for terrorism, hostage negotiation, hijacking and mugging and the service delivery of these means that all members can live, work and travel globally with the peace of mind that Regency is there to support them.



“Total peace
of mind”



Psychology Benefits

Living and travelling overseas can give members the opportunity to enjoy new and exciting experiences, however, with these unfamiliar environments can come added stress and the need for additional healthcare support.

As part of an overall, comprehensive and holistic approach to supporting the entirety of the medical needs of members, Regency has extended coverage within all plan options to include services under their Psychology Benefits.

With global access to teams of highly trained psychology specialists, Regency members can be just a phone call away from vital counselling and coaching that can strengthen their overall wellbeing and confidence.





International Assistance Benefits

As one of the premier concierge level international health insurance providers, Regency's comprehensive balance of services ensure total support for members wherever they may be in the world and no matter their individual set of circumstances.

Having access to local knowledge and experience from a global health provider can prove vital in the event of an injury or illness and through Regency's international assistance benefits, members can receive treatment knowing that total support can be given to them.

From general information and advice to the placement of "Guarantee of Payment" to medical facilities and arrangement of further treatment, Regency's 24-hour global assistance benefits are the ultimate in customer care.



Evacuation & Repatriation Benefits

Recognizing that not all medical facilities in all global locations meet the highest levels of medical care or have the ability to cope with the more complex treatment needs, Regency's evacuation and repatriation benefits are an important element of establishing the right, tailored healthcare plan.

In the event that emergency treatment is not readily available at the place of the injury or illness, Regency can transport members to the nearest appropriate medical facility.

As an optional benefit to all of Regency's international health insurance plans, members can choose to include evacuation and repatriation as they see fit and determine and influence the overall structure and cost of their coverage.





TABLE OF BENEFITS

This policy provides cover for the following benefits in respect of treatment of an insured person provided during the period of cover for a medical condition. All benefits, including full refunds, are conditional upon charges being reasonable and customary.

	Major Medical	Standard	Comprehensive	Fully Comprehensive
Overall Plan Limit per year	US\$1,000,000	US\$1,000,000	US\$1,000,000	US\$2,000,000
INPATIENT COVER				
Room & board including general nursing care	Semi-Private	Semi-Private	Semi-Private	Full Cover
Parental accommodation (added bed, same room)	No Cover	No Cover	Full Cover	Full Cover
Theatre fees; x-rays; laboratory tests; medicines & drugs; blood & plasma; surgical appliances; rental of wheelchairs	Full Cover	Full Cover	Full Cover	Full Cover
Intensive Care (Room & Board including general nursing care)	Full Cover	Full Cover	Full Cover	Full Cover
Surgeon's Fees including pre- & post-surgical services	US\$25,000	US\$25,000	US\$25,000	Full Cover
Anesthetist's Fees	30% of Surgeons Fees	30% of Surgeons Fees	30% of Surgeons Fees	Full Cover
Professional Fees including physician, specialist, radiologist, Physiotherapy & pathologist fees	US\$25,000	US\$25,000	US\$25,000	Full Cover
Rehabilitation Cover	No Cover	No Cover	Full Cover, 30 Days	Full Cover, 45 Days
Kidney Dialysis	Full Cover	Full Cover	Full Cover	Full Cover
Oncology Cover	US\$20,000	US\$20,000	US\$20,000	Full Cover
Emergency Room Treatment	Full Cover	Full Cover	Full Cover	Full Cover
Organ Transplant Cover	No Cover	No Cover	US\$100,000	Full Cover
Local Ambulance to Hospital	Full Cover	Full Cover	Full Cover	Full Cover
Hospital Cash Benefit	US\$100	US\$100	US\$100	US\$200

Major Medical

Standard

Comprehensive

Fully Comprehensive

OUTPATIENT COVER

Outpatient Surgical	No Cover	US\$25,000	US\$25,000	Full Cover
Pre-hospitalization	No Cover	US\$2,000 30 days prior	US\$2,000 30 days prior	Full Cover
Post-hospitalization	No Cover	US\$2,000 30 days post	US\$2,000 30 days post	Full Cover
GP Consultation Fees	No Cover	US\$750	US\$750	Full Cover
Specialist Consultation Fees	No Cover	US\$750	US\$750	Full Cover
Prescribed Medication	No Cover	US\$750	US\$750	Full Cover
Imaging and Lab Tests	No Cover	US\$750	US\$750	Full Cover
Physiotherapy	No Cover	No Cover	US\$750, 5 Visits	Full Cover, 10 Visits
Oncology	No Cover	No Cover	US\$20,000	Full Cover
Alternative Therapies Treatment	No Cover	No Cover	US\$250, 5 Visits	Full Cover, 10 Visits
Chronic Conditions Benefit	No Cover	No Cover	US\$1,000	US\$10,000

