CG | UNITED

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Health Pro

Policy Conditions



Thank you for choosing CG United.

The Health Pro provides coverage for a broad range of health care benefits and treatments that include hospital services, outpatient services, maternity care and many other important benefits.

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/or **Certificate 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
This policy can only be issued to residents of Curaçao, Bonaire, Aruba and St. Maarten who are a minimum of eighteen (18) years of age (except for eligible dependents). The maximum acceptance age is sixty-five (65) years.

Eligible dependents include the **Policyholder's** spouse, natural born children, legally adopted children, stepchildren, or children to whom the Policyholder has been appointed legal guardian by a court of competent jurisdiction, who have been identified on the application and for whom coverage is provided for under the policy.

Extent of Cover
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 of the territory where the **policy** was issued. In case the charges are not regulated by the government, the **Company** shall pay the charges based on **Usual, Reasonable or Customary** rates. The **policy** shall not reimburse invoices older than 180 days after the day of medical service or treatment.

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**.

Translations
Any translation into another language shall be deemed as reference only and the English version shall always prevail.

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1. Definitions

Company / Insurer / We / Us / Our	**CG United Insurance Ltd. (Curaçao, Sint Maarten and BES)** **CG United Insurance Aruba N.V. (Aruba)**
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 **Policy Schedule**.
Accident	A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical injury to the **insured.** The cause or of such **accident** is direct, external to the victim's own body and occurs beyond the victim's control.
Acute Illness	An illness with a sudden or abrupt onset and short course, not caused by an **accident**. Acute illness includes but is not limited to flu, bronchitis, tonsillitis, appendicitis, sudden infections and ear aches.
Addendum	An addition to the insurance **policy** that either defines, adds, limits or removes coverage provided under the **policy**.
Ailment	Illness or accidental injury which first manifests itself while this **policy** is in force. All bodily injuries sustained in a single accident, or all illnesses which are due to the same or related cause or causes shall be deemed one **ailment**.
Benefit	The benefit or service specified on **the List of Benefits** to which the **Insured** shall have access to upon occurrence of a covered **ailment**.
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, Hyperlipdaemia, Hypothyroidism, Mental disease or disorder, Renal disease, Lung disease.
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, medically necessary 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 of the heart, limbs, nervous system, gastrointenstinal system, kidney and urinary tract.

Deductible	The annual deductible shown on the **Policy Schedule**, **Certificate of Insurance** or **List of Benefits** that must be satisfied by the **Insured** before the **Company** can cover a claim**.** When applicable, the **Company** may opt to deduct the deductible from the indemnity amount.
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.
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 Class	The insured **hospital** room in case of hospital confinement.
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**.
Intensive Care Unit	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.
Limits	The maximum amounts payable per covered **benefit,** per **insured**.
List of Benefits	A summary of all **Coverages**, **Benefits** and **Limits** per **insured**.
Maximum Limit per Year	The overall maximum payable amount for all eligible expenses during a 12-month period. If the maximum limit has been exhausted during a policy year, the **insured** becomes responsible for the balance. Unused limits during the previous policy year do not carry over to the following policy year.
Maximum Lifetime Limit	The overall maximum payable amount for eligible expenses over the course of the **insured's** lifetime. Once the maximum lifetime limit has been reached, the policy becomes null and void by default and the **insured** becomes responsible for all uncovered medical expenses.
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**.
Medicine	**Medically necessary** drugs sold by a licensed drugstore and prescribed by the **insured's physician** or **specialist**. Medications that are obtainable over the counter, also in the event that these medications have been prescribed are always excluded. These medications include, but are not limited to, fortification drugs, foodstuff, weight loss products, tonics, medication, healing wines, tear products, and vitamin preparations (except in case of a clear avitaminose), laxatives, contraceptives, homeopathic medicines or herbs, cosmetics, libido and sexual stimulants.

