CG | UNITED

www.cg.insure

BVZ Plus

Policy Conditions



Thank you for choosing CG United.

The BVZ Plus is a group health insurance program that supplements the coverage provided under the BVZ or primary health insurance by covering many benefits and services that are either excluded or restricted under the BVZ or primary private insurance in Curaçao.

If you need further details or have any questions, your broker or local CG United branch will be delighted to help. Alternatively, help and guidance can be obtained by visiting our website, www.cgunited.insure.

Important

The insurance cover provided by this Policy may be varied by clauses attached to the Policy Schedule.

Please refer to Our Agreement on page 3 of the Policy Conditions and read all Policy documents to ensure that you have the insurance cover required.

Our Agreement

This insurance **policy** is insured by the **insurer** specified on the **Policy Schedule** and **Certificates of Insurance**, hereinafter referred to as the **Company**. The **Company** agrees to pay the **benefits** set out in this **policy** in exchange for the premium being paid in full.

The Policy Conditions, **Policy Schedule**, **List of Benefits** and **Certificate of Insurance** shall be read together and form an enforceable agreement between **you** and the **Company**. This **policy** only covers individuals with a valid **Certificate of Insurance**.

The personal and medical data supplied by the **insured**, **Policyholder** or any authorized person forms the basis for this insurance **policy**. The **Company** does not owe any reimbursement of costs and is authorized to terminate the **policy** if the information supplied by the **insured** or any authorized person were contrary to the truth or if circumstances were concealed which are of such a nature that the insurance would not have been issued or not under the same condition if the **Company** had knowledge of such.

Eligibility
Unless stated otherwise on the **Policy Schedule**, this **policy** can only be issued to legal residents of Curaçao who are employed by the **Policyholder** and are a maximum of sixty-four (64) years of age. Coverage for **insureds** who turn 65 years are automatically terminated on the first renewal date following the **insured's** 65th birthday

Eligible **dependents** include the (a) spouse, legal wife or husband of an **insured** (employee), not including those legally separated, or the person living with an **insured** (employee) in a recognized husband and wife relationship, who is registered as such in the records of the employer and (b) any unmarried children, including step-children, foster children and legally adopted children, who are living in the **insured's** (employee's) household, up to their 18th birthday, and in addition children up to the age of 23 who are unmarried and attending school or college, provided such children are dependent on the **insured** (employee) for support and are registered as dependent of the **insured** (employee) on the records of the employer.

Duplicate Coverages
An **insured** cannot have duplicate coverages under this insurance. If the **insured** is employed by more than one employer offering this insurance plan, then he or she would be eligible for one active **policy** only. If both the **insured** and spouse are employed by the same **Policyholder**, then they cannot be added as **dependents** of each other.

Extent of Cover
This insurance **policy** is supplemental to the **BVZ** or a primary health insurance in Curaçao and consists of three sections:

1. Supplemental Health;
2. Travel Health and;
3. Personal Accident

The **Company** shall reimburse eligible expenses incurred while the insurance is in effect. Reimbursement of the covered expenses will be granted up to the rates established by the government. In case the charges are not regulated by the government, the **Company** shall pay the charges based on **Usual, Reasonable or Customary** rates but never more than the covered limits.

Charges that are already covered by the **BVZ,** or any other primary health insurance, are automatically excluded. In the event the coverage provided by the underlying **BVZ** or the other primary health insurance ceases to exist, then the coverage provided by this insurance **policy** is suspended automatically per same date.

Definitions
Any word or expression to which a specific meaning has been attached in the **Definitions**, or elsewhere in the Policy Conditions, shall bear such meaning wherever they appear and are highlighted in **bold**.

Table of Contents

Section		Pages
1	Definitions	5-8
2	Description of Benefits	
	SECTION 1 – Medical Expenses in Curaçao	9-11
	SECTION 2 – Travel Medical Expenses	12-17
	SECTION 3 – Accidental Death and Dismemberment	18
3	General Exclusions	19
4	General Conditions	20-22
5	Data Protection	23

1. Definitions

Company / Insurer / We / Us / Our	**CG United Insurance Ltd.**
Policyholder	The contracting party or employer in whose name the insurance **policy** is written and issued. The **Policyholder** owns the insurance **policy** and has the right to exercise all privileges under the contract of insurance, except where restricted. The **Policyholder** is also responsible for payment of the premium and must have a prior relationship with the insured persons separate from the subscription of the **Policy**.
Insured / You / Your	Any person covered under this **policy** and specified on a valid **Certificate of Insurance**.
Accident	A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical injury or death of the **insured.** The cause or of such **accident** is direct, external to the victim's own body and occurs beyond the victim's control. **Accidents** does not include diseases, illnesses, occupational illnesses, accidental gas escapes and fumes.
Accidental Death	Death of an **insured** caused by an **Accident**. Death must occur within 90 days of the sudden, unintentional and unexpected occurrence and cannot be caused by a disease, Illness, occupational illness, non-accident related infection, medical- or surgical treatment.
Acute Illness	An illness with a sudden or abrupt onset and short course, not caused by an **accident** and is not related to any **chronic-** or **pre-existing condition**.
Addendum	An addition to the insurance **policy** that either defines, adds, limits or removes coverage provided under the **policy**.
Assistance Center	The global customer service center specified on the **policy** documents, which responds to emergency medical needs during a travel abroad, 24 hours a day, 7 days a week.
BVZ (Curaçao)	Universal health care scheme in Curaçao with mandatory enrolment, no risk-selection or risk-adjustment based on age, sex, income or medical history. All medical expenditures or services covered on a primary basis under the Basic Health Insurance of Curaçao (BVZ Law) are excluded under this insurance **policy**.
Benefit	The benefit or service specified on **the List of Benefits** to which the **Insured** or its beneficiaries – in certain cases – shall have access to upon occurrence of a covered **event**.
Certificate of Insurance	Document issued to an **insured** providing proof of insurance and specifying the selected **coverage**.
Chronic Condition	A long-lasting medical condition that may gradually become worse over time. Chronic conditions include, but are not limited to, ALS, Multiple sclerosis, Parkinson's Disease, Alzheimer's disease, Arthritis, Cancer, COPD, Diabetes, HIV or AIDS, Heart disease, Osteoporosis, RSD, Crohn disease, Ulcerative Colitis, Epilepsy, Glaucoma, Lupus, Hypertension, Haemophilia, Hyperlipidaemia, Hypothyroidism, Mental disease or disorder, Renal disease, Lung disease.
Common Carrier	An airplane, train or cruise ship operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes. This does not include taxis or similar, rental vehicles or parking transfer services or any other means of private passenger transportation.