WELLBEING BENEFITS

Annual Medical Check-ups	No Cover	No Cover	US\$250 25% Co-insurance	US\$500
Vaccinations	No Cover	No Cover	US\$250 25% Co-insurance	US\$500
Eye Test	No Cover	No Cover	US\$250, 1 Per Year	US\$250, 1 Per Year

DENTAL BENEFITS

Emergency Dental (Relief of Pain Only)	No Cover	No Cover	Inpatient Treatment Only	Full Cover
Routine Dental (6 months waiting period)	No Cover	No Cover	No Cover	US\$750
Major Dental (6 months waiting period)	No Cover	No Cover	US\$750 25% Co-insurance	US\$750

GLOBAL SECURITY BENEFITS

Terrorism	US\$50,000	US\$100,000	US\$150,000	Full Cover
Hostage Negotiation	Full Cover	Full Cover	Full Cover	Full Cover
Hijacking	US\$100 Per Day 10 Days	US\$200 Per Day 10 Days	US\$300 Per Day 10 Days	US\$500 Per Day
Mugging	US\$100 Per Day 5 Days	US\$100 Per Day 5 Days	US\$100 Per Day 5 Days	US\$100 Per Day

Major Medical

Standard

Comprehensive

Fully Comprehensive

PSYCHOLOGY BENEFITS

24 Hour Psychology Counselling	Full Cover	Full Cover	Full Cover	Full Cover
24 Hour Personal Coaching	Full Cover	Full Cover	Full Cover	Full Cover

INTERNATIONAL ASSISTANCE BENEFITS

24 Hour Emergency Assistance	Full Cover	Full Cover	Full Cover	Full Cover
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LIFE COVER

Death Benefit	US\$10,000	US\$10,000	US\$10,000	US\$10,000
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OPTIONAL BENEFITS - Where an additional premium has been paid

Evacuation & Repatriation	US\$100,000	US\$100,000	US\$100,000	US\$100,000
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“ Preferred choice for the international community ”





POLICY WORDING

This policy document is only valid when issued in conjunction with a Regency Employee Benefits Health Insurance Certificate of Insurance, and provided the required insurance premium has been paid.

The purpose of this insurance policy is to provide cover for losses arising as a result of medical expenses that occur during the period of cover.

The cover is subject to certain limits, excesses and co-insurance as set out in the table of benefits. The cover provided is subject to certain terms, definitions, conditions and exclusions as outlined within this document

Please take the time to read and fully understand the content of this document including the table of benefits and the policy wording terms, conditions, exclusions and definitions and details of how to make a claim; if there is any element of these that you don't understand or that require clarification, please contact Regency Employee Benefits directly.

'Cooling-Off' Period

Please read and fully understand the terms, conditions and exclusions of this policy. If for any reason you feel that this cover or this policy is not suitable for you, you can cancel your policy and receive a full refund of any premiums paid. You must contact Regency Employee Benefits within 14 days of the purchase of this policy and not have made a claim in order to receive a refund.

 **DEFINITIONS**

 **CONDITIONS**

 **EXCLUSIONS**

 **HOW TO MAKE A CLAIM**

 **CONTACT
REGENCY EMPLOYEE
BENEFITS**



POLICY WORDING DEFINITIONS



The following words and phrases have specific meanings, and are defined as follows:

Accident: An unexpected, unforeseen and involuntary external event resulting in injury to a member and occurring whilst this policy is in force.

Act of Terrorism: An act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone, on behalf of, or in conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons, including the intention to influence any government and/or to put the public or any section of the public in fear.

Acute: A medical condition which is brief, has a definite end point, and which we, on advice or general advice, determine can be cured by treatment.

Advice: Any consultation from a medical practitioner or specialist, including the issue of any prescriptions or repeat prescriptions.

Alternative Therapies Treatment: Treatment of a medical condition by homeopathy, naturopathy, osteopathy,

acupuncture and traditional Chinese medicine only. Benefit amounts are per policy year.

Annual Medical Check-ups: Medical tests/screenings that are conducted by a medical practitioner without any clinical symptoms being present.

Appliances: Devices, implants and equipment when used as an integral part of a surgical procedure administered by a medical practitioner or specialist.

Benefits: The insurance cover provided by this policy and any applicable endorsements shown in a member's certificate of insurance.

