



IMPORTANT CONTACT INFORMATION FOR YOUR INTEGRA GLOBAL PLAN	
For help in understanding your benefits, questions and general plan guidance, please contact our Member Care Team :	+44 808 101 3483 or +44 333 405 3003 member-care@integraglobal.com
CLAIMS	integra@medical-administrators.com
FOR 24/7 PRE-AUTHORISATION AND GUARANTEE OF PAYMENT REQUESTS: All hospital stays, outpatient surgery, medical transportation (except for local emergency transportation) or medical procedures must be pre-authorised. Pre-authorisations are easy and only take a few minutes of your time. Please allow at least 2-5 business days for the pre-authorisation to be processed. You must notify us at least five business days prior to a scheduled or elective admission or treatment plan. For an emergency hospitalisation please notify us within 48 hours of admission.	EUROPE: +33 184 780 368 ASIA: +852 3106 7595 hospi@medical-administrators.com
FOR EMERGENCY MEDICAL ASSISTANCE AND SAND (SECURITY AND NATURAL DISASTER) quoting code number NGSINTEGR01:	+44 20 7183 8910 Back up mobile: +44 7785 627 433 ops@northcottglobalsolutions.com

US CLAIMS AND PROVIDER INFORMATION

To find a provider in the US, visit: **www.whyuhc.com/us1** and select UnitedHealthcare Options PPO
Utilising the UHC Network ensures that preauthorisation procedures are followed. If using hospital or provider outside of UHC Network in the US you or your provider must follow pre-authorisation procedures and contact: **+1 800 268 5041**



DOWNLOAD the yourHealth - Integra Global app



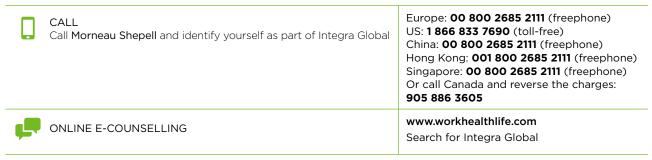


EXPAT ASSISTANCE PROGRAMME (EAP)

Connecting you to better health and well-being.

Professional counselling support and consultation available worldwide, day or night, 365 days a year.

The EAP benefit reflects our continuing commitment to your well-being and privacy. We encourage you to use the EAP anytime you need it.





MY EAP app

Download the Morneau Shepell My EAP app









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TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
Annual maximum plan benefit	\$1,500,000	\$1,500,000
Annual maximum plan benefit	€1,250,000	€1,250,000
Annual maximum plan benefit	£1,000,000	£1,000,000
HOSPITALISATION BENEFITS		
Accommodation	Semi-private room	Semi-private room
Inpatient treatment, daypatient, operating theatre and recovery room, prescribed medicines, drugs and dressing for inpatient or daypatient treatment	100% 90% US/Canada	100% 90% US/Canada
Intensive care unit	100% 90% US/Canada	100% 90% US/Canada
Inpatient ancillary services including physical and occupational therapy as daypatient or inpatient	100% 90% US/Canada	100% 90% US/Canada
Surgeons' and anaesthetists' fees	100% 90% US/Canada	100% 90% US/Canada
Inpatient consultation by specialist	100% 90% US/Canada	100% 90% US/Canada
Emergency room	100% 90% US/Canada	100% 90% US/Canada
Pathology, radiology, and diagnostic tests	100% 90% US/Canada	100% 90% US/Canada
MRI, CT and PET scans	100% 90% US/Canada	100% 90% US/Canada
Private duty nursing (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Skilled nursing facility (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Home health care (Lifetime maximum)	\$7,500 €6,000 £5,000	\$7,500 €6,000 £5,000
Hospice care services (Lifetime maximum)	\$10,000 €8,000 £6,500	\$10,000 €8,000 £6,500
Emergency dental treatment (as a result of accident)	100% 90% US/Canada	100% 90% US/Canada
Cancer treatment	100% 90% US/Canada	100% 90% US/Canada



TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
Child accompaniment	N/A	100%

If the insured person is a child under 16 who requires hospitalisation, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel. Pre-approval is necessary.

MANAGED TRANSPLANT PROGRAMME

Organ transplants maximum lifetime	\$500,000 €400,000 £300,000	\$500,000 €400,000 £300,000
Tissue transplants (as part of the overall organ max.)	\$250,000 €200,000	\$250,000 €200,000
	£150,000	£150,000

Transplant must be pre-certified and approved by us. Failure to comply will result in treatment not being covered by your policy. A 24-month waiting period applies for all transplants.

OUTPATIENT BENEFITS		
Surgery as outpatient	100% 90% US/Canada	100% 90% US/Canada
Physician office visits and specialist fees	90%	90%
Diagnostic and therapeutic services (as outpatient, per visit)	90%	90%
Physical therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits
Occupational therapy (as outpatient, per visit)	90% \$75 €60 £50 policy year max 30 visits	90% \$75 €60 £50 policy year max 30 visits
Chiropractic services Policy year maximum for chiropractic services Referral letter required from medical physician	90% \$750 €600 £500	90% \$750 €600 £500
Complementary medicine Including TCM, bonesetting, acupuncture, herbal medicine, homeopathy and osteopathy	90% \$500 €400 £350	90% \$500 €400 £350
PRESCRIPTION PROGRAMME		
In US (no deductible applies)	90% generic 80% brand	90% generic 80% brand
All other countries (deductible applies)	90%	90%
DENTAL		
Routine dental	N/A	N/A
Diagnostic and preventive dental	N/A	N/A
Dental plan option available	YES See dental options	YES See dental options



TABLE OF BENEFITS	YO	YOUR HEALTH	
	yourLife	yourFamily	
MATERNITY AND NEWBORN COVER			
Pregnancy, normal delivery	N/A	90% \$10,000 €7,500 £6,500	
Complications of pregnancy (including non-elective, medically necessary caesarean section)	N/A	90% \$12,000 €8,500 £8,000	

Routine nursery, included under Maternity Benefits as any other treatment including room and board, physician charges and circumcision for males prior to discharge. In the case of an elective caesarean section, which is not medically necessary, benefit will be paid at the cost of a normal delivery, up to the pregnancy, normal delivery limit.

New born cover	N/A	\$25,000
		€20,000
		£15,000

Included in New Born Cover are premature births, congenital conditions and birth anomalies. New Born Cover is only available for a covered pregnancy. A 12-month waiting period applies for all maternity benefits.

WELLNESS AND ROUTINE SERVICES		
ADULTS Per policy year	\$500 €400 £300	\$500 €400 £300
Routine physical exams in connection with overall health and wellbeing	90%	90%
Pap smear	90%	90%
Mammograms: ages 35-39 one baseline exam; ages 40-49 one exam every one or two years for asymptomatic women, but no sooner than two years after baseline; age 50 and over one exam annually; any age whenever prescribed by a physician	90%	90%
Prostate cancer screening: one test per policy year for males age 50 or over	90%	90%
Immunisations and vaccinations	90%	90%
CHILD(REN)		
Maximum per policy year: birth to age 12 months	N/A	\$300 €275 £225
Maximum per policy year: 13 months and over	N/A	\$200 €150 £125
Routine medical exams and immunisations and vaccinations	N/A	100%
Child preventive care services	N/A	100%
Hearing tests	N/A	100%

Six-month waiting period applies to all Wellness Benefits, but waits are waived for policies that are paid annually. Deductible does not apