beyond Travel Insurance

Policy Brochure

Travel Medical Insurance

Policy Brochure

Travel Medical Insurance to help you go beyond

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Welcome to beyond

Welcome to Beyond Travel Insurance, a provider of travel medical insurance plans designed for globally mobile individuals throughout more than 190 countries.

Our services are designed to help you – our customers – understand the risks of traveling overseas and to provide cost effective solutions that will offer protection for you, your loved ones, family members and employees. In simple terms, we exist to help you.

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

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

With licenses to carry out multiple insurance and pension lines of business the company's position within the global financial industry has led the company to be considered by many as the first port of call for integrated financial risk management products and services.

Today, Beyond Travel Insurance products cover people across 190 countries around the world, with its influence on international financial markets and business practices going beyond those geographical jurisdictions.

"Best Travel Insurance Provider"

- Yahoo Finance

FULL REFUND GUARANTEED

If you're not completely satisfied, you have 10 days to receive a refund, providing you've not started your trip or made a claim.

Global Reach

Supporting travelers across 190 countries around the world

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

Cross-border solutions

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

Trusted protection

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

Global support network

In addition, Beyond Travel Insurance has developed a global support network for clients that means that wherever they are in the world, they will be able to feel confident that their coverage has the infrastructure in place to support their needs.

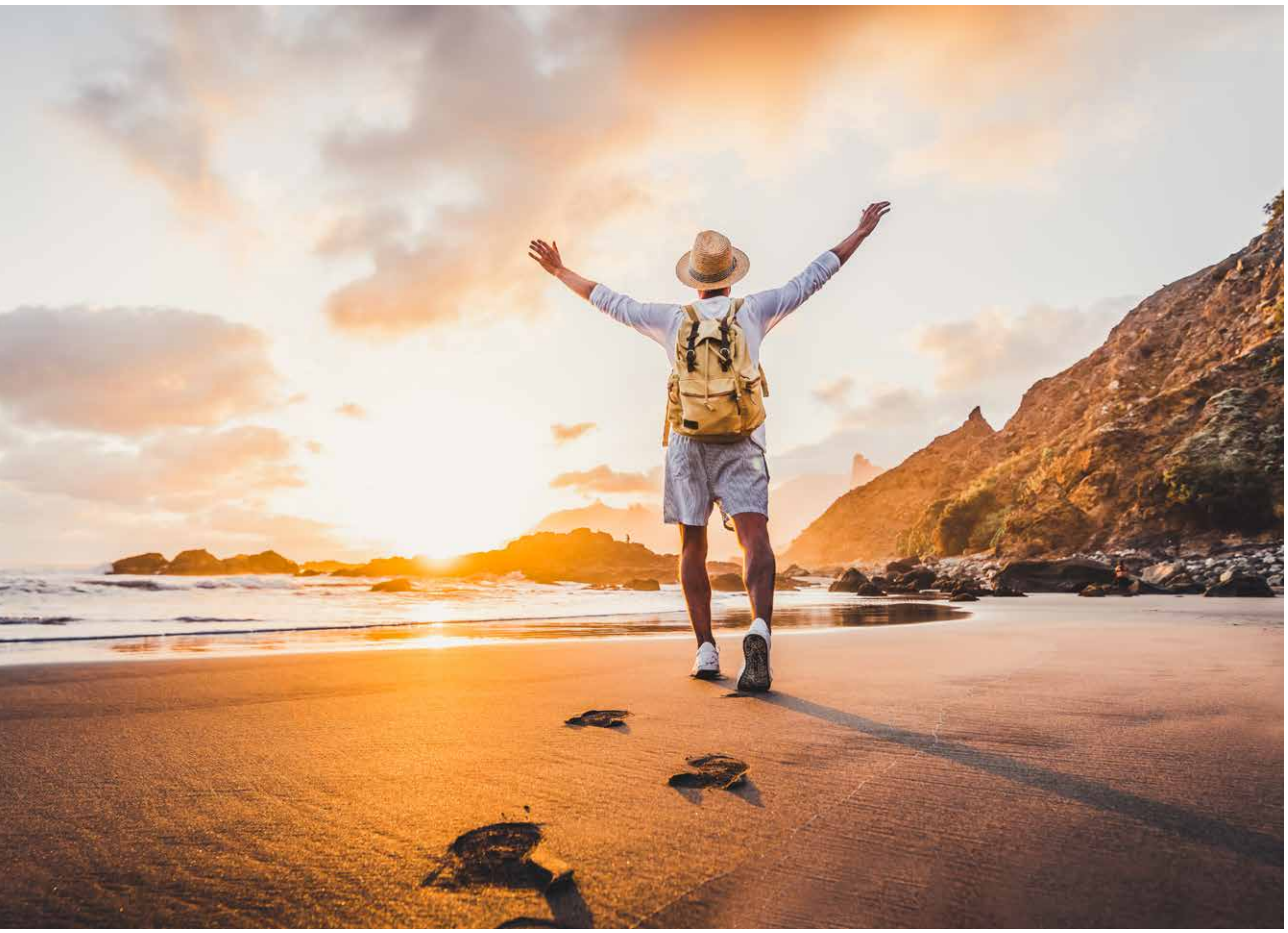
Strength & Security

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

Compliance towards international insurance and financial services standards is at the very heart of the company which operates under long term insurance licenses. This not only ensures that the company's practices adhere to highest international standards but that Beyond Travel Insurance is able to meet all liabilities financially whilst sustaining sufficient margins of solvency.

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

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



Service Satisfaction

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

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

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

Service Satisfaction

Beyond Travel Insurance's customer focused philosophy has placed the company in a position to be recognised by many as a provider of excellence.

This position is reflected through the levels of customer satisfaction, with Beyond consistently achieving a rating of over 98% amongst its international client base.

Consistently achieving a customer satisfaction rating of over...

98%

Benefits Review

Emergency Benefits

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

Beyond's travel insurance medical plan includes emergency benefits to ensure that this unique environment is experienced with the full backing and support of one of the world's premier insurance companies.

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

Having medically trained personnel on hand, Beyond is ideally placed to contribute to the treatment you receive in the emergency room of a hospital. Our aim is to help you overcome medical emergencies so that you can rest assured Beyond Travel Insurance is there to support you when you need it most.

Security Benefits

In an ever turbulent global security environment, Beyond's unique approach allows members to trust that whilst they travel overseas, their travel insurance coverage caters for many of the potential dangers that they may face.

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

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

Assistance Benefits

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

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

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

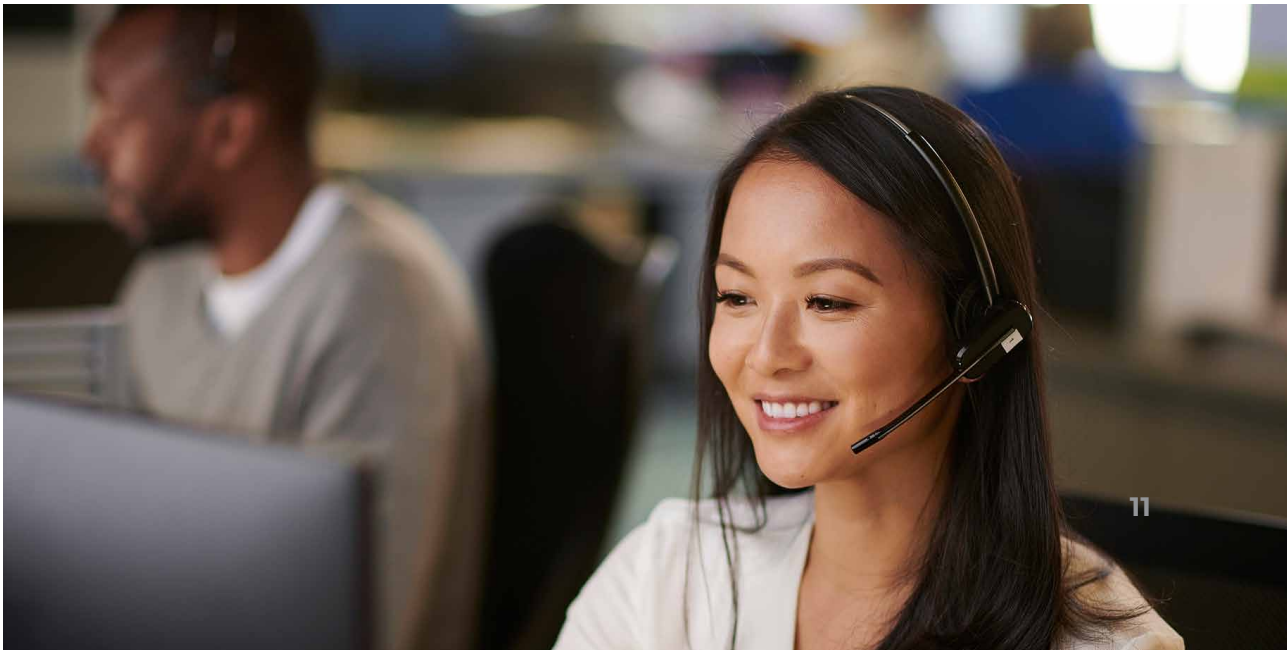


Table of Benefits

BEYOND TRAVEL MEDICAL INSURANCE

This policy only provides cover for the following benefits in respect of treatment of an insured person provided during the period of cover for an eligible medical condition which is treated outside the member´s country of residence.

All benefits, including full refunds, are conditional upon charges being medically necessary, reasonable and customary, and subject to the terms, conditions, definitions, exclusions and warranties of the policy.

This plan only provides cover for emergency treatment received in an emergency room of a state medical facility following an unforeseen accident or illness that requires immediate medical care.

Maximum Plan Limits	
Plan Cover Limit	US$ 1,000,000

Maximum Plan Limits	
Emergency Room Treatment	Full Cover
Local Ambulance	Full Cover
Emergency Assistance	Full Cover
Terrorism	US$ 100,000
Mugging	US$ 500
Coronavirus	US$ 100,000
Scuba Diving	US$ 100,000
Winter Sports	US$ 100,000

IMPORTANT NOTES: This is a summary only, please read and fully understand the terms, conditions, definitions, exclusions and warranties of the Beyond Travel Insurance policy wording.

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

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

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

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

'Cooling-Off' Period
Please read and fully understand the terms, conditions, definitions and exclusions of this policy. If for any reason you feel that this cover or this policy is not suitable for you, you can cancel your policy and receive a full refund of any premiums paid, less any applicable administration charge determined by us at that time. In order to receive a refund you must contact Beyond and submit all required documents within 10 days of the purchase of this policy and not have started your trip, made, or attempted to make a claim.

Definitions

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

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

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

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

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

Alternative Therapies Treatment: Alternative therapy treatment of a medical condition, including but not limited to homeopathy, naturopathy, osteopathy, acupuncture and traditional Chinese medicine only. Benefit amounts are per policy year.

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

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

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

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

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

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

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

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

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

attempted overthrow of government or any act of terrorism.

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

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

Country of Residence: The country in which members habitually reside as confirmed by the member or policyholder at the time this policy is taken out.

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

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

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

Dental Treatment: Any treatment relating to the mouth, teeth and structures supporting teeth including but not limited to examinations, fillings, crowns, extractions, pain reflief and surgery.

Dependants: One spouse or adult partner and/or unmarried children who are not more than 18 years old and residing with the member, or 26 years old if in fulltime education, at the Start Date. The term partner shall mean husband, wife or the person permanently living with the member in a similar relationship. All dependants must be named in the certificate of insurance.

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

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

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

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

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

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

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

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

Emergency Room Treatment: Treatment received in an emergency room of a hospital within 24 hours following a medical emergency.

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

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

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

General Advice: Advice from our appointed medical expert to establish medical practice and/or established medical opinion in relation to any medical condition or treatment.

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

GP Consultation Fees: General Practitioner Consultation and examination fees.

Hazardous Activity: An action, activity or undertaking which customarily demonstrates at least one of the following characteristics:

- The activity ordinarily requires safety training or a safety briefing;
- It is generally accepted or advisable for safety equipment and/or protective clothing to be used during the activity;
- The activity is ordinarily facilitated or supervised by an instructor, licensed practitioner or by a person holding themselves out as an expert;
- The member is ordinarily required to sign a document or waiver which acknowledges safety risks in completing the activity;
- The member knowingly participates in an activity that they do not have sufficient skill or knowledge to undertake; or
- The activity carries a risk of danger or injury which a reasonable person would identify as greater than routine daily tasks.

Hazardous activities may include, but are not limited to:

- Playing competitive sports and/or taking part in motor sports of any kind;
- Mountaineering, including potholing, spelunking or caving;
- High altitude trekking over 2,500 meters;
- Skiing off-piste or any other winter sports activity carried out off-piste; or
- Arctic or Antarctic expeditions.

Hereditary: A disease or disorder that is inherited genetically.

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

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

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

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

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

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

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

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

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

Medically Necessary: A medical service, consultation or treatment, which in the opinion of our medical advisor(s) meets

all of the following criteria:

i) is appropriate and consistent with the diagnosis;

ii) is in accordance with treatment guidelines for any condition;

iii) is in accordance with generally accepted medical standards and not primarily for the convenience or desire of the member;
iv) could not have been omitted without resulting in significant impairment or grievous loss of amenity to the member; and
v) does not incur more costs than an alternative course of treatment at least as likely to result in an equivalent therapeutic or diagnostic result.

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

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

Multi-Trip: Multi-trip coverage under this policy is provided on an annual basis and provides insurance coverage for travel outside the member´s country of residence for a maximum period of 30 days for any one trip, and up to a maximum of 90 days for the policy year.

New Born: A baby who is within the first 32 weeks of its life following delivery.

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

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

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

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

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

Period of Cover: The period of cover set out in the certificate of insurance.

Physiotherapy: Treatment received in the emergency room by a physiotherapist upon referral by a medical practitioner.

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

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

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

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

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

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

Private Room: Single occupancy accommodation in a hospital.

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

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

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

Reasonable and Customary Charges: The average amount charged in respect of valid services or treatment costs, as determined by our experience in any particular country, area or region.

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

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

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

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

Single Trip: Single trip coverage provides insurance coverage for a one-off trip outside your country of residence for travel commencing on the Start Date and terminating on the End Date as stated on your certificate of insurance.

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

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

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

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

Table of Benefits: The schedule of benefits included within Beyond Travel Insurance and corresponding cover limits as set out on Page 12 of this policy brochure.

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

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

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

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

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

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

We/Our/Us: Shall mean Beyond Travel Insurance, a trading name of Regency Assurance.

Conditions

The following conditions apply to all sections of this insurance:

Policy
This insurance contract consists of the application form and the policy documentation, including the certificate of insurance, table of benefits and policy wording. The rights of the policyholder; or any beneficiary will not be affected by any provision other than the one described above. Your policy documentation may be issued in soft copy only, which does not in any manner affect the validity or enforceability of any term, condition, definition, exclusion or warranty therein.

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

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

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

Termination of Cover
Cover may end if:
i) You exhaust the maximum aggregate benefit under the plan;
ii) You fail to reimburse us within 14 days of receipt of notice that we have made payment for an ineligible claim;
iii) You fail to pay any due premiums on or prior to the time they are due. Outstanding premiums are considered a material breach of the policy; or
iv) You fail to notify us of any insurance policy, third party or scheme that you may be entitled to claim from in accordance with the Contribution and Subrogation sections of this policy.
v) You breach any part of the policy.