Bodily Injury: An injury that is caused solely by an accident and results in the member's dismemberment, disablement or other physical injury.

Certificate of Insurance: A schedule that provides members with information regarding the plan and benefit options elected by the policyholder, and lists those members, including any dependants, covered by the plan.

Chronic: A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure
- It comes back or is likely to come back
- It is permanent
- Members need to be rehabilitated or specially trained to cope with it
- It needs long-term monitoring, consultations, checkups, examinations, tests, or medication
- Is described as chronic by a medical doctor
- Is generally medically accepted to be a chronic condition.

Chronic Conditions Benefit: Routine drugs and dressings for the treatment of a chronic medical condition.

Coinsurance: The percentage of the total value of incurred expenses for which the member is responsible.

Commencement Date: The date shown on the certificate of insurance on which the policy came into effect.

Conflict/Civil Unrest: Any war, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any act of terrorism.

Congenital Anomaly: Any genetic, physical or (bio)chemical defect, disease or malformation which existed at or before birth, and which may or may not be obvious at birth.

Country(ies) of Nationality: The country (or countries) for which members hold a valid passport(s).

Country of Residence: The country in which members habitually reside (for a period of no less than six months per period of cover) at the time this policy is first taken out or at each subsequent renewal date.

Cover: Benefits provided to the member's policy as listed in the certificate of insurance.

Date of Entry: The date on which a member was included under this policy without any break in cover.

Day Patient: A member who is admitted to a hospital bed but does not stay overnight.

Death Benefit: Life Insurance payment to the next of kin or estate following the death of the insured person.

Deductible: An amount that we may deduct from our reimbursement to you when making a claim for treatment received outside the direct settlement network, and which is equivalent to any coinsurance that would normally be the responsibility of the member.

Dental Practitioner: A person who is licensed by the relevant licensing authority to practice dentistry in the country where dental treatment is given.



POLICY WORDING DEFINITIONS

Dependants: One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the Policyholder, or 26 years old if in full-time education, at the date of entry or any subsequent renewal date. The term partner shall mean husband, wife or the person permanently living with the Policyholder in a similar relationship. All dependants must be named in the certificate of insurance.

Direct Family Member: Spouse, child, parent or sibling.

Direct Settlement: When your bill is settled directly by us either because the provider is contracted to our direct settlement network or because we have received and agreed to make a onetime direct settlement.

Please Note - Where members receive treatment for a medical condition that is not covered within the terms of the policy, the member remains liable for the costs of such treatment, which must be settled in full upon request.

Failure to act accordingly will result in the suspension or cancellation of your cover, without refund of premium.

Drugs and Dressings: Essential drugs, dressings and medicines prescribed by a medical practitioner or specialist and which are not available without prescription.

Elective: Planned treatment that is medically necessary, but which is not required in an emergency.

Emergency: A sudden, serious and unforeseen acute medical condition or injury requiring immediate medical care.

Emergency Assistance: Access to telephone assistance provided by Regency Employee Benefits for the administration of covered benefits in the event of an emergency.

Emergency Dental: Treatment on natural sound teeth following an accident and received in an emergency room for the immediate relief of pain only.

Emergency Room Treatment: Treatment received in an emergency room of a hospital immediately following a medical emergency.

Evacuation: Where treatment is not available at the place of the incident, the costs incurred in moving a member from the place of incident to the nearest country with appropriate medical facilities, as determined by the attending medical practitioner or specialist in conjunction with our medical advisors. All airline tickets are limited to economy class.

Excess: The amount payable by a member in respect of expenses incurred before any benefits are paid under the policy, as specified in their certificate of insurance.

Expatriate: Any persons living or working outside their country of citizenship, for a period exceeding six months per period of cover.

Eye Test: Examination of eyes to test visual acuity, pupil function and extra ocular muscle motility by an optometrist.

General Advice: Advice from the relevant professional body to establish medical practice and/or established medical opinion in relation to any medical condition or treatment.

General Nursing Care: Care given by the nursing staff of a hospital not including a private nurse.

GP Consultation Fees: General Practitioner Consultation and examination fees.

Hereditary: A disease or disorder that is inherited genetically.

Hijacking: Detainment on a means of public transport due to it being hijacked by persons using violence or threat of violence.

Hospice: A facility that provides palliative treatment and does not provide a cure.

Hospital: An establishment that is legally licensed as a medical or surgical hospital under the laws of the country in which it is situated.

Hospital Cash Benefit: Where treatment is received in a state or charitable hospital and no claim is submitted under this policy for re-imburement providing that the medical condition is eligible under the policy.