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, anesthesia, 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.**
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** documents on which cover under this **policy** commences and expires. This **policy** shall expire at 0:00 Atlantic Standard time (AST) on the specified Expiry Date.
Physician	A general practitioner or primary care doctor other than **you**, an **insured** or someone of **your** immediate family, who provides primary health care services to treat patients of any age and sex. A **physician** must be licensed by the government of the territory where the services were rendered 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**, 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	Any 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, on or prior to the **application date**, or, otherwise, a condition which required the hospitalization or surgery of the **insured** at any time in the past, prior to the **application 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.
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 benefit limit that is part of, rather than in addition to the **Maximum Limits.** The specified sublimits do not extend or increase the **insurer's** maximum liability in the event of a claim. If the **Maximum Limits** have been reached, the sublimits are reduced and deleted accordingly. A benefit is not covered if the benefit's **sublimit** specified on the **List of Benefits** is 0 or left empty with a dash symbol (-).

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 local providers charge for similar medical services in the territory where the **policy** was issued and **b)** what the local insurers, SVB or AZV 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 and/**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**, **Policy Schedule** and **List of Benefits**.

SECTION A - HOSPITAL SERVICES

Subject to the policy's **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for Hospital Services and **Company's** pre-certification, the **Company** shall pay for charges incurred in the insured Hospital Class for:

(1) INPATIENT TREATMENT

1 Room and board costs for **medically necessary** hospital confinement.
2 Services rendered by a **specialist** during the hospital confinement.
3 Eligible nursing costs incurred during the hospital confinement.

Hospital confinement must be for 24 consecutive hours before any benefits hereunder are payable. Successive periods of hospital confinement shall be considered as having occurred during one continuous period of ailment unless the subsequent confinement is due to an injury or illness, entirely unrelated to the causes of the previous ailment, or unless separated by 90 days following the last discharge from hospital.

(2) SURGICAL EXPENSES

Eligible surgical costs for **medically necessary** operations performed by a licensed surgeon and which require **hospital** confinement.

Successive operations performed on an **insured** shall be considered to have been performed during one period of ailment unless the subsequent operation results from causes entirely unrelated to the previous operation.

(3) MISCELLANEOUS EXPENSES

Miscellaneous expenses incurred for medical services and supplies received during a period of **hospital** confinement.

(4) INTENSIVE CARE

Intensive Care Unit charges for treatment of a critical **ailment**, provided such confinement was recommended by a **specialist**.

(5) EMERGENCY ROOM

Emergency treatment for an illness or injury that requires immediate treatment.

SECTION B - OUTPATIENT SERVICES

Subject to the policy's **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for **Outpatient Services**, the **Company** shall pay for charges incurred outside of a **hospital** for:

(1) PHYSICIAN CONSULTATION

Physician consultation fees for **medically necessary** visits at the **physician's** office, **outpatient** clinic or **insured's** home. Only one visit per day will be covered.

(2) SPECIALIST CONSULTATION

Specialist consultation fees for **medically necessary** visits at the **specialist's** office, **outpatient** clinic or **insured's** home. **Specialist** consultation fees will be declined without a **physician's** written referral and only one visit per day will be covered.

(3) PRESCRIPTION MEDICINES

Medicines prepared by a registered pharmacist in accordance with a prescription issued by a **physician** or **specialist** to treat a covered **ailment**.

(4) X-RAY AND LABORATORY

Diagnostic X-Ray examinations or any microscopic test, laboratory tests and/or analysis, provided that such examinations are made, prescribed or recommended by a **physician** or **specialist**.

Routine or preventive medical check-ups are excluded.

For insured members aged 40 or older, **one** pap test (females), **one** electrocardiography and **one** psa prostate screening (males) **per year** is covered, provided the waiting period has been served.

5) PSYCHOLOGIST / PSYCHIATRIST CONSULTATION

Psychologist or **Psychiatrist** consultation fees for **medically necessary** visits. The consultation fees will be declined without a **physician's** written referral and only one visit per day will be covered.

SECTION C - MATERNITY CARE

In order to be eligible for Maternity Care **benefits**, the **insured** must have been covered under this **policy** for at least 10 successive months. In the event that the **insured** becomes pregnant during the first 10 months of coverage, **we** shall only pay for maternity costs incurred after the 10-month waiting period has been served. The 10-month waiting period may be waived by the **Company** in case of **Complications of Pregnancy** requiring immediate medical assistance.

Subject to the policy's **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for Maternity Care, the **Company** will pay for:

(1) NORMAL PRENATAL CARE

Physician consultations and elective ultrasound examinations during the **insured's** pregnancy.