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

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

Period of Cover
Your plan is in force for the period of cover noted in your certificate of insurance subject to our rights of termination of cover. In the event a future agreement is reached between the policyholder and us, the policyholder will be bound by the terms and conditions of any new agreement agreed between the parties. There shall be no continuity of cover, regardless of the Start Date of any subsequent policy.

The policyholder or insured person bears the responsibility to enter into any new agreement with us. We accept no liability for the failure of a policyholder to enter into a new agreement.

Certificate of Insurance
We will provide a certificate of insurance to confirm coverage for each member and any eligible dependants benefitting from cover under this policy.

Contribution
If you or any dependant named on your policy are entitled or eligible to claim from any other insurance policy, third party or scheme for any of the costs, charges or fees for which you are insured under this contract, you must disclose the same to us immediately and use all endeavours to seek recovery from any other such means of redress.

We will make no contribution to any treatment costs, claim or other losses if any such detriment is fully or partly recovered or recoverable by any other such means of redress referred to within this section.

In respect of any excess beyond the amount which would have been covered under such other means, if our plan covers

a higher amount, we shall pay the amount not covered by them subject to the terms, conditions, exclusions and warranties of this policy.

We are under no obligation to pay or adjudicate any claim under this policy unless and until the eligibility and applicability of any other insurance, claim or means of redress referred to within this section has been established and confirmed.

Change of Risk

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

Declaration of Material Facts

All material facts that may affect our assessment and consideration of an application or claim should be declared at the earliest opportunity by the policyholder. A fact, whether disclosed by the policyholder or identified by us, is considered material if it would influence the assessment of risk attributable to the policy, or liability to the Insurer. Such examples include but are not limited to pre-existing health conditions, medical records, hazardous activities or being exposed to heightened risks over and above routine day-to-day dangers.

Failure to accurately and promptly provide fair and reasonable representation of facts may invalidate your cover, or lead to the cancellation of your policy and/or rejection of claims. If you are in doubt whether a fact is material then it should be disclosed.

Claim Adjudication

All claims must be submitted in full as soon as is reasonably practical and no later than 21 days after the event which causes the claim. Failure to do so may result in our rejection of the claim or may result in you not receiving the full amount claimed for.
If we think that the evidence of the claim submission and the information provided is incomplete, then you will be informed of the required supplementary information.

The onus of proving the eligibility of any claim under this policy rests with the policyholder. No claim shall be eligible unless and until sufficient evidence is disclosed to facilitate the comprehensive adjudication of the claim and to establish eligibility. The absence of specific evidence or information to establish the ineligibility of a claim shall not automatically render a claim eligible.

The policyholder and any members must fully comply with any enquiry into the circumstances of the claim, and in establishing whether any other insurance, claim or means of redress is applicable.

We reserve the right to reject any claim where the policyholder or member fails to assist with such enquiries, fails to undertake endeavours to seek recovery from other such means of redress, or fails to act in good faith when establishing the existence of, or during the course of any investigation into the extent of any other means of redress.

Where any underlying cause and/or diagnosis is unknown or has not been established, we reserve the right to delay or pause the adjudication of a claim until such time as the cause and/or diagnosis is known and ratified by us.

We will not pay any interest on any amount payable under this policy, nor will we pay for consequential financial losses, expenses, damages or compensation relating to a claim, the claims process or any alleged detriment arising through the adjudication, or adjudication process, of any claim.

If any representation, claim, or disclosure made under this policy is in any respect fraudulent, unfounded, or not made in good faith, all benefits paid and/or payable in relation to any claim shall be forfeited and recoverable. In addition, all cover in respect of the insured person(s) may be cancelled void from the Start Date. We reserve the right to disclose information to any third party, including any legal, regulatory, or other relevant authority.

Applicable Law

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

Right to Recover

This policy constitutes an agreement between Beyond and the member to provide insurance coverage for the period of cover. Beyond agrees to provide insurance coverage in accordance with the terms, conditions, definitions, and exclusions outlined within this brochure and the certificate of insurance. The member agrees to make all premium payments in full and in accordance with the frequency outlined within the certificate of insurance.

In the event of any non-payment of the insurance premium, Beyond reserves the right to seek recovery of any premium owed during any current or previous period of coverage.

It is your responsibility to ensure any premium payments are received by Beyond on or before their due date. We are under no obligation to provide warnings of any missed payments, and in the event of such non-payment of premium shall be entitled to lapse the policy without further recourse to you.

In the event a member´s policy is cancelled or lapses due to non-payment of premium and the member subsequently commences a new policy with Beyond, any outstanding premium payment from a previous policy shall be considered an outstanding debt owed to us. As creditor, we reserve the right to withhold or apportion payment of any future claims made under the member´s existing policy until any such debt is settled.

Reimbursement

The primary purpose of this policy is to ensure that the reimbursement of eligible costs are paid to the member.

Where a guarantee of payment has not been issued by us, this plan only provides reimbursements for eligible costs paid by the insured person.

The obligation to solicit, receive, undergo or otherwise have any form of treatment relating to any medical requirement shall remain the sole responsibility of the insured member.

The issue of a guarantee of payment shall not be a determining factor as to whether an insured member proceeds with any required or intended treatment, and we shall bear no responsibility or liability for the failure of the member to proceed with such treatment.

Any guarantee of payment is at the discretion of the insurer, and will only be issued where all terms, conditions, exclusions and warranties of the Beyond Travel Insurance plan have been satisfied and eligibility of the claim is established.

Subrogation

This section shall apply in the event that any payment has been made by us in accordance with this policy. We remain under no obligation to pay or adjudicate any claim under this policy unless and until the eligibility and applicability of any other insurance, claim or means of redress referred to within this section has been established and confirmed.

In the event any such payment has been made by us, the policy shall be subrogated to all rights of recovery that insured persons have against any other party with respect to any payment made by that party to insured persons due to any injury, illness or medical condition insured persons sustain to the full extent of the benefits provided or to be provided by the policy.

If insured persons receive any payment from any other party or from any other insurance cover as a result of an injury, illness or medical condition, we have the right to recover from, and be reimbursed by them, for all amounts we have paid or may elect to pay as a result of that injury, illness or medical condition, from such payment, up to and including the full amount received.

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

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

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

Membership Applications

We maintain the right to ask you to provide proof of age and/or a declaration of health of any person included in your application. We reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances the insured person advises in their application form or declares to us as a material fact.

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

Medical Evaluation and Investigation

We reserve the right to request further tests and/or evaluation.

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

All information needed to deal with any claim must be written in English. You will be responsible for any costs involved in translating any documents.

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

You must attend and engage in any examinations, investigations, or appointments as determined necessary by us. Any failure to attend or engage in such appointment, failure to provide or delays in the provision of any requested information may invalidate your claim.

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

Waiver

Any deviation from the specific terms, conditions, exclusions and warranties of the policy by us at any time shall not constitute a waiver of our right to implement, rely or insist upon compliance with such provisions at any other time. This includes but is not limited to the payment of premiums or benefits. This shall apply irrespective of the context of any such waiver of any right under the policy, including repeat circumstances.

Our Right of Cancellation

We may at any time terminate a member's cover if he/she or the policyholder has at any time:
i) Misled us by misstatement;
ii) Claimed benefits for any purpose other than as are provided for under this policy;
iii) Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to our detriment; or
iv) Otherwise failed to observe the terms and conditions of this policy or failed to act with good faith.

Liability

Our liability shall cease immediately, and such cessation shall apply retroactively upon the cessation of the policy for whatever reason, including without limitation the natural expiry of the policy or termination of the policy.

Minimising Loss

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

Undue Influence

We reserve the right to cancel the policy, reject or invalidate any claim submitted thereunder, or impose any other sanction deemed necessary in the event that the policyholder, insured persons or any of their representatives, use threatening, coercive, abusive, harassing or intimidating or damaging action, behaviour or communications as determined by us. We reserve the right to recover any unpaid premium in the event of cancellation owing to any of the above actions, or recover any costs or losses incurred. This provision shall survive the termination of the policy.