Complications of Pregnancy	Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition
Congenital Disease	A medical condition or anomaly existing at birth and often before birth or that develops shortly after birth, regardless of causation. Congenital anomalies include ailments of the gastrointestinal system, the heart, limbs, nervous system, kidney and urinary tract.
Coverage	The insurance plan selected by the insured and shown as covered on the **insured's Certificate of Insurance**.
Deductible	The deductible is the amount shown on the **Policy Schedule**, **Certificate of Insurance** or **List of Benefits** that must be satisfied by the **Insured** per covered **Event.** When applicable, the **Company** may deduct the deductible from the indemnity amount.
Dependent	The (a) spouse, legal wife or husband of an **insured** (employee), not including those legally separated, or the person living with an **insured** (employee) in a recognized husband and wife relationship, who is registered as such in the records of the employer and (b) any unmarried children, including step-children, foster children and legally adopted children, who are living in the **insured's** (employee's) household, up to their 18th birthday, and in addition children up to the age of 23 who are unmarried and attending school or college, provided such children are dependent on the **insured** (employee) for support and are registered as dependent of the **insured** (employee) in the records of the employer.
Durable Medical Equipment (DME)	Medical equipment for **outpatient** care that is either partially covered or excluded by **BVZ**, prescribed by a **physician** for the treatment of an illness or injury. Covered **DME** includes manual wheelchairs, canes, crutches, walkers, compression stockings, foot brace, arm brace, back brace and orthosis. All other equipment must be pre-approved by our medical advisor.
Emergency	A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the i**nsured's** life or limb in danger if medical attention is not provided within 24 hours.
Employee	A person with an employment contract who is directly employed in the regular business of the **Policyholder**.
Hospital	An institution for nursing and treating the sick that has been recognized as a hospital by the competent government agencies but excluding rest homes, convalescent homes and nursing homes.
Hospital Indemnity	A fixed indemnity amount specified on the **List of Benefits** and paid to the **insured** for time spent in a **hospital** as an **Inpatient.** This **benefit** is covered on a primary basis.
Inpatient	An **insured** who is an overnight resident patient of a **hospital**, using and being charged for room and board, and as long as on medical grounds, nursing, examination and treatment can only be offered in a **hospital**.
Limits	The maximum amounts payable per covered **Benefit,** per **insured**.
List of Benefits	A document attached to the **Policy Schedule** and/or **Certificate of Insurance** which provides a summary of all optional or selected **Coverages**, **Benefits** and **Limits** per **insured**.

Maximum Overall Limit	The maximum payable amount for all eligible expenses together.
Medically Necessary	A service or supply which is necessary and appropriate for the diagnosis or treatment of an illness or injury as determined by a licensed **physician** or **specialist**.
Miscellaneous Expenses	The medical costs that – in addition to the nursing costs and the costs of specialist treatment – are directly related to and have been made during the admission into a hospital (such as the costs of X-Rays, laboratory research, blood transfusion, medicines, radiotherapy, anaesthesia, dressing material and use of the operating room).
Outpatient	An **insured** who receives medical treatment or surgery for an illness or injury that does not require overnight stay in the **hospital.**
Outpatient Services	Medical procedures, supplies, services or tests are not hospital related or that can be done without an overnight stay.
Period of Hospital Confinement	Confinement in a hospital for an uninterrupted period of at least 24 hours and for which the hospital makes charges for room and board. The maximum period of confinement for any one cause is specified on the **List of Benefits**. Successive periods of Hospital confinement due to the same or related cause or causes shall be considered one period of hospital confinement.
Period of Insurance	The dates shown on the **Policy Schedule** on which cover under this **policy** commences and expires. This **policy** shall expire at 11:59 pm Atlantic Standard time (AST) on the End Date specified on the **Policy Schedule**.
Physician	A general practitioner other than **you** or a member of **your** immediate family. The **physician** must be licensed by the government of the territory where the policy was issued and practicing within the scope of his or her license.
Policy	The contract between the **Company** and the **Policyholder**, which consists of the **Policy Schedule** and/or **Certificate of Insurance**, ID Cards, Policy Conditions and **List of Benefits**.
Policy Schedule	Document showing the terms and conditions of the insurance **policy**, type of insurance, insurer, broker, policyholder, policy number, address and period of insurance. The **Policy Schedule** must always be read in conjunction with all other **policy** documents.
Pre-existing Condition	An existing, ongoing, chronic, congenital or recurring medical or dental condition for which an **insured** received or was recommended to receive care, **prescription medicine**, treatment or advice from a **physician**, or the existence of prior medical/hospital records, symptoms, signs or noticeable alterations of health, or positive diagnostic testing, at any time in the past, prior to the **start date**, or, otherwise, a condition which required the hospitalization or surgery of the **insured** at any time in the past, prior to the **start date**. The **pre-existing condition** may be verified by the insurer using all available means, including clinical histories and/or medical/hospital notes in doctor's clinics, laboratories, hospitals or through the examination by a doctor or another, and the Insured hereby agrees to facilitate access by the **Insurer** to said documentation.
Prescription Medicine	**Medically necessary** drugs sold by a licensed drugstore and prescribed by the attending **physician** or **specialist.**
Sexually Transmitted Diseases (STD)	Syphilis, gonorrhea, lymphogranuloma venereum, chancroid, granuloma inguinale, chlamydiosis, trichomoniasis, genital candidiasis, genital herpes, Pelvic Inflammatory Disease (PID), Human Papillomavirus (HPV), mycoplasma genitalium, and viral hepatitis.

