

We have summarised some important facts about your private medical insurance. This policy summary is designed to provide you with the key information about the UltraCare Comprehensive plan. It does not contain the full terms and conditions of the plan. You can find these in the plan guide. Please spend some time reading carefully through this policy summary and the plan guide to make sure that you are satisfied with the cover and that it meets your needs.

Name of the insurance company

The insurer of this plan is InterGlobal Insurance Company Limited. Address: Woolmead House East, The Woolmead, Farnham, Surrey GU9 7TT, United Kingdom. InterGlobal Insurance Company Limited is authorised and regulated by the Financial Services Authority. Our FSA Register number is 458505. You can check the FSA register by visiting www.fsa.gov.uk.

Type of insurance and cover

The UltraCare Comprehensive plan is an international private medical insurance plan providing cover to treat qualifying medical conditions and is designed to specifically meet the needs of expatriates, frequent business travellers and international business people.

Our plans are not available to people who are governed by exchange controls or local licensing regulations. Cover may also be illegal under local laws.

The underwriting terms are shown on your certificate of insurance and will be one of the following:

- on a 24-month moratorium basis;
- on a continuation of personal medical exclusions (CPME) basis; or
- on a medical history disregarded (MHD) basis.

For a fuller description of the above terms, please see the plan definitions section in the plan guide. If you are not sure which underwriting terms apply to you or you do not understand the meaning of the above terms, please contact us or your adviser.

Significant features and benefits

Your plan includes the following features.

- In-patient and daycare treatment – paid in full (except psychiatric treatment).
- Out-patient treatment - including full cover for consultations, prescribed drugs and dressings, physiotherapy, complementary treatment, MRI, PET and CT scans.
- Emergency and restorative dental treatment.
- Cover for cancer care.
- Wellness (preventative) check-ups.
- Cover for chronic medical conditions and terminal illness.
- Treatment for HIV/AIDS (after four years from the date that the benefit was first introduced on your plan).
- Emergency medical evacuation and repatriation.
- Repatriation, burial or cremation of mortal remains.
- No-claims discount - up to 20% after three years.
- red24 ActionResponse.

Significant and unusual exclusions or limits

We will not cover the following under your plan.

- Pre-existing conditions unless you have had no treatment or symptoms for a continuous 24 month period. (See benefit exclusion BE1 in the plan guide.)
- Claims arising from alcohol or drug abuse. (See benefit exclusion BE11 in the plan guide.)
- Congenital abnormalities or birth defects. (See benefit exclusion BE20 in the plan guide.)
- Claims arising from taking part in war, riots, terrorism, or any similar event. (See benefit exclusion BE24 in the plan guide.)
- Claims arising from taking part in professional sports. (See benefit exclusion BE27 in the plan guide.)

- The overall maximum we will pay each plan year is £1,000,000, \$1,700,000 or €1,500,000.
- The minimum age to join the plan is 18. If someone applying is under 18 at their start date, we will need a parent or guardian to sign their application form.
- You cannot be older than 74 at your start date.
- You must pay a standard amount of £25, \$42.50 or €37.50 for each medical condition in each plan year for all out-patient medical treatment claims, including out-patient medical treatment for cancer care, chronic medical conditions and HIV or AIDS. If you choose a voluntary excess, this will apply for each medical condition in each plan year for all in-patient, daycare and out-patient medical treatment, including in-patient, daycare and out-patient medical treatment for cancer care, chronic medical conditions, HIV or AIDS, organ transplants and emergency medical treatment outside your area of cover. A 25% co-insurance and six month waiting period will apply to all out-patient dental treatment. (See section 19 in the UltraCare Comprehensive plan table of benefits.)

Plan term

Your plan is a yearly contract and with our agreement, the planholder may renew your plan each year. Premiums are based on rates which apply to the planholder and each dependant's age and may increase at renewal. You should review your plan periodically to ensure that it remains adequate for your needs.

Right to cancel

You may cancel your plan and obtain a full refund of your premium within 30 days of the date of joining or receipt of your plan documents, provided you have not made a claim under the plan.

Making a claim

Please call +44 (0)1252 745 945 or email claims@interglobalpmi.com for more information. You can also write to the claims team at the address on the bottom of this policy summary. You can find our detailed claims procedure booklet in your membership pack and also on our website.

Applicable law

This insurance is governed by the laws of England and Wales.

Complaints

We are committed to providing you with a first-class service. If for any reason you are not entirely satisfied with any aspect of our service, please let us know. You can contact your usual point of contact or:

The Compliance Officer, InterGlobal Insurance Company Limited, Woolmead House East, The Woolmead, Farnham, Surrey, GU9 7TT, United Kingdom.

Your complaint will be handled in a fair and speedy manner, usually by close of business on the day following receipt of your complaint. If we need to investigate further, we will keep you informed until we provide a final resolution no later than 8 weeks following your initial complaint. Full details of our Complaints procedures can be found in your policy documentation and on our website.

In the unlikely event that you remain dissatisfied with the outcome of your complaint following our final response, you may be entitled to refer it to the Financial Ombudsman Service (FOS) within 6 months of receiving it. The FOS is an independent dispute resolution body that mediates between consumers and regulated firms.

They can be contacted at: Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London, E14 9SR. Telephone: 0845 080 1800.

Financial Services Compensation Scheme

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we become unable to meet our financial obligations. The ability to claim compensation depends on the type of business and the circumstances of the claim. Insurance advising and arranging is covered for 90% of the claim, with no upper limit. You can get more information about the compensation scheme from the FSCS website at www.fscs.org.uk.