(2) PRENATAL CARE WITH COMPLICATIONS

Subject to a **physician's** written referral, the **Company** covers **specialist** consultations and **medically necessary** ultrasound examinations performed by a gynecologist.

Pregnancy complications include, high blood pressure, gestational diabetes, low amniotic fluid, ectopic pregnancy and iron-deficiency anemia.

(3) NORMAL DELIVERY

Normal vaginal delivery without any surgical intervention.

(4) CHILDBIRTH WITH COMPLICATIONS

Subject to the **specialist's** advice and **Company's** medical advisor's pre-approval, the **Company** covers planned caesarean sections and nursing costs in accordance with the insured Hospital Class. The **Company** also covers complications that arise during normal delivery and that require emergency caesarian section, such as prolonged labor lasting over 20 hours, problems with the baby's health, shoulder dystocia, excessive bleeding, malposition of the baby and placenta previa.

The **Company** will also pay for **medically necessary** abortions arising from **complications of pregnancy**.

Complications and life-threatening conditions after childbirth are covered under the Hospital Services section.

(5) NEWBORN CARE

For infants born after the 10-month waiting period, the following charges are covered under the mother's **policy**:

1 Hospital services during the mother's hospital confinement for childbirth.
2 Treatment for **ailments** that occur during the first 30 days after birth.
3 Immunizations and newborn screening tests during the first 30 days after birth.

The coverage provided under the mother's **policy** is cancelled automatically on the 31st day after birth or upon enrollment of the newborn baby, whichever occurs first.

The **Company** reserves the right to exclude or restrict coverage for **pre-existing conditions**, birth defects and congenital and hereditary diseases. Coverage for aforementioned diseases or conditions are excluded if the newborn baby is not enrolled with the **Company** within 30 days after birth.

SECTION D - PHYSIOTHERAPY

Subject to the policy's **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for Physiotherapy, the **Company** will pay for:

(1) PHYSIOTHERAPY

Physiotherapy for the treatment of a covered **ailment** and performed by a registered physical therapist. Physiotherapy fees are not covered without a **physician's** or **specialist's** written referral and only one visit per day will be covered.

SECTION E - TREATMENT ABROAD

Subject to the policy's conditions, **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for Treatment Abroad, the **Company** will pay for charges incurred while **a)** the **insured** is abroad on vacation or a business trip lasting less than 30 successive days or **b)** by referral of a **specialist** and pre-certified by the **Company** for a **medically necessary** treatment or procedure that cannot be obtained in the territory where the **policy** was issued:

(1) HOSPTIAL SERVICES

Hospital Services as described under Section A - Hospital Services of the policy conditions but never more than 100% of the corresponding rates in the territory where the **policy** was issued and up to a maximum of 30 days of hospital confinement.

(2) OUTPATIENT SERVICES

Outpatient Services as described under Section B - Outpatient Services of the policy conditions but never more than 100% of the corresponding rates for similar services in the territory where the **policy** was issued. All preventive medical check-ups are excluded.

SECTION F - TRANSPORTATION

Subject to the policy's **maximum limit per year** and **sublimits** set forth in the **List of Benefits** for Transportation, the **Company** will pay for:

(1) LOCAL AMBULANCE

Local ambulance services for **emergency** medical treatment. **Emergency** situations include;

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

Ailments that do not require **emergency** care are excluded.

(2) NON EMERGENCY MEDICAL TRANSPORTATION

Reimbursement of an economy class airfare if the **specialist** and **Company's** medical advisor agree that the **insured** requires non **emergency** medical treatment that cannot be obtained in the territory where the **policy** was issued.

(3) EMERGENCY MEDICAL TRANSPORTATION

Emergency air transportation to or near the hospital where the insured must receive **emergency** medical treatment.

The **Company** will only cover Emergency Medical Transportation when all of the following conditions are met:

a. The **medically necessary** treatment, services and supplies cannot be provided locally; and
b. Transportation by any other method would result in loss of the **insured's** life or limb; and
c. Recommended by the **specialist** who certifies to the above; and
d. Agreed upon by the **insured** or a relative of the **insured**; and
e. Air transportation is approved in advance and coordinated by the **Company's** medical advisor; and
f. The condition giving rise to the Emergency Medical Transportation occurred spontaneously and without advance warning.