Hostage Negotiations: Professional negotiations with kidnappers in the event of members being taken hostage but not including the payment of any ransoms or provision of any items or undertakings connected with the negotiations or outcome or potential outcome of the negotiations.

Imaging and lab tests: Diagnostic procedures performed by a medical practitioner to determine the cause of medical symptoms.

Inpatient: A member who stays in a hospital bed and is admitted for one or more nights solely to receive treatment.

Inpatient Cover: Treatment received by an insured person when admitted to a hospital bed for an overnight stay of one or more nights.

Intensive Care: Standard accommodation and food provided in an intensive care unit of a hospital including general nursing care.

Local National: Any persons living or working in their country of citizenship, for a period exceeding six months per period of cover.

Local Ambulance to hospital: Road vehicle used for transportation to hospital in the event of a medical emergency.



POLICY WORDING DEFINITIONS

Major Dental: Treatment of teeth including fillings and extractions only.

Medical Condition: Any injury, illness or disease, including psychiatric illness.

Medical Practitioner: A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation and who is licensed by the relevant authority to practice medicine in the country where the treatment is given.

Medically Necessary: A medical service or treatment, which in the opinion of a qualified medical practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the member's condition or the quality of medical care rendered.

Mugging: Where treatment is received in a hospital as a result of an act of attacking and robbing a member in a public place.

Member / Insured Person / You / Your: The policyholder and/or the dependants named on the policy schedule or certificate of insurance.

New Born: A baby who is within the first 16 weeks of its life following delivery.

Oncology Cover: Oncologist fees, surgery, radio-therapy and chemotherapy relating to cancer and its diagnosis.

Organ Transplant Cover: The replacement of vital organs (including bone marrow) as a consequence of an underlying medical condition.

Outpatient: A member who receives treatment at a recognised medical facility, but is not admitted to a hospital bed as an inpatient or day patient.

Outpatient Cover: Treatment received without admission to a hospital bed.

Outpatient Surgical: Minor surgical procedures carried out by a medical practitioner.

Overall Plan Limit per year: The most we will pay for each insured person in any period of cover.

Palliative Treatment: Any treatment given, on advice or general advice, for the purpose of offering temporary relief of symptoms. Palliative treatment is not given to treat the underlying medical condition causing the symptoms. For the purposes of this policy, palliative treatment will include renal dialysis.

Parental Accommodation: One added bed in the hospital room for a parent to stay with their child whilst admitted into hospital for an injury or an illness covered by this policy.

Period of Cover: The period of cover set out in the certificate of insurance. This will be a 12 month period starting from the date of entry or any subsequent renewal date, as applicable.

Personal Coaching: Telephone access to personal coaches provided by Regency Employee Benefits.

Physiotherapy: Treatment received within 6 months of an injury or illness by a physiotherapist upon referral by a medical practitioner. Benefit amounts are per policy year.

Plan Limit: The maximum amount payable for each insured person in any period of cover.

Policy: The health insurance policy, our contract of insurance with the policyholder providing cover as detailed in the policy documentation.

Policy Documentation: The set of policy documents that form a contractual agreement between us and the policyholder.

These documents include any application forms, the certificate of insurance, table of benefits and policy wording terms, conditions and exclusions, and any other supporting documentation.

Policyholder: The person named as policyholder in the policy schedule or certificate of insurance.

Post-hospitalisation: Treatment received within 6 months of an injury or illness that required admission into hospital as an inpatient.

Pre-hospitalisation: Treatment and diagnosis received within 6 months of an injury or illness that required admission into hospital as an inpatient.

Prescribed Medication: Drugs and medicines prescribed by a medical practitioner.

Private Room: Single occupancy accommodation in a hospital but not including VIP suites.

Provider: A provider who is legally licensed to supply treatment in the country in which it is provided.

Provider Network: A supplier of treatment participating in the direct settlement network.

Psychology Counselling: Telephone access to qualified psychologists provided by Regency Employee Benefits.

Qualified Nurse: A qualified nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which he/she is resident.

Reasonable and Customary Charges: The average amount charged in respect of valid services or treatment costs, as determined by our experience in any particular country, area or region and substantiated by an independent third party, a practicing surgeon/physician/specialist, or a government health department.



POLICY WORDING DEFINITIONS

Rehabilitation Cover: Assisting a member who, following a medical condition, requiring physical therapy and assistance in independent living to restore them, as much as medically necessary or practically able, to the position in which they were in prior to such medical condition occurring.

Related Condition: Any injuries, illnesses or diseases are related conditions if we, on general advice, determine that one is a result of the other or if each is a result of the same injury, illness or disease.