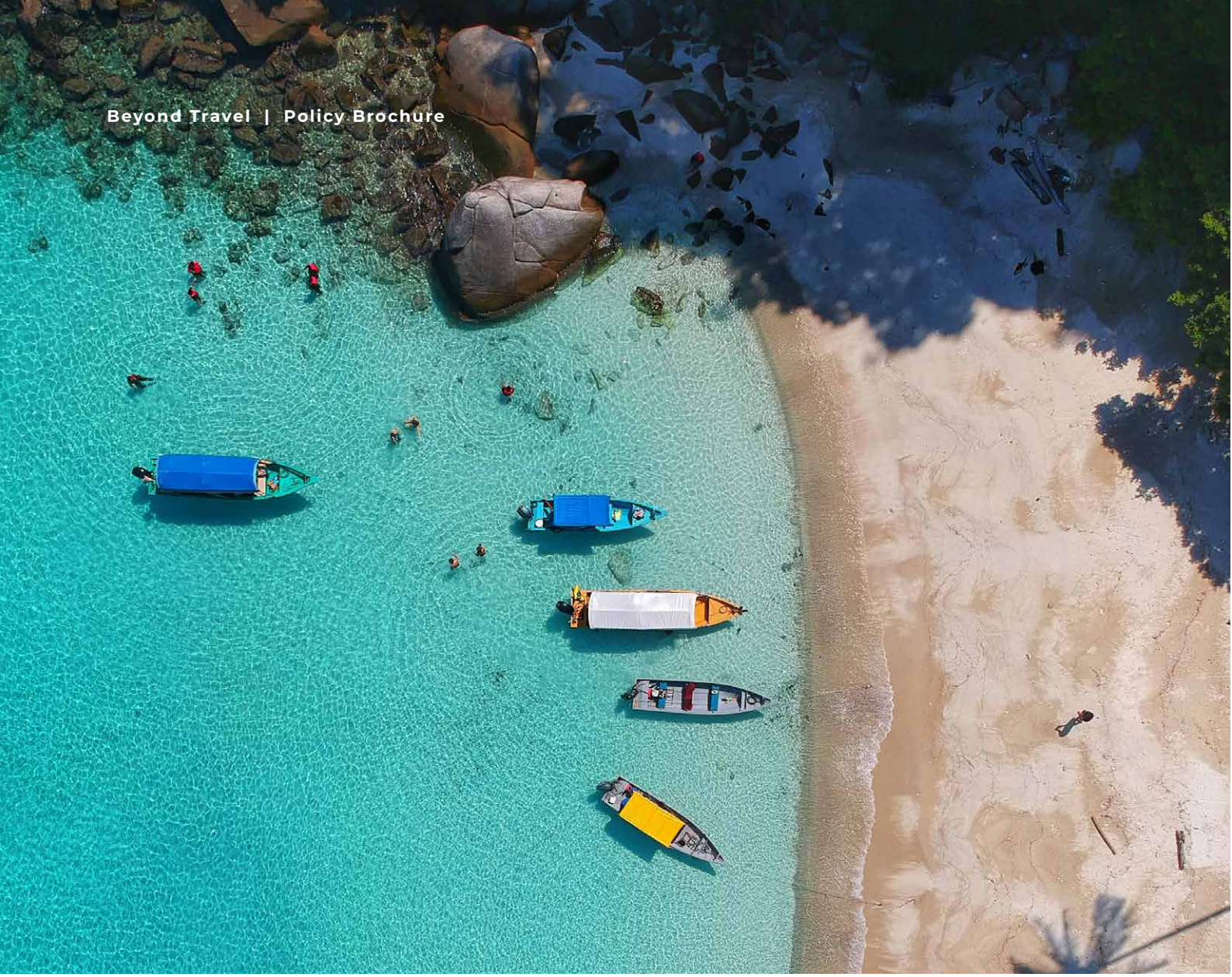
Alterations or Adjustments

We reserve the right to alter or discontinue the benefits, terms, conditions, exclusions, warranties, or premiums after the End Date of your policy. It is your responsibility to ensure that you have read and fully understand the terms, conditions, definitions, and exclusions of any subsequent Beyond Travel Insurance policy.

Your decision to commence a new Beyond Travel Insurance policy shall constitute your acceptance that you have received, reviewed, understand, and agree to all terms, conditions, exclusions, and warranties contained within your policy for each period of cover and accept to be bound by the same.

Parties to the Contract

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



Exclusions

General exclusions apply to all sections of this insurance.

1. Any claim relating directly or indirectly to any medical condition or related condition that existed prior to the Start Date. Conditions for which you have received treatment, had symptoms of, had knowledge existed or should have known existed, or you sought advice for or existed without your knowledge prior to your Start Date (preexisting medical condition) will not be covered.

2. Any claim relating directly or indirectly to an incident, injury or illness that existed at or before the time you purchased this insurance or at or before the time this insurance policy was taken out.

3. Chronic supportive treatment of renal failure, including dialysis unless the Chronic Conditions benefit is part of your plan.

4. Any costs relating to a chronic medical condition unless the Chronic Conditions benefit is part of your plan.

5. Any costs relating to cancer and its diagnosis unless oncology benefits appear on your benefits schedule. All eligible claims relating to cancer are settled within oncology benefits, and only where they appear on your benefits schedule.

6. Treatment, tests or costs which we determine on general advice, is either experimental, unproven, novel, unlicensed or not medically necessary.

7. Treatment which is not customarily received in an emergency room, or which is not for the treatment of an unforeseen accident or illness requiring immediate medical care.

8. Treatment for a terminal illness or any costs incurred from a hospice.

9. Costs incurred or treatment received at an institution such as a convalescent or nursing home.

10. Any claim relating directly or indirectly to a congenital anomaly or conditions, birth injuries, birth defects or any hereditary medical conditions of any kind.

11. Preventive medicines, and routine tests and physical examinations by a medical practitioner, including gynaecological investigations unless they appear on your benefits schedule. Normal hearing tests are excluded.

12. Non-medical / natural degenerative eye defects, including, but not limited to, myopia, presbyopia and astigmatism and any corrective surgery for non-medical/ natural degenerative sight defects. Normal eye tests are excluded unless they appear on your benefits schedule.

13. Costs of spectacles, lenses, contact lenses or any corrective eye devices.

14. Rehabilitation benefits unless they appear on your benefits schedule.

15. Physiotherapy treatment not received within the emergency room of a state medical facility.

16. Treatment received in health hydros, nature cure clinics, spas, or similar establishments. Services such as massages, hydrotherapy, Reiki, or other non-medical treatments.

17. Cost incurred while in or relating to a private room of a medical facility unless they appear on your benefits schedule.

18. Treatment given at establishments or a hospital where that facility has become the member's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

19. Costs relating to aesthetic clinics, cosmetic treatment, dental treatment, or corrective treatment or any consequence thereof.

20. Costs relating to weight loss or weight problems including, but not limited to bariatric procedures, obesity surgery or treatment, diet pills or supplements, health club memberships, diet programs and treatment in a residential treatment facility for eating disorders. Any complications arising from weight loss or other excluded procedures are not covered.

21. Alternative therapies unless they appear on your benefits schedule.

22. Any costs relating to organ transplants are excluded unless they appear on your benefits schedule.

23. Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of the same and all associated administration costs.

24. Any claim relating directly or indirectly to pregnancy, pregnancy terminations, pregnancy complications, antenatal classes or midwifery costs, delivery costs, postnatal costs or any medical conditions relating to pregnancy or childbirth.

25. Costs relating to premature birth or neo-natal care, new-born or well-baby visits including but not limited to developmental assessments, examinations, testing, treatment or care.