We will provide Emergency Medical Transportation 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.

1 **We** will use our best efforts to arrange any Emergency Medical Transportation within the least amount of time possible.
2 The **insured** understands that the timeliness of Emergency Medical Transportation 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.
3 The **insured** agrees to hold the **Company** harmless and shall not be held liable for any delays that are not within the **Company's** direct and immediate control.

3. General Exclusions

Unless pre-approved in writing by the **Company,** charges for the following treatments and/or services and/or supplies and/or **ailments** are excluded from this **policy**:

1 **Pre-existing conditions**, Illnesses or injuries, which already existed or was foreseeable prior to applying for the insurance. Non-disclosure of any **pre-existing condition** may render this insurance null and void.

2 Charges which are not incurred by an **insured** during a valid **policy** period.

3 Costs caused by or arising from armed conflict, civil war, rebellion, internal civil commotions, riots, and mutiny.

4 Costs arising from a self-inflicted injury, suicide or an **ailment** caused by a deliberate act.

5 Costs that are covered by virtue of the SVB, AZV, BVZ or any other insurance plan.

6 Charges arising from the following services and procedures:

a. normal or prosthetic dental care,
b. vaccination,
c. precautionary injections,
d. immunizations,
e. costs of weight loss,
f. alternative medicines,
g. slimming, diet and detoxification cures,
h. sunlamp treatments,
i. ultrasonic treatments,
j. sleep disorder treatments,
k. pregnancy test to determine if a woman is pregnant,
l. prenatal and women-in-childbirth exercise,
m. routine postnatal care, unless the mother's health is at risk,
n. acupuncture,
o. massage,
p. contraceptives, contraceptive implants, sterilization,
q. non **medically necessary** abortion,
r. growth hormone treatment

7 Charges arising from the following therapies:

a. speech therapy,
b. vocational and occupational therapy,
c. cell therapy,
d. chiropractic therapy,
e. podotherapy,
f. massage therapy.

8 Normal or prosthetic dental care, dental implants and the costs related to inserting them into the jaw as well as all other dental procedures not resulting from an **accident** or **acute illness**.

9 Treatment of mental disorders.

10 Treatment of behavioral disorders such as ODD, CD or ADHD.

11 Psychiatrist, psychologist and other psychology services, unless specified otherwise on the **List of Benefits**.

12 Treatment of chronic alcoholism or drug addiction.

13 Cosmetic surgery, unless it is a matter of mutilation resulting from an accident or acute illness.

14 Artificial aids and equipment such as, prosthesis for shoulder, arm, hand, leg, foot, arch support, wigs, etc.

15 Routine, preventive or mandatory tests and medical check-ups.

16 Rest cures, sanatorium or custodial care or periods of quarantine or isolation.

17 Fertility promoting treatments and the costs in connection with In-Vitro-Fertilization (IVF) treatments.

18 Any drug, treatment or procedure that either promotes, enhances or corrects impotency or other sexual dysfunction.

19 Undoing a sterilization submitted to voluntarily.

20 Over the counter or non-prescription medicines.

21 Medicine that has been prescribed for a symptom for which it is not registered.

22 Expenses due to the infectious Acquired Immune Deficiency Syndrome (AIDS) Virus, HIV and related illnesses.

23 Genetic medicine or genetic testing, including without limitation amniocentesis, genetic screening, risk assessment, prevention and/or pre-disposition determination, genetic counseling and/or gene therapy.

24 Failure to keep a scheduled appointment.

25 Surgeries, treatments or services that are Investigational, Experimental or for Research Purposes.

26 Weight modification or surgical treatment of obesity and all forms of intestinal bypass surgery.

27 Eyeglasses, contact lenses, hearing aids, hearing implants not resulting from an **accident** or **acute illness**.

28 Hearing- and eye exams that are not resulting from an **accident** or **acute illness**.

29 Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.

30 Orthoptics, visual therapy and visual eye training not resulting from an **accident** or **acute illness**.

31 Orthopedic shoes, orthopedic description devices, treatment of walk, strained, flat, unusable or unbalanced feet, metatarsalgia, or bunions, and treatment of corns, calluses or toenails.