Renewal Date: The anniversary of the commencement date of the policy.

Room and Board: Hospital accommodation and food provided by a hospital as standard.

Routine Dental: Routine examinations of teeth including check-ups, x-rays, cleaning and polishing.

Semi-Private Room: Dual occupancy accommodation in a private hospital.

Sound Natural Teeth: Teeth that were stable, functional, free from decay and advanced periodontal disease, and in good repair at the time of the accident.

Specialist: A registered medical practitioner who currently holds a substantive consultant appointment in that specialty, which is recognised as such by the statutory bodies of the relevant country.

Specialist Consultation Fees: Consultation with a specialist upon referral by a medical practitioner.

State Medical Facility: A hospital funded and operated by the government of a state.

Table of Benefits: The schedule of benefits included within each level of cover and corresponding with the cover level as stated on the certificate of insurance.

Terrorism: Treatment received for physical injury as a result of violence and intimidation in the pursuit of political aims.

Treatment: Surgical, medical or other procedures, the sole purpose of which is the cure or relief of a medical condition.

Underwriters: The carrier of risk and payer of benefits as indicated in the policy documentation and certificate of insurance.

Vaccinations: Vaccinations and immunisations that are directly related to overseas travel requirements.

Waiting Period: Period of time from the commencement date where coverage will not apply.

Ward: Communal accommodation in a hospital where the patient is sharing the room with two or more other patients.

We/Our/Us: Regency Employee Benefits.



POLICY WORDING CONDITIONS



The following conditions apply to all sections of this insurance:

Policy

This insurance contract consists of the application form and the policy documentation, including the certificate of insurance, table of benefits and policy wording. The rights of the policyholder; or any beneficiary will not be affected by any provision other than the one described above.

Language

This policy is written in English. This policy may only be completed and interpreted in English and all other information and communications relating to this policy will also be in English.

Tax

We reserve the right to reflect any changes in insurance premium tax or other government levies as may be imposed upon us.

Eligibility for Cover

New applicants will be eligible for cover up until the age of 70.

Termination of Cover

Cover may end if: policyholder

- i) You exhaust the maximum annual aggregate benefit under the plan.
- ii) You fail to reimburse us within 14 days of receipt of notice that we have made payment for treatment of a medical condition not covered within the terms and conditions of the policy.

Cover

We will pay the insurance benefits (specific benefits will not exceed the corresponding payment limit and the total amount of benefits will not exceed the mutually agreed maximum insured amount of the policy) as follows: all costs incurred must be medically necessary and subject to reasonable and customary charges.

The insurance contract will provide cover for treatment given during the current period of cover.

Period of Cover

Your plan is in force for the period of cover noted in your certificate of insurance.

Certificate of Insurance

We will provide a certificate of

insurance for each member and any eligible dependants benefitting from cover under this policy.

Contribution

If you or any dependant named on your policy, are entitled to claim from any other insurance policy for any of the costs, charges or fees for which you are insured under this contract, you must disclose the same to us and we shall not be liable to pay or contribute more than our rateable proportion.

Change of Risk

The policyholder or insured person must inform us as soon as reasonably possible of any material changes that affects information given in connection with the application for cover under this policy. We reserve the right to alter the policy terms or cancel cover for an insured person following a change of risk.

Declaration of Material Facts

All material facts (e.g., a pre-existing health condition or involvement in a hazardous activity) that may affect our assessment and consideration of an application should be declared. Failure to do so may invalidate your cover. If you are in doubt whether a fact is material then it should be disclosed.

Break in Cover

Where there is a break in cover, for whatever reason, we reserve the right to reapply exclusion clause 1 in respect of pre-existing medical conditions.

Claim Adjudication

All claims must be notified as soon as is reasonably practical after the event which causes the claim. Failure to do so may result in our rejection of the claim if it is made so long after the event that we are unable to investigate it fully, or may result in you not receiving the full amount claimed for if the amount claimed is increased as a result of any delay.

If we think that the evidence of the claim submission and the information provided is incomplete, then you will be informed promptly of the required supplementary information.

We will not pay any interest on any amount payable under this policy.

If any claim is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition, all cover in respect of the insured persons shall be cancelled void from the date of entry.



Applicable Law

The law applicable to this policy shall be construed according to the laws of Nevis.

Subrogation

The policy shall be subrogated to all rights of recovery that insured persons have against any other party with respect to any payment made by that party to insured persons due to any injury, illness or medical condition insured persons sustain to the full extent of the benefits provided or to be provided by the policy. If insured persons receive any payment from any other party or from any other insurance cover as a result of an injury, illness or medical condition, we have the right to recover from, and be reimbursed by them, for all amounts we have paid and will pay as a result of that injury, illness or medical condition, from such payment, up to and including the full amount received.