Specialist	A **physician** established in the territory where the **policy** was issued who is specialized in a certain branch of medicine by means of training received, on account of which the necessary acknowledgements have been obtained and who is registered in the register of physicians at the competent government agencies.
Sublimit	A limit that is part of, rather than in addition to, the maximum insured limits and which does not extend the **Company's** overall liability in the event of a claim.
Substance Abuse	Alcohol, drug or chemical abuse, overuse or dependency.
Travel	The insured's journey to visit a foreign country.
Usual, Customary and Reasonable	Subject to the **policy's** maximum limits, the **Company** will pay for charges up to the rates established by the government. In case the rates are not regulated by the government, the **Company** will cover the charges based on **Usual, Customary and Reasonable** rates. The **Company** determines the **Usual, Customary and Reasonable** rates by taking the average of a) what most other providers charge for similar medical services in the same geographical area and b) what the local insurers usually pay for these services, as long as they are reasonable. **Usual, Customary and Reasonable** rates that have been pre-determined by the **Company** are specified in an **Addendum** or on the **List of Benefits**.

2. Description of Benefits

The **benefits** described in the sections below shall be considered covered if said **benefits** are expressly included in the selected **coverage** shown on the **Certificate of Insurance** and are subject to the maximum insured **limits** on the **List of Benefits**. **Benefits** shown with no insured **limit** or N/A on the **List of Benefits** are considered excluded.



Section 1 - Supplemental Health

A - HOSPITAL SERVICES

Subject to the **limits** set forth on the **List of Benefits** for Hospital Services, the **Company** shall pay for the difference between the costs incurred in the insured hospital class and the class covered under the **BVZ**.

1. **Inpatient Treatment**

   a. Room and board costs for **medically necessary** hospital confinement.
   b. Services rendered by a **specialist** during the hospital confinement.
   c. Eligible nursing costs and **miscellaneous expenses** incurred during the hospital confinement.

   Hospital confinement must be for 24 consecutive hours before any **benefits** hereunder are payable.

2. **Surgical Expenses**

   a. Eligible surgical costs for **medically necessary** operations that require **hospital confinement**.

3. **Child Birth**
   If the Insured has been referred by the **physician** or gynaecologist to a hospital for childbirth delivery, the **Company** will pay for the difference between the delivery-, nursing- and hospital confinement costs incurred in the insured hospital class and the class covered under the **BVZ**. The **Company** will also pay for miscarriages or **medically necessary** abortions. There is no coverage for midwife charges and normal delivery charges incurred outside a hospital or at an outpatient clinic.

4. **Hospital Indemnity** *(As described under 1. Definitions)*

B - OUTPATIENT SERVICES

Subject to the limits set forth on the **List of Benefits** for **Outpatient Services**, the **Company** shall pay for the following **Outpatient Services** and **Benefits**.

1. **Therapies**
   We will only pay for **medically necessary** therapies. Covered therapies may include Physiotherapy, Psychological therapy, Speech therapy and Chiropractic therapy, provided it is specified on the **List of Benefits** and it's not covered under the **BVZ**. This **policy** shall also provide coverage in case the **BVZ** rejects a therapist's request to prolong an ongoing treatment. Only one visit per day will be covered.

2. **Second Opinion**
   We will pay for a second opinion in case a physician or surgeon determines that the **insured** needs **medically necessary** surgery to treat a health problem that isn't an **emergency**.

3. **Postpartum Home Care**
   After childbirth, **we** will pay for services at home to check on the mother's and baby's health and to give support to the parents.

4. **Other Optional Services**
   We will pay for other optional **Outpatient Services**, supplies, **durable medical equipment** or benefits specified and described on the **List of Benefits**.

C - VISION CARE

Subject to the **limits** set forth in the **List of Benefits** for Vision Care, the **Company** shall pay for the difference between the costs incurred and the costs covered under the **BVZ**:

1. **Eye Examination**
   Routine eye examination performed by a registered ophthalmologist or optometrist to assess vision and ability to focus on and discern objects, as well as other tests and examinations pertaining to the eyes.

2. **Frame / Lenses / Contact Lenses**
   Frame, spectacle lenses or contact lenses prescribed by a licensed ophthalmologist or optometrist.

Conditions and Restrictions

a. Prescription must be recommended by an eye specialist or an optometrist licensed to operate in Curaçao.
b. Replacement of any stolen glasses or vision appliances are not covered.
c. Sunglasses that are not **medically necessary** are not covered.
d. Charges for broken appointments are not covered.
e. Cosmetic surgery charges are excluded, unless incurred as a result of an accident that occurred during the insurance period and not covered under the **BVZ**.
f. **Insureds** with a Dioptre of 10 or higher are not covered, unless it's excluded by the **BVZ**.
g. Expenses covered under the **BVZ**, SVB or Workmen's Compensation or Occupational disease law are excluded.
h. Corrective procedures are excluded when the primary purpose is to correct near-sightedness, farsightedness or astigmatism

D - DENTAL CARE

Subject to the **limits** set forth in the **List of Benefits** for Dental Care, the **Company** shall pay for the difference between the costs incurred and the costs covered on under the **BVZ**:

1. **Dental Treatment**
   Only the following dental treatments are covered:

a. Max. two oral examinations per year, including scaling and cleaning of teeth.
b. Max. one x-ray every 24 successive months
c. Cavity fillings
d. Treatment of diseases of the gums and tissues in the mouth
e. Root canal therapy
f. First installation of crowns if the teeth are broken down by decay or traumatic injury and cannot be restored with amalgam silicate, acrylic or composite restoration. Subject to pre-approval of our dental advisor.
g. First installation of a denture or bridgework.
h. Dental implants, subject to pre-approval of our dental advisor.