32 Artificial or mechanical devices designed to replace human organs temporarily or permanently.

33 Transplants except for the following pre-certified transplants: Heart, Lung, Kidney, Pancreas, Liver, and Allogenic and Autologous Bone Marrow.

34 Expenses to keep a donor alive for a transplant procedure.

35 Invoices older than 180 days after the day of medical service or treatment.

36 Injury or illness arising from any of the following activities during a trip abroad:

a. work or manual work that includes the use of power tools and/or machinery;
b. work from heights exceeding 3 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;

4. General Conditions

(A) Obligations

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

a. That a written notice of claim be given to the **Company** as soon as is reasonably possible.
b. That the claim forms furnished by the **Company** are duly completed and signed by the **insured**.
c. That only original invoices are submitted of which the date shall not be older than 180 days.
d. That all submitted invoices have been specified on the claim form.
e. That a separate claim form must be completed for each **ailment**.
f. That full cooperation will be given to the **Company** and its medical advisor.

(B) Pre-Certification

The following procedures must always be recommended by a **specialist** and pre-certified by the **Company**:

a. Inpatient Treatment
b. Surgery or Surgical Procedure
c. Caesarean Delivery
d. **Medically Necessary** Abortions
e. Treatment Abroad
f. Emergency Medical Transportation
g. CAT Scan and/or Magnetic Resonance Imaging (MRI)

In order to comply with the pre-certification requirements, the **insured** must:

a. Contact the **Company** as soon as possible before the expense is to be incurred;
b. Comply with the instructions of the **Company** and submit any information or documents they require; and notify all **specialists**, **hospitals** and other providers that this insurance contains pre-certification requirements and ask them to fully cooperate with the **Company**.
c. Ensure that all outstanding premiums are paid.

If the **insured** complies with the pre-certification requirements, and the expenses are pre-certified, the **Company** will issue a Guarantee of Payment (GOP) to pay eligible expenses directly to the service provider. Ineligible expenses must be borne by the **insured**. If the **insured** does not comply with the pre-certification requirements, the **Company** reserves the right to decline the claim or reduce the indemnity amount.

In the event of an emergency **hospital** admission, pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible.

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.

(C) Contract Changes

This **policy**, including the **Certificate of Insurance**, constitutes the entire contract of insurance. No change in this **policy** shall be valid until approved by an Executive Officer of the **Company** and unless such approval be endorsed hereon or attached hereto. No agent or broker has authority to change this **policy** or to waive any of its provisions.

(D) Premium

1 No **policy** documents shall be issued to the **insured** unless the premium has been paid before or on the payment due date. Unless stated otherwise, the payment due date is the **policy's** effective date. The **policy** is cancelled automatically due to nonpayment of the premium.

2 In respect of renewals, the premium is due before or on the renewal date but at the latest on the 30th day after the expiry date.

3 The **policy** is suspended without cover during the 30-day grace period.

4 The cover is reinstated retroactively if the renewal premium is paid during the 30-day grace period.

5 The **policy** is cancelled automatically if the **insured** does not pay the renewal premium before the 30-day grace period has expired.

6 Reinstatement of a cancelled **policy** is at the option of the **Company**. In order to be considered for reinstatement, the **Company** may require a duly completed health declaration form and/or physical examination.

The **Company** reserves the right to either decline reinstatement of the **policy**, reinstate the **policy** with or without waiting periods and/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**, respectively the **insured**, shall report all changes, including change in the composition of the family, death, birth and any other changes, within 30 days to the **Company**. The **Company** reserves the right to terminate the **policy**, require a physical examination, charge- or refund a premium or modify the terms and conditions if the change has influence on the coverage provided under the **policy**.

(H) Subrogation

If the **insured** acquires any right of action against any person, firm or organization for loss covered hereunder, the **insured** shall assign and transfer such claim or right of actions to the **Company** and will permit suit to be brought in the **insured's** 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. The **insured** shall do nothing after a loss to prejudice the **Company's** right of subrogation. If the **insured** makes any claim against a third party based on an event that led to any payment under this **policy**, the **insured** 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**. The **insured** may also not release from liability any third party responsible for damages caused to the **insured** without the **Company's** approval.

(I) 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 covered by any program or agency funded by any government.