We shall be entitled to full reimbursement from any other party's payments, even if such payment will result in a recovery that is insufficient to fully compensate the insured person in part or in whole for the damages sustained.

Insured persons are required to fully cooperate with us in our efforts to recover

any payments made including any legal proceedings that we may conduct and proceed with on their behalf at our sole discretion. Insured persons are required to notify us within 30 days of the date when any notice is given to any party, including an insurance company or lawyer, of the insured person's intention to pursue or investigate a claim to recover damages or obtain compensation due to injury, illness or medical condition sustained by the insured person.

Other than with our written consent, insured persons have no entitlement to admit liability for any eventuality or give promise of any undertaking that is binding upon them. In the event that any claim or dispute is made in respect of this subrogation or any part thereof, including, but not limited to, any right of recovery provision which is ambiguous or questions arise concerning the meaning or intent of any of its terms, we shall for the avoidance of doubt have the sole authority and discretion to resolve all disputes regarding the interpretation of this provision.

Membership Applications

We maintain the right to ask you to provide proof of age and/ or a declaration of health of any person included in his/her

application. We reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances the insured person advises in their application form or declares to us as a material fact.

You must tell us if you know about anything which may affect our decision to accept your insurance

Medical Evaluation

We reserve the right to request further tests and / or evaluation where we have decided that a condition being claimed for may be directly or indirectly related to an excluded condition.

You must give us all the documents needed to deal with any claim as determined by Regency Assurance and you will be responsible for the costs involved in doing so.

All required documents, including, but not limited to medical reports, claim submissions, receipts and any other documents needed to deal with any claim must be written in English. You will be responsible for any costs involved in translating any documents.

You must give us permission to obtain any medical reports or records needed from any medical practitioner who has treated any insured person.

We may ask you to attend one or more medical examinations. If we do, we will pay the cost of the examination(s) and for any medical reports and records.

If an insured person dies, we have the right to ask for a post mortem examination.

Waiver

Our deviation from specific terms of the policy documentation hereunder at any time shall not constitute a waiver of our right to implement or insist upon compliance with that provision at any other time or times. This includes, but is not limited to, the payment of premiums or benefits. This applies whether or not the circumstances are the same.

Our Right of Cancellation

In the event of any non-payment of premium by the policyholder, we shall be entitled to cancel the policy and any related cover/ plan. We may, at our discretion, reinstate cover if the full premium is subsequently paid, though terms of cover may be subject to variation.



POLICY WORDING CONDITIONS

We may at any time terminate a member's cover if he/she or the policyholder has at any time:

- i) Misled us by misstatement
- ii) Knowingly claimed benefits for any purpose other than as are provided for under this policy
- iii) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to our detriment
- iv) Otherwise failed to observe the terms and conditions of this policy or failed to act with good faith.

Liability

Our liability shall cease immediately upon termination of the policy for whatever reason, including without limitation non-renewal and non-payment of premium.

Minimising Loss

You must take all reasonable steps to avoid or reduce any loss which may mean you have to make a claim under this insurance.

Alterations or Adjustments

We reserve the right to alter or discontinue the benefits, terms, conditions or premiums of this policy at each renewal date. We shall notify you of such changes at least 15 days prior to the renewal date. If you fail to receive such notice for whatever reason this shall not invalidate the change.

Parties to the Contract

The only parties to this contract are the policyholder and us.







POLICY WORDING EXCLUSIONS



General exclusions apply to all sections of this insurance.

We will not cover the following:

- 1.** Any claim relating directly or indirectly to any medical condition or related condition that existed prior to the date of entry. Conditions for which you have received treatment, had symptoms of, had knowledge existed or should have known existed, or you sought advice for or existed without your knowledge prior to your date of entry (preexisting medical condition) will not be covered.
- 2.** Any claim relating directly or indirectly to an incident, injury or illness that existed at or before the time you purchased this insurance or at or before the time this insurance policy was taken out.
- 3.** Chronic supportive treatment of renal failure, including dialysis unless the Chronic Conditions benefit is part of your plan.
- 4.** Any costs relating to a chronic medical condition unless the Chronic Conditions benefit is part of your plan.
- 5.** Any costs relating to cancer unless the oncology benefit is part of your plan. All eligible claims relating to cancer are settled within oncology benefits, and only where they appear on your benefits schedule.
- 6.** Treatment, which we determine on general advice, is either experimental, unproven, unlicensed or not medically necessary.
- 7.** Treatment received on an inpatient basis where it is available on an outpatient basis or customary to be received as an outpatient. The consideration for this may only be on the basis of medical necessity relating to the specific treatment being carried out.
- 8.** Treatment for a terminal illness or any costs incurred from a hospice.
- 9.** Costs incurred or treatment received at an institution such as a convalescent or nursing home.
- 10.** Any claim relating directly or indirectly to a congenital anomaly or conditions, birth injuries, birth defects or any hereditary medical conditions of any kind.