26. Treatment, tests or costs relating to impotence or any related condition or consequence thereof.

27. Costs directly or indirectly arising from (or required in connection with) male and female birth control, sterilization (or its reversal). Infertility/fertility consultations, testing and treatment (including assisted conception) is excluded. Any complications of pregnancy and routine pregnancy costs resulting from infertility treatment (including assisted conception) are excluded.

28. Treatment, tests or costs associated with a sex change and any consequence thereof.

29. Any costs relating to human papillomavirus, venereal disease or any sexually transmitted diseases or related condition.

30. Treatment, tests or costs realting to Human Immunodeficiency Virus (HIV) or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) or any similar infections, illnesses, injuries or medical conditions relating directly or indirectly to these conditions.

31. Costs in respect of a counselor, psychiatrist, psychotherapist or psychologist unless they appear on your benefits schedule.

32. Treatment, tests or costs relating to learning difficulties, hyper-activity, attention deficit disorder, speech therapy and developmental, social or behavioural problems.

33. Any claim relating to alcohol, alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse, addiction or use.

34. Any claim relating to suicide or attempted suicide, bodily injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.

35. Any claim relating directly or indirectly to the member acting or attempting to act illegally, or being a participant or wilful bystander during the committing of, any offence.

36. Costs incurred while an inmate of a prison, jail or any correctional facility or while in any mental institution.

37. Costs and expenses incurred where a member has travelled against general advice or medical advice.

38. Evacuation and Repatriation expenses unless they appear on your benefits schedule. Air rescue, sea rescue or mountain rescue costs.

39. Travel and accommodation costs unless specifically agreed by us in writing prior to travel. No travel and accommodation costs are payable where treatment is obtained solely as an outpatient, including the costs of a hired car. Transportation costs from a ship, oil-rig platform or similar oil-shore location are not covered.

40. Treatment, tests or costs related to sleep related disorders (including but not limited to snoring, fatigue and jet lag), stress, anxiety, or any related condition.

41. Dietary supplements or nutritional supplements and related substances that can be purchased with or without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally.

42. Home visits by a medical practitioner, specialist or qualified nurse.

43. External prostheses, including their maintenance or fitting, any hearing aids or other equipment, medical or otherwise.

44. Any claim relating to a Hazardous Activity, unless declared to and accepted by us.

45. Any loss, injury, or damage arising directly or indirectly from your participation in scuba diving, unless each of the following requirements are met:

i) you are a qualified scuba diver and hold a recognised diving certification valid at the time of any dive commencing;
ii) any dive is completed with, and you are accompanied at all times by, a licensed dive instructor;
iii) any dive shall not at any point be conducted at a depth greater than 20 meters;
iv) you undergo a full medical examination conducted by a suitably qualified professional immediately prior to commencing any dive; and
v) any dive shall not involve any form of cage diving, or diving with sharks.

46. Any loss, injury, or damage arising directly or indirectly from your participation in a winter sport or winter activity of any kind which demonstrates at least one of the following characteristics:

- The activity is carried out off-piste;
- The activity is carried out at an altitude of over 2,500 meters above sea-level;
- The activity is competitive in nature;
- The member knowingly participates in an activity that they do not have sufficient skill, training or knowledge to undertake;
- The member fails to wear or make use of appropriate safety equipment when completing the activity; and
- The activity is one in which the extreme nature of the activity would usually necessitate separate and specific insurance coverage for the activity.
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For the avoidance of doubt, the following activities are explicitly excluded:

- Bobsledding (including skeleton bobsledding);
- Ski jumping;
- Ice climbing;
- Luging;
- Skijoring; and
- Ice fishing.

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

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

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

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

50. Any claim arising as a result of you failing to receive the inoculations and vaccinations that we, on general advice, determine that you are reasonably required to receive.

51. Any claim arising from you acting in a way which goes against general advice or advice of a medical practitioner.

52. Any costs for the following:
1) Telephone calls;
2) Taxi fares;
3) Food and drink.

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

54. All costs are excluded unless they appear on your benefits schedule.

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

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

57. Any consequential loss.

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

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

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

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

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

63. Expenses which are recoverable from a third party.

64. Treatment, tests or costs relating to genetics; including but not limited to genetic testing, gene therapy, gene manipulation, genetic engineering or any action, treatment or assessment relating to the alteration of genes.

65. Treatment, test or costs for, or arising from, deafness caused by ageing.

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

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

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

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

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

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

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

73. Treatment, tests or costs relating to the requirement to repeat, correct or re-evaluate Treatment which in the opinion of our medical advisor(s) has been unsuccessful.

74. Any claim relating to a future incident, illness or event which you had knowledge of, or would reasonably be expected to have knowledge of, prior to your Start Date which is likely to result in a claim being made under this policy.

75. Any claim relating to general advice, Treatment or advice given by a Medical Practitioner, Qualified Nurse or member of staff of a medical facility which is given or administered erroneously, negligently, or in any scenario where due care and attention is not given by representatives of the treating facility.

76. Any claim relating to costs or expenses incurred within the member´s country of residence.

77. Any inpatient cover, outpatient cover, day patient or elective costs unless they appear on your benefits schedule.

How To Make A Claim

Beyond has appointed an independent claims adjudication company to process any claims fairly and efficiently. The claims team can ensure that any claims submitted during your period of cover receive a sensible and customer-focused service experience.

We understand that during an emergency, you may not be in a position to notify us prior to your attendance at an emergency room.