(J) 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.

(K) Cancellation and Refunds

The **insured** may cancel the insurance **policy** by written notice at any time. However, refunds for the remaining insurance period are only given to **insureds** who have not made a claim during the current **policy** period and who:

a. have proof of another valid medical insurance or SVB/AZV card, or
b. have proof they migrated, or
c. have moved down a class of benefit, or
d. have passed away.

The **Company** reserves the right to cancel the insurance by written notice on the policy renewal date, provided a 60 day term of written notice has been observed. The **Company** can cancel the **policy** without any premium refunds and with immediate effect:

a. if the **Policyholder** has not paid the outstanding premium before or on the payment due date;
b. if the **Policyholder**, respectively the insured, gave untrue or misleading information on the health declaration form (application) or claim form.

(L) Waiting Period

Claims will not be considered within the first 60 days after the **policy's** effective date, except for sudden **accidents** and **acute illnesses**.

For maternity care **benefits** there's a 10-month waiting period. The 60-day Waiting Period is not applicable for the insured mother's new born babies, provided they are enrolled within 30 days after the date of birth.

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.

6. Addendum

Subject	:	Covered Rates
Version	:	A-24-03
Description	:	This addendum determines the maximum payable amount for prescribed medications, consultation fees, treatments and surgical procedures rendered by physicians and specialists.
Effective Date	:	1 March 2024
Pages	:	3

This Addendum is attached to and forms part of policy conditions **UHC-24-06**.

Covered Rates
The reimbursement of covered expenses will be granted up to the rates established by the government of the territory where the **policy** was issued. In case the charges are not regulated by the government, the **Company** shall reimburse the costs based on **Usual, Reasonable and Customary** rates.

If a **physician**, **specialist** or pharmacy charges more than the covered **Usual, Reasonable and Customary** rates then the **insured** is responsible for the balance. The **Company** also reserves the right to recover all overpaid amounts.

Usual, Customary and Reasonable rates that have not been pre-determined by the **Company** are calculated upon receipt of the medical provider's bills.

Pre-determined Usual, Customary and Reasonable Rates:

Consultations - Physicians		
Code	**Description**	**Insured Rate in ANG**
10001	General consultation	65.00
10002	Telephone consultation or prescription	25.00
10003	Telephone consultation or prescription (after service hours)	45.00
10004	Consultation longer than 20 minutes	85.00
10005	Visit	86.00
10006	Visit longer than 20 minutes	96.00
10007	Urgent visit	130.00
10008	Urgent Visit longer than 20 minutes	140.00
10009	Evening or Weekend Consultation	95.00
10010	Evening or Weekend Consultation longer than 20 minutes	130.00
10011	Evening or Weekend Visit	150.00
10012	Evening or Weekend Visit longer than 20 minutes	170.00
10013	Driver license physical exam	0.00
10020	Childbirth 3rd class incl. Pre- and Postnatal Care	1,265.00
10021	Childbirth 2nd class incl. Pre- and Postnatal Care	1,345.00
10022	Childbirth 1st class incl. Pre- and Postnatal Care	1,430.00
10023	Only prenatal care	380.00
10024	Only assistance with delivery 3rd class	730.00
10025	Only assistance with delivery 2nd class	745.00
10026	Only assistance with delivery 1st class	800.00
10027	Only postnatal care	255.00

Minor Medical Treatments - Physicians

The following rates exclude the consultation rates and necessary medication or supplies

Code	Description	Insured Rate in ANG
10028	Injection including venipuncture	25.00
10028	Application of pressure bandage	25.00
10028	Removal of stitches	25.00
10028	Eye exam	25.00
10028	Flourescein eye exam	25.00
10028	Pap test	25.00
10028	Ear irrigation or spray per ear	25.00
10028	Schiøtz tonometry	25.00
10028	Vaginal discharge test incl. microscopy	25.00
10028	Blood, Urine and other types of Cultures	25.00

Minor Surgical Procedures - Physicians

The following rates exclude the consultation rates and necessary medication or supplies