- 11.** Preventive medicines, and routine tests and physical examinations by a medical practitioner, including gynaecological investigations unless they appear on your benefits schedule. Normal hearing tests are excluded.
- 12.** Non-medical / natural degenerative eye defects, including, but not limited to, myopia, presbyopia and astigmatism and any corrective surgery for non-medical/natural degenerative sight defects. Normal eye tests are excluded unless they appear on your benefits schedule.
- 13.** Costs of spectacles, lenses, contact lenses or any corrective eye devices.
- 14.** Rehabilitation unless they appear on your benefits schedule.
- 15.** Treatment received in health spas, nature cure clinics, spas, or similar establishments. Services such as massages, hydrotherapy, Reiki, or other non-medical treatments.
- 16.** Cost incurred while in or relating to a private room of a medical facility unless they appear on your benefits schedule.
- 17.** Treatment given at establishments or a hospital where that facility has become the member's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 18.** Costs relating to cosmetic treatment or corrective treatment or any consequence thereof.
- 19.** Treatment for weight loss or weight problems including, but not limited to bariatric procedures, obesity surgery or treatment, diet pills or supplements, health club memberships, diet programs and treatment in a residential treatment facility for eating disorders. Any complications arising from weight loss or other excluded procedures are not covered.
- 20.** Alternative therapies unless they appear on your benefits schedule.
- 21.** Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs. Organ transplant is excluded.
- 22.** Any claim relating directly or indirectly to pregnancy, pregnancy terminations, pregnancy complications antenatal classes or midwifery costs, delivery costs, postnatal costs or any medical conditions relating to pregnancy or childbirth.
- 23.** New born neo-natal care.
- 24.** Treatment directly or indirectly arising from (or required in connection with) male and female birth control, sterilization (or its reversal). Infertility/fertility testing and treatment (including assisted conception) is excluded. Any complications of pregnancy and routine pregnancy costs resulting from infertility treatment (including assisted conception) are excluded.
- 25.** Treatment of impotence or any related condition or consequence thereof.



- 26.** Treatment associated with a sex change and any consequence thereof.
- 27.** Venereal disease or any other sexually transmitted diseases or any related condition.
- 28.** Treatment for Human Immunodeficiency Virus (HIV) or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or any similar infections, illnesses, injuries or medical conditions relating directly or indirectly to these conditions.
- 29.** Costs in respect of a counselor, psychiatrist, psychotherapist or psychologist unless they appear on your benefits schedule.
- 30.** Treatment for learning difficulties, hyper-activity, attention deficit disorder, speech therapy and developmental, social or behavioural problems.
- 31.** Any claim relating to alcohol, alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse, addiction or use.
- 32.** Any claim relating to suicide or attempted suicide, bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.
- 33.** Any injury sustained directly or indirectly as a result of the member acting illegally or committing or helping to commit a criminal offence.
- 34.** Costs incurred while an inmate of a prison, jail or any correctional facility or while in any mental institution.
- 35.** Costs and expenses incurred where a member has travelled against medical advice.
- 36.** Evacuation expenses unless they appear on your benefits schedule. Air rescue, sea rescue or mountain rescue costs.
- 37.** Travel and accommodation costs unless specifically agreed by us in writing prior to travel. No travel and accommodation costs are payable where treatment is obtained solely as an outpatient, including the costs of a hired car. Transportation costs from a ship, oil-rig platform or similar oil-shore location are not covered.
- 38.** Treatment for sleep related disorders, including snoring, fatigue, jet lag. Stress, anxiety, or any related condition.
- 39.** Dietary supplements or nutritional supplements and related substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally.
- 40.** Home visits by a medical practitioner, specialist or qualified nurse unless specifically agreed by us in writing prior to consultation.
- 41.** External prostheses, including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise.

42. The following hazardous activities are excluded: playing professional sports and/or taking part in motor sports of any kind; mountaineering, including potholing, spelunking or caving; high-altitude trekking over 2,500 metres; skiing off-piste or any other winter sports activity carried out off-piste; and Arctic or Antarctic expeditions.