2. **Orthodontic Treatment**
   Orthodontic treatment charges not covered by the **BVZ** to improve the appearance, position and function of crooked or abnormally arranged teeth.

Conditions and Restrictions

a. Replacement or repair of any dental implants, crown, denture or bridgework within 5 years after installation are not covered.
b. Replacement of stolen crowns, dentures or bridgework are excluded.
c. Charges for broken appointments are excluded.
d. Cosmetic dentistry charges are excluded, unless incurred as a result of an accident that occurred during the insurance period and not covered under the **BVZ** or other insurance.
e. Expenses covered under the **BVZ**, SVB or Workmen's Compensation or Occupational disease law are excluded.
f. Treatment provided by a dentist or orthodontist not qualified or licensed to practice in Curaçao are not covered.

SECTION 1 - EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from Section 1 – Supplemental Health:

a. Services, supplies, equipment, tests, medication, therapies or treatments which are not shown as covered on the **Certificate of Insurance** and **List of Benefits**.
b. Services, supplies, therapies tests, preventive medicines, other medication or treatments, including any period of hospital admission, which were not recommended, approved and certified as **medically necessary**.
c. **Outpatient** medicines or drugs, unless stated otherwise on the **List of Benefits**.
d. **Outpatient** maternity care and childbirth charges.
e. Rest cures, sanitaria or custodial care or periods of quarantine or isolation.
f. Any amount that can be claimed or recovered from the **BVZ**, another insurance or government funded plan.
g. Charges for treatment at an emergency room or intensive care unit.
h. Diagnosis, testing or treatment related to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
i. Organ or tissue transplant.
j. Diagnosis, testing or treatment of cancer, renal disease and dialysis, **sexually transmitted diseases**, HIV and AIDS, ALS, MLS, Parkinson's disease and Alzheimer's disease.
k. Diagnosis, testing, treatment, services or supplies that are not administered by or under the supervision of a **physician** or **specialist**.
l. Telephone consultations.
m. Failure to keep a scheduled appointment.
n. Surgeries, diagnosis, testing, treatments, services or supplies which are Investigational, experimental or for research purposes.
o. Modifications of the physical body intended to improve the psychological, mental or emotional well-being of the **insured**, including but not limited to sex-change surgery.
p. Surgeries, diagnosis, tests, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is directly related to an **accident** or follows a surgery which was covered hereunder.
q. Willful and/or therapeutic termination of Pregnancy except in connection with covered **Complications of Pregnancy**.
r. Injury sustained while operating any motorized vehicle, aircraft or watercraft while under the influence of alcohol or drug.
s. Diagnosis, testing or treatment of **substance abuse** or addiction.
t. Charges which exceed **Usual, Reasonable and Customary**.
u. Services which are not received by an **insured** during his/her active **Certificate of Insurance** period.
v. Injury or illness resulting from participation in any excluded activities specified under the **General Exclusions**.

Section 2 - Travel Health

A - HOSPITAL SERVICES

Subject to the **limits** set forth in the **List of Benefits** for Hospital Services, the **Company** shall pay for the following expenses arising from **acute illnesses** and **accidents** that occur while the **insured** is traveling outside of Curaçao:

1. Inpatient Treatment

a. Room and board costs for **medically necessary** hospital confinement.
b. Services rendered by a **specialist** during hospital confinement.
c. Eligible nursing costs and **miscellaneous expenses** incurred during the hospital confinement.

Hospital confinement must be for 24 consecutive hours before any **benefits** hereunder are payable.

2. Surgical Expenses

a. Eligible surgical costs for **medically necessary** operations.

3. Intensive Care

Intensive care for treatment of a critical illness, provided it was recommended by a **specialist**. The term intensive care unit means a section, ward or wing within the **hospital** which is separated from other **hospital** facilities and:

a. is operated exclusively for the purpose of providing professional care and treatment for critically ill patients, has special supplies and equipment necessary for such care and treatment available on a stand by basis for immediate use, and
b. provides constant observation and care by registered professional nurses or other highly trained hospital personnel,
c. for those hospitals which make a separate charge for Room and Board and a separate charge for Intensive Care, the hospital's specific charge for Intensive Care is eligible.

4. Emergency Room

Emergency room charges for trauma, serious injuries or ailment which could reasonably result in placing the **insured's** life or limb in danger if medical attention is not provided within 24 hours.

Conditions and Restrictions

a. There is no coverage under this insurance **policy** when the purpose of departing the home country is to obtain medical treatment or tests abroad for any type of condition.
b. **We** must be notified immediately in case of the following medical expenses. Such notification must include medical information about the illness or injury.

1. **Inpatient** Care / Hospital Confinement
2. Surgery or Surgical Procedure
3. CAT Scan or similar
4. Magnetic Resonance Imaging (MRI)

To comply with the notification requirements, the **insured** or medical provider must:

1. Contact the **Assistance Center** at the telephone number or email shown in the policy documents or travel ID Card as soon as possible before the expense is to be incurred.
2. Comply with the instructions and submit any information or documents they require; and notify all physicians, hospitals and other providers to fully cooperate with the **Company**.
3. Complete the claim form provided by **us**.

If the **insured** complies with the notification requirements, the **Company** will try to pay eligible medical expenses directly to the medical provider, subject to all terms, conditions and exclusions herein.

Coverage for these medical expenses are subject to the **Company's** medical advisor's approval.