Code	Description	Insured Rate in ANG
10029	Treatment of distortion / luxation	45.00
10029	Wound treatment including stitches	65.00
10029	Incise abscess	45.00
10029	Removal corpus alienum / foreign object	45.00
10029	Insert or remove I.U.D.	45.00
10029	Placement or removal of pessary	45.00
10029	Catherization	86.00
10029	Wart treatment by cryocoagulation	45.00
10029	Intra-articular injection	45.00
10029	Puncture or injection of bursitis	45.00
10029	Electrocauterization	45.00
10029	Nail extraction	86.00
10029	Clavus	45.00

Major Surgical Procedures - Physicians

The following rates exclude the consultation rates and necessary medication or supplies

Code	Description	Insured Rate in ANG
10030	Excision of cyst, ganglion, keratose, fibroma, lipoma, naevus, etc.	86.00
10030	Wedge resection of ingrown nails	86.00

Additional Diagnostic Equipment - Physicians

The following rates exclude the consultation rates and necessary medication or supplies

Code	Description	Insured Rate in ANG
10031	ECG test	85.00
10032	Ultrasound exam	130.00
10033	Doppler exam	25.00
10034	Audiography	45.00
10035	Nebulization	25.00
10036	Long function exam	45.00

Other Services and Supplies - Physicians		
10040	Laboratory costs	National laboratory rates
10050	Medicines and bandages	Cost Price
10060	Other supplies	Cost Price
10099	Other non-aforementioned procedures	45.00

Consultations - Medical Specialists		
Code	**Description**	**Insured Rate in ANG**
20001	First consultation	67.50
20002	Follow-up consultation	65.00
20005	Urgent consultation	105.00
20004	Telephone consultation or prescription	Not Covered

Other Treatments and Services - Medical Specialists

Other services and treatments will be reimbursed in accordance with **Usual, Reasonable and Customary** rates

Prescribed Medicines

Prescribed **medicines** are covered in accordance with the most recently published FML (Farmaceutische lijst) list of generic medication rates in Curaçao, as used by the SVB.

In all other territories, the **Usual, Reasonable and Customary** rates for prescribed medications apply, unless regulated by the local authorities.

7. Addendum

Subject	:	Medipass
Version	:	A-24-04
Description	:	This addendum establishes the conditions of the Medipass. The Medipass conditions only apply to insured members who have received a Medipass.
Effective Date	:	1 April 2024
Pages	:	1

This Addendum is attached to and forms part of policy conditions **UHC-24-06**.

Medipass
The Medipass is a health insurance card issued to pre-approved insured members. The **Company** reserves the right not to issue the card if an **insured** is deemed ineligible. In such a case, the insured must pay the medical provider and claim the **Company** for reimbursement. Insured members may be deemed ineligible if:

1. there is an excluded (preexisting) condition or congenital disease;
2. the **insured** has a long medical history;
3. the **insured** is considered to be a high risk patient;
4. the premium is paid in installments.
5. The **policy** has a deductible.

Eligible Services
The Medipass can only be used for the services listed on the back of the card.

Validation
The medical provider must always swipe the card to validate the card. The **Company** will indemnify the service provider and pharmacies in accordance with the **Covered Rates** Addendum. When applicable, the **insured** is responsible for the difference in costs. If the card is not valid but the policy is still active, the **insured** may advance the costs and claim them later with the **Company**.

Termination
The card is deactivated or terminated automatically if there are any outstanding premiums. Reinstatement of the card is at the option of the **Company**. In order to be considered for reinstatement, the **insured** must pay the outstanding premiums and the **Company** may require a new health declaration form and/or physical examination.

The **Company** also reserves the right to terminate and deactivate the card if:

1. there's any evidence or suspicion of the **insured** misusing the card;
2. there's any evidence or suspicion of fraud or misrepresentation by the **insured**;
3. the card has been lost or stolen;
4. the policy is canceled for any reason;
5. the covered limits have been exhausted;
6. the **insured** violates or fails to comply with the policy provisions.

You are required to surrender your pass by handing it over to the **Company** upon cancellation of the **policy** or termination of the Medipass.

Restrictions
The Medipass has a monthly and overall annual swipe limit for the services shown as covered on the back of the card. Contact the **Company's** customer service department to verify your Medipass' restrictions.

Waiting Period
The 60-Day Waiting Period, as described under General Conditions (L), is applicable for new policies. The Medipass will become active after the 60-day waiting period has expired.