43. Any claim arising as a result of your use of a two-wheeled motor vehicle unless:

1) As a passenger you wear a crash helmet and the driver has passed a practical motorcycle driving test, and holds a full motorcycle license which permits them to drive an unrestricted two-wheeled motor vehicle, and motor vehicle insurance coverage including benefits for personal injury has been arranged and is valid for and at the time of the accident; or

2) As a driver you wear a crash helmet, have passed a practical motorcycle driving test, you hold a full motorcycle license which permits you to drive an unrestricted two-wheeled motor vehicle, and motor vehicle insurance coverage including benefits for personal injury has been arranged and is valid for and at the time of the accident.

44. Any claim arising as a result of you participating in motor racing, rally or vehicle racing of any kind.

45. Any claim involving you taking part in manual labour.

46. Any claim arising as a result of you failing to get the inoculations and vaccinations that you are reasonably required to receive.

47. Any claim arising from you acting in a way which goes against the advice of a medical practitioner.

48. Any costs for the following:

1) Telephone calls

2) Taxi fares

3) Food and drink (unless these form part of your hospital costs if you are kept as an inpatient)

49. Self-treatment, or treatment provided by a direct family member. This includes, but is not limited to, prescribed medication, diagnostic tests and surgical procedures.

50. All benefits are excluded unless they appear on your benefits schedule.

51. Any claim relating directly or indirectly to conflict/civil unrest or act of terrorism unless they appear on your benefits schedule.

52. Services which have not been recommended and prescribed by your attending physician or specialist.

53. Any consequential loss.

54. Costs incurred as a result of ionizing radiation, radioactive contamination, chemical contamination or nuclear contamination of any kind.

55. Costs incurred outside your geographical area of cover as stated on your certificate of insurance.



56. Costs incurred outside the period of cover or in any period in which the appropriate premium has not been paid.

57. Any excess, deductible or co-insurance for each benefit per condition per year.

58. Any second or subsequent medical opinions from a medical practitioner or specialist for the same medical condition unless agreed in writing by us.

59. Expenses which are recoverable from a third party.

60. Costs for genetic testing.

61. Treatment for, or arising from, deafness caused by ageing.

62. Costs relating to loss of hair and or any hair replacement.

63. Any costs relating to ear or body piercing or tattooing.

64. Costs incurred for the completion of any claim forms or the provision of any documents or reports needed to adjudicate a claim.

65. Costs relating to cryopreservation, implantation or reimplantation of living cells or living tissue.

66. Vaccinations or inoculations unless they appear on your benefits schedule.

67. Costs incurred due to complications caused by an illness, disease, injury or treatment for which cover is excluded or limited within this policy.

68. Any claim relating to menopause or any natural biological process.







POLICY WORDING HOW TO MAKE A CLAIM



Regency Employee Benefits has appointed an independent claims adjudication company to process any claims fairly and efficiently.

The claims team can ensure that any losses you incur during your period of cover receive a sensible and customer focused service experience.

Please follow the procedure below for the completion of any claims.



Outpatient Consultation Claims



Inpatient & Outpatient Surgical Claims



Complaints



Outpatient Consultation Claims

Outpatient Pay and Claim: You may submit a claim for medical treatment received on an outpatient basis without having to advise Regency Employee Benefits prior to your treatment or consultation and without the need for pre-authorisation.

You must take a claim form with you for completion by your medical professional and submit your completed claim form and receipts for your medical costs by email to: **claims@regency-ga.com**

Please note that in the event of an outpatient claim, we are able to process your claim by scanned copies of your claim form and receipts, however, you must retain the originals as we reserve the right to request them.



Inpatient & Outpatient Surgical Claims

All planned inpatient and outpatient surgical care must be pre-authorised by us prior to receiving your treatment and if covered, Regency Employee Benefits will advise the relevant medical provider to send your invoices to us for direct payment.

We reserve the right to decline any claim relating to inpatient and or outpatient surgical treatment that has not been pre-authorised by us.

During an emergency, you may not be in a position to notify us prior to your admission; in this event, please notify Regency Employee Benefits as soon as it is possible so that we can arrange for your invoices to be settled directly where covered.

Contact information for general enquiries and the claims services can be found in the contact section of this document.



Complaints

Our goal at Regency Employee Benefits is to provide you with the highest levels of service and to ensure that your experience with Regency is second to none.

If in the unlikely event that you are not entirely satisfied with the service or the coverage you have received, please contact us directly by writing to:

Attention: Managing Director info@regency-eb.com

We will investigate any query or complaint and respond to all correspondence within 4 working days.



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