Emergency Hospitalization
In the event of an **emergency** hospital admission, notification must be made as soon as is reasonably possible but no later than 48 hours after admission.

Concurrent Review
For **inpatient** services, the **Company** will pre-certify a limited number of days of confinement. Additional days of **inpatient** confinement are subject to pre-approval by the **Company's** medical advisor.

All other claims shall be reported to **us** immediately after the **return date**.

B - OUTPATIENT SERVICES

Subject to the **limits** set forth in the **List of Benefits** for **Outpatient Services**, the **Company** shall pay for the following expenses arising from **acute illnesses** and **accidents** that occur while the **insured** is traveling outside of Curaçao:

1. **Physician Consultation**
   Physician consultation charges incurred as a result of a covered **accident** or **acute illness**. Only one visit per day will be covered.

2. **Specialist Consultation**
   Specialist consultation charges incurred as a result of a covered **accident** or **acute illness**. Unless agreed otherwise, specialist charges will be declined without a referral from a **Physician**. Only one visit per day will be covered.

3. **Prescription Medicines**
   Medicines incurred as a result of an **accident** or **acute illness**. **Medicines** must be prepared by a registered pharmacist and in accordance with a prescription issued by the **physician** or **specialist**.

4. **Diagnostic Test**
   Expenses incurred for diagnostic X-Ray examinations or any microscopic or other laboratory tests and/or analysis incurred as a result of an **accident** or **acute illness**. We will pay for diagnostic expenses, provided that such expenses are made or recommended by a licensed **physician** or **specialist** and performed while the insured patient is not confined in a hospital as a registered bed patient.

5. **Local Ambulance**
   Ambulance treatment and transport in **emergency** situations. Common **emergency** situations are:

   a. Sudden collapse
   b. Severe chest pains
   c. Acute breathing difficulties
   d. Multiple fractured bones / Loss of limb
   e. Uncontrollable bleeding

   Non-emergency medical transportations are always excluded. Air ambulance costs are excluded unless pre-certified by the **Company** under the Emergency Medical Evacuation **benefit**.

Conditions and Restrictions

a. There is no coverage for **Outpatient Services** abroad under this insurance **policy** when the purpose of departing the home country is to obtain treatment abroad for any type of condition.
b. **We** must be notified immediately in case of the following medical expenses. Such notification must include medical information about the illness or injury.

   1. CAT Scan or similar
   2. Magnetic Resonance Imaging (MRI)

   To comply with the notification requirements, the **insured** or medical provider must:

   1. Contact the **Assistance Center** at the telephone number or email shown in the policy documents or travel ID Card as soon as possible before the expense is to be incurred.
   2. Comply with the instructions and submit any information or documents they require; and notify all physicians, hospitals and other providers to fully cooperate with the **Company**.

   If the **insured** complies with the notification requirements, the **Company** will try to pay eligible medical expenses directly to the medical provider, subject to all terms, conditions, provisions and exclusions herein.

   Coverage for these medical expenses are subject to the **Company's** medical advisor's approval.

   All other claims shall be reported to **us** immediately within **90 days** after the **return date**.

C - ADDITIONAL COVERAGE

Subject to the **limits** set forth in **List of Benefits** for Additional Coverage, the **Company** shall pay for the following expenses that occur while the **insured** is traveling outside of Curaçao:

1. **Acute Dental Pain Treatment**
   Emergency dental treatment necessary to resolve acute onset of pain, provided treatment is obtained within 48 hours of the acute onset of pain.

2. **Accidental Death and Permanent Disability**
   Accidental Death, Dismemberment or Permanent Disability arising from an **accident**, including **Common Carrier Accidents** and armed robberies. Death must occur within 90 days of the sudden, unintentional and unexpected occurrence and not be attributable to any illness, disease, non-accident related infection, medical- or surgical treatment.

   The coverage under this section starts the moment the **insured** has boarded the **common carrier** and ends the moment of their return to the country of residence.

   For **Accidental Death we** shall pay 100% of the Personal Accident sum insured.

   For **Permanent Disability we** shall apply the following percentages of the Personal Accident sum insured:

Description	%
Loss of both hands, arms, feet or legs	100
Loss of one hand, arm, foot or leg	50
Complete loss of sight in both eyes	100
Complete loss of sight in one eye	30
Loss of hearing of both ears	15
Loss of hearing of one ear	10
Loss of a big toe	15
Loss of any other toe	10
Loss of a thumb	25
Loss of a fore finger	15
Loss of a middle finger	10
Loss of a ring finger	10
Loss of a little finger	10

   The **Company's** maximum liability, in the event that 3 or more **insureds** are injured or deceased by the same **accident**, is three times (3x) the sum insured shown on the **List of Benefits**. In case the total claim amount for all affected **insureds** together exceeds the **Company's** maximum liability, **we** shall reduce the amount payable to each affected insured proportionally.

   Conditions and Restrictions

   a. Only permanent disabilities appearing within 360 successive days after the accident and which are an immediate consequence of the injuries caused by the **accident** shall be covered.
   b. When a single accident results in the disability of more than one limb or organ, the compensation shall be calculated by adding the respective percentages. Notwithstanding this, the total **benefit** paid shall in no event exceed 100% of the insured amount.

3. Emergency Medical Evacuation

We will pay the following expenses arising out of a pre-certified Emergency Medical Evacuation:

a. Emergency air transportation to or near the **Hospital** where the **insured** will receive treatment; and
b. Emergency ground transportation preceding and following the emergency air transportation, when applicable.

Conditions and Restrictions:

a. **We** will provide Emergency Medical Evacuation **benefits** only when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
b. **We** will provide Emergency Medical Evacuation **benefits** only when all of the following conditions are met:

    1. **Medically necessary** treatment, services and supplies cannot be provided locally; and
    2. Transportation by any other method would result in loss of the **insured's** life or limb; and
    3. Recommended by the **physician** who certifies to the above; and
    4. Agreed upon by the **insured** or a relative of the **insured**; and
    5. Air transportation is approved in advance by the **Company** and coordinated by the **Assistance Center**; and
    6. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of **physician** recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the emergency.

c. **We** will provide Emergency Medical Evacuation only to the nearest **Hospital** that is qualified to provide the **medically necessary** treatment, services and supplies to prevent the **insured's** loss of life or limb.
d. **We** will use our best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The **insured** understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of the **company** such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other Acts of God. The Insured agrees to hold the **Company** and **Assistance Center** harmless and shall not be held liable for any delays that are not within the **Company's** or **Assistance Center's** direct and immediate control.
e. **We** may decide the **insured** should be transferred to his/her country of permanent residence for ongoing medical treatment if our medical consultant and the treating **physician** agree that the insured is medically fit to be transferred home.

4. Repatriation of Remains

We will pay the following Repatriation of Remains expenses arising from the death of an **Insured**:

a. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
b. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

a. The **insured** must be in compliance with all conditions and provisions of this insurance; and
b. Repatriation of Remains must be approved in advance by the **Company** and coordinated by the **Assistance Center**; and
c. **We** will provide Repatriation of Remains **benefits** only when the death of the **insured** occurs as a result of an Injury or Illness that is covered under this insurance; and
d. **We** will provide Repatriation of Remains **benefits** only when the death of the **insured** occurs while this insurance is in effect; and
e. **We** will use our best efforts to arrange any Repatriation of Remains within the least amount of time possible. The **insured** understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of the **Company** such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other Acts of God. The **insured** and his/her heirs, agrees to hold the **Company** harmless and the Company shall not be held liable for any delays which are not within their direct and immediate control. Further, the **Company** and **Assistance Center** is held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

SECTION 2 - EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from Section 2 – Travel Health:

a. Services, supplies, therapies, tests, medication or treatments which are not shown as covered on the **Certificate of Insurance** and **List of Benefits**.
b. Services, supplies, therapies tests, preventive medicines, other medication or treatments, including any period of hospital admission, which were not recommended, approved and certified as **medically necessary**.
c. Rejuvenating treatments, hair transplants, aesthetic treatments, reconstructive-, cosmetic- or plastic surgery, except when such surgery is absolutely essential or necessary as a result of an **injury** of the **insured** which occurred during the travel **abroad** and caused by a hazard or **accident** that is covered by this **policy**.
d. Diagnosis, testing or treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
e. Private room in a **hospital**, unless medically prescribed and approved by **us**.
f. Orthopaedic shoes, orthopaedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
g. Deviated septum, including submucosa resection and/or any surgical correction of same.
h. Organ or tissue transplant.
i. Diagnosis, testing or treatment related to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions.
j. Diagnosis, testing or treatment of cancer, renal disease and dialysis, **sexually transmitted diseases**, HIV and AIDS, ALS, MLS, Parkinson's disease and Alzheimer's disease.
k. Diagnosis, testing or treatment of any other non-excluded **chronic condition**, **acute illness** or injury which already existed prior to booking the trip abroad, except for unforeseen complications arising from any of the non-excluded conditions, provided they were stable and not require any additional treatment or testing when the trip was booked.
l. Pre-natal care, child birth and pregnancy, except for **complications of pregnancy**, as herein defined, during the first 31 weeks of pregnancy.
m. Termination of pregnancy except in connection with **complications of pregnancy** during the first 31 weeks of pregnancy or life threatening conditions.
n. Impotency and any drug, test, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility, sterilization or reversal of sterilization.
o. Diagnosis, testing or treatment of **substance abuse** or addiction.
p. Injury sustained while operating any motorized vehicle or watercraft under the influence of alcohol or drug.
q. Immunizations and vaccines.
r. Glasses, contact lenses, eye examination, hearing aids and examinations for prescription or adjustment of same, unless the **acute illness** or unforeseen **injury** caused a deterioration of vision or hearing.
s. Treatment and medication provided by a state-run hospital or service provider which results in no expenses to the **insured**.
t. Any amount that can be claimed or recovered from the **BVZ**, another insurance or government funded plan.
u. Speech, vocational, occupational, biofeedback, acupuncture, chiropractor, recreational, sleep or music therapy, holistic care of any nature, homeopathy, massage and kinesitherapy.
v. Telephone consultations or failure to keep a scheduled appointment.
w. Charges which exceed **Usual, Customary and Reasonable**.
x. Services which are not received by an **insured** during his/her active **Certificate of Insurance** period.
y. Injury or illness resulting from participation in any excluded activities specified under the **General Exclusions**.
z. Injury or illness arising from trips to Afghanistan, Egypt, Iran, Iraq, Liberia, North Korea, Mail, Somalia, Syria, Yemen, Ukraine and Sudan.



Section 3 - Personal Accident

Subject to the **limits** set forth in the **List of Benefits**, the **Company** shall pay for the following **benefits**:

Accidental Death and Permanent Disability
Accidental Death and Permanent Disability, including dismemberment, arising from an **accident** but excluding **Common Carrier Accidents**. Death must occur within 90 days of the sudden, unintentional and unexpected occurrence and not be attributable to illness, occupational illness, disease, non-accident related infection, medical- or surgical treatment.

For **Accidental Death we** shall pay 100% of the Personal Accident sum insured.