You must notify Beyond as soon as it is possible so that we can arrange for eligible costs to be settled directly where possible, or reimbursed to you.

You must submit your fully completed claim form within 21 days of the incident which causes the claim. You must also obtain and supply copies of all medical records, test results, itemised invoice(s), and receipt(s) for your medical costs by email to: **claims@beyond-ti.com**

Please be advised that medical facilities are different, and your ability to obtain the necessary information relating to your claim may be diminished once you have returned to your home country. You must make all efforts to obtain the information and documents relating to your claim whilst in the country where you are treated, follow the instructions on the claim form, particularly in relation to any accident, and submit the information required by Beyond to assess your claim.

Our dedicated team specialise in supporting you during such situations, and their contact information for general enquiries and claims services can be found in the contact section of this document.

All claims will be adjudicated subject to the terms, conditions, definitions, exclusions and warranties of this policy, and in particular the Claims Adjudication section of this brochure.

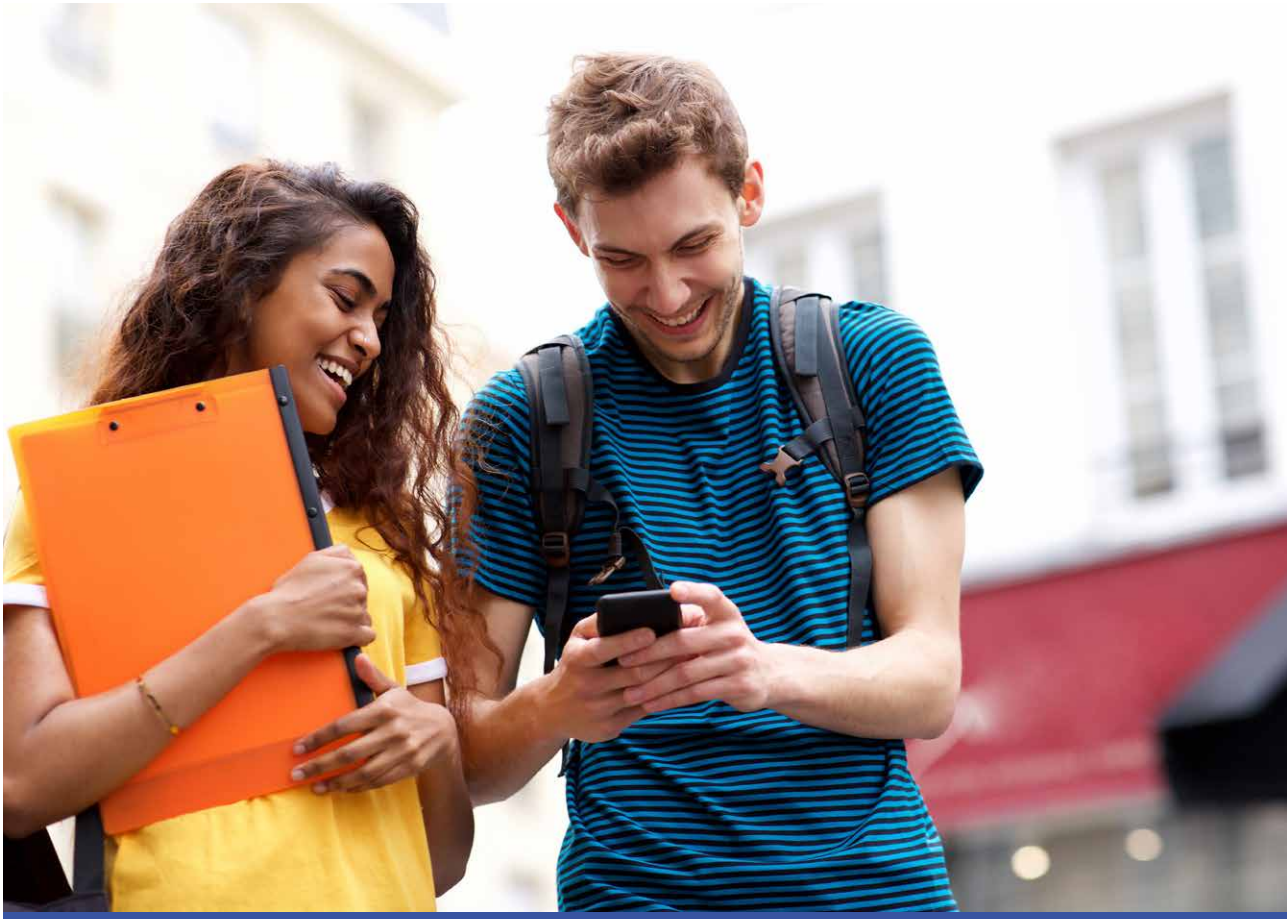
Customer Satisfaction

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

If in the unlikely event that you are not entirely satisfied with the service or the coverage you have received, we have a robust appeals and complaints process in place.

Guided by customer-focused service professionals, Beyond is with you every step of the way to ensure any concerns are responded to promptly, with clarity, and the aim of ensuring your concern is resolved to the highest standard.

Should you wish to discuss any aspect of Beyond's service, please contact us directly by writing to: **info@beyond-ti.com**



Contact Us:

+44 2045 243 911
info@beyond-ti.com
www.beyond-ti.com

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Travel Insurance

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