For **Permanent Disability we** shall apply the following percentages of the Personal Accident sum insured:

Description	%
Loss of both hands, arms, feet or legs	100
Loss of one hand, arm, foot or leg	50
Complete loss of sight in both eyes	100
Complete loss of sight in one eye	30
Loss of hearing of both ears	15
Loss of hearing of one ear	10
Loss of a big toe	15
Loss of any other toe	10
Loss of a thumb	25
Loss of a fore finger	15
Loss of a middle finger	10
Loss of a ring finger	10
Loss of a little finger	10

The **Company's** maximum liability, in the event that 3 or more **insureds** are injured or deceased by the same **accident**, is three times (3x) the sum insured shown on the **List of Benefits**. In case the total claim amount for all affected **insureds** together exceeds the **Company's** maximum liability, **we** shall reduce the amount payable to each affected insured proportionally.

Conditions and Restrictions

a. Only permanent disabilities appearing within 360 successive days after the accident and which are an immediate consequence of the injuries caused by the accident shall be covered.
b. When a single accident results in the disability of more than one limb or organ, the compensation shall be calculated by adding the respective percentages. Notwithstanding this, the total **benefit** paid shall in no event exceed 100% of the insured amount.

3. General Exclusions

Excluded from this **policy** are:

1. Medical expenses for Injury or Illness as well as **accidental death** or permanent disability arising from any of the following activities:

    a. physical or manual work that includes the use of power tools and/or machinery;
    b. work from heights exceeding 2 meters;
    c. underwater- or commercial diving work;
    d. work that includes animals;
    e. work as a ski, snowboard or scuba instructor or of any other excluded activity;
    f. contact sports or professional sports including practice;
    g. mountaineering at elevations of 7,000 meters or higher;
    h. aviation (except when traveling solely as a passenger in a commercial aircraft);
    i. base jumping, parachuting, parasailing, hang-gliding; sky surfing, paragliding, kite-surfing;
    j. off-road motorized vehicles including all-terrain vehicles, snowmobiles and motorized dirt bikes, and tractors;
    k. heli-skiing, snow skiing, or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body);
    l. white water rafting;
    m. racing by any animal or motorized vehicle;
    n. spelunking or cave diving;
    o. submarines or sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, or accompanied by a certified instructor at depths of less than 10 meters;
    p. avalanche training;
    q. big game hunting, bull fighting, running with the bulls;
    r. bobsleigh, skeleton or luge;
    s. any type of boxing, wrestling, fighting or martial arts;
    t. hot air ballooning as a pilot;
    u. jousting;
    v. powerlifting;
    w. quad biking outdoor endurance events;
    x. speed trials; speedway;

2. Medical expenses for Injury or Illness as well as **accidental death** or permanent disability arising out of:

    a. suicide or attempted suicide or self-inflicting injury, while sane or insane;
    b. **accident** caused with intention or consent due to gross negligence of the **insured**;
    c. the voluntary abuse of any chemical compound, poison, alcohol or drug;
    d. committing or attempting to commit a felony or crime;
    e. mental, nervous or emotional disorders;

3. Injuries or ailments related to wars, civil wars, riots, insurrection, violent disorder, popular movements, reprisals, restricting free circulation of traffic, strikes, explosions, release of heat or radiation resulting from the transmutation or disintegration of atomic energy and radioactivity.

4. Acts performed by the insured in rendering military services in the armed forces or police in any country or national or international authority.

5. The operation or learning to operate of any aircraft.

6. Kidnapping and attempted kidnapping.

7. Claims directly or indirectly caused by, or resulting from, any act of terrorism.

8. The use, release or escape of nuclear materials which directly or indirectly result in a nuclear reaction, radiation or radioactive contamination. Also excluded are the consequences of dispersion, use or release of pathogenic or poisonous biological and chemical materials.

4. General Conditions

A - OBLIGATIONS

The **Policyholder**, respectively the **insured**, is obliged to see to it:

1. that a written notice of claim be given to the **Company** as soon as is reasonably possible;
2. that the claim forms furnished by the **Company** are duly completed and signed by the **insured**;
3. that only original invoices are submitted of which the date shall not be older than 180 days;
4. that all submitted invoices have been specified on the claim form;
5. that a separate claim form must be completed for each **ailment;**
6. that, if requested, full cooperation will be given to the **Company** and its medical advisor.

B - OBLIGATIONS AFTER AN ACCIDENT

In case Personal Accident is insured under Section 2 or 3, the **Policyholder**, respectively the **insured**, is obliged to see to it:

1. that in the event of death, the heir or representative notifies the **Company** not later than 48 hours prior to the funeral or cremation and, without delay, to grant permission for an unconditional autopsy, if necessary, after exhumation of the **insured's** dead body;
2. that in the event of a possible permanent disability or dismemberment, the **Company** is notified, without delay, but within 30 days following an **accident;**
3. that the **insured** seeks medical treatment from a **physician** without delay and do everything possible to advance recovery;
4. that the instructions of the medical practitioners in charge of the treatment are complied with;
5. that all information requested by or on behalf of the **Company** about the accident and the consequences of the **accident** are submitted to the **Company** and to contribute towards every investigation into the **accident** or consequences of the **accident** (including the cause of death in case it concerns a fatality), instituted by or on behalf of the **Company**.

C - PAYMENT OF A CLAIM

All **benefits**, other than **benefits** payable for loss of life, are payable to the **insured**. If any such **benefits** remain unpaid at the death of the **insured**, or if the **insured** is a minor or is, in the opinion of the **Company**, incapable of giving a legally binding receipt for payment of any **benefit**, the **Company** may, at its opinion, pay such **benefit** to any of the following relatives of the insured; spouse, parent(s), child (children), brother(s), or sister(s). Any payment by the **Company** will completely discharge its obligation to the extent of such payment.

Benefits Payable for Accidental Death

Benefits for loss of life as a result of an accidental death are payable to the beneficiary designated by the **insured**. If more than one beneficiary is designated and the insured does not specify their respective interest, the beneficiaries shall share the proceeds proportionally. If any such beneficiaries pre-decease the insured, his or her interest shall pass to the survivors equally or to the survivor.

If the **insured** fails to designate a beneficiary, or no designated beneficiary survives the **insured**, payment shall be made to the duly qualified executor or administrator of the **insured's** estate, or at the **Company's** option to the following:

1. the **insured's** spouse, if any, but if not surviving, then;
2. the **insured's** child or children, if any, born to or legally adopted by the insured equally, but if neither spouse nor child survives the employee then;
3. the surviving parent(s) of the **insured**, equally, and any such payment as provided above shall finally and completely discharge the **Company** from any further liability whatsoever with respect to the amount paid.

D - PREMIUM

For each period of insurance, the **policyholder** shall pay the premium before or on the payment due date. The **policy** is suspended automatically without cover if the premium is not paid within 30 days after the payment due date.

If the **insured** pays the premium after the due date, coverage may commence again the day after the amount has been received by the **Company** and has been accepted as such.

The **Company** reserves the right to decline reinstatement of the **policy** or apply additional exclusions.

E - CHANGES IN PREMIUM OR CONDITIONS

The **Company** has the right to change the premium and/or conditions as per the **policy's** next renewal date. If the **Policyholder** disagrees with the changes in writing before the changes go into effect, then the insurance shall terminate as of the next renewal date. If the **Company** has not received any objections or remarks from the **Policyholder**, then the insurance shall be continued based on the new terms and conditions.

F - INTERIM CHANGES

The **Policyholder** shall report all changes, including change in the composition of the insured's family, death, birth and any other changes, within 30 days to the **Company**. The **Company** reserves the right to terminate the **policy**, charge or refund a premium or modify the terms and conditions if the change has influence on the coverage provided under the **policy**.

Inadvertent error or omission of the **Policyholder** to report the name of any new employee **(insured)** and its eligible dependents in accordance with the prescribed requirements shall not deprive such employee of insurance.

G - AUTOMATIC TERMINATION

The coverage provided under this **policy** is cancelled automatically on the date an **insured's** employment contract has expired or has been terminated. Coverage for **insureds** who turn 65 years are automatically terminated on the first renewal date following the **insured's** 65th birthday, unless stated otherwise in the **Policy Schedule**. The Acceptance of any premium by the **Company** after the date of Automatic Termination shall not make the **Company** liable for any **benefits** hereunder. Conversely, the **Company** shall refund to the **Policyholder** all such premiums after discovering the erroneous acceptance thereof.

H - EXTENSION OF HOSPTIAL BENEFITS

Provided the **policy** is still in effect at the time of a hospital confinement, covered hospital expenses will continue to be payable if and when the **policy** or the **insured's Certificate of Insurance** is terminated by the **Policyholder** but never more than 30 days after the termination date.

I - TRAVEL BENEFITS PERIOD

The **Company** will pay eligible medical expenses for up to a maximum of 90 successive days beginning on the first day of treatment of a covered **injury** or **illness** that occurred or began while the **insured** was traveling **abroad**. The 90-day period is **not extended** if and when the insurance period has been extended or an annual **policy** has been renewed. Coverage for the **injury** or **illness** ceases automatically after 90 days or upon the **insured's** return to his or her home country, whichever occurs first.

J - SUBROGATION

If **you** acquire any right of action against any person, firm or organization for loss covered hereunder, **you** shall assign and transfer such claim or right of actions to the **Company** and will permit suit to be brought in **your** name under direction and expense of the **Company**. This right of subrogation is in addition to all other rights of subrogation existing under common law, equity or statute. **You** shall do nothing after a loss to prejudice the **Company's** right of subrogation. If **you** make any claim against a third party based on an event that led to any payment under this **policy**, **you** will include the amount of that payment in the claim against the third party and when the amount of that payment or portion thereof is recovered, the amount shall be held in trust for the sole benefit of the **Company** and immediately remitted to the **Company**. **You** may also not release from liability any third party responsible for damages caused to **you** without the **Company's** approval.

K - OTHER INSURANCE

The **insured** has the obligation to notify the **Company** in writing of all other insurances that may cover the same **benefits**, indicating also the name of the insurance companies, policy conditions, policy periods and the sums insured. This insurance shall not apply until the limits of the underlying insurances have been exhausted. We shall not pay any claim in respect to care, treatment, services or supplies furnished by any program or agency funded by any government.

L - CONCEALMENT AND MISREPRESENTATION

Where upon taking out the **insurance**, or subsequently, **you** have fraudulently disclosed incorrect information or withheld facts which may be regarded as being of importance to **us**, the **insurance** contract shall be void and shall not be binding on **us**.

Any misstatement, misrepresentation or concealment in the making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to the **Company**. The **Company** also reserves the right to notify law enforcement authorities of the fraudulent claim.

M - REFUNDS

Refunds are only given for unused periods of insurance that have been pre-paid. No refunds are given if a claim has been made during the current insurance period or in the case of misrepresentation. Policies that have a monthly payment agreement are not eligible for refunds.

N - DISPUTES

Any and all disputes arising out of or in connection with any insurance policy issued by CG United shall be submitted exclusively to the Court of First Instance of Curaçao.

5. Data Protection

The **Company** herein commits to treat all individual personal data (**policyholder** and/or **insured** and/or beneficiary and/or representatives) that have been collected or to be collected in the future due to the execution of this insurance contract, with the purpose to carry out the proper services provision and operations development, which includes, in general, purposes of identification, operation, administration and commercialization.

The **policyholder** and/or **insured**, by means of execution of the insurance contract, authorizes **insurers** to administer their personal data and transfer it to third parties exclusively for purposes mentioned above, with the understanding that sensitive data requires a written consent.

The owner of the data may exercise rights of access, rectification, cancellation, opposition and revocation by means of a written request. In case personal data has been provided by a person other than the owner thereof, the **policyholder** shall be bound to inform the owner on the purposes of the treatment indicated above and that they may assert before insurers the rights of access, rectification, cancellation, opposition and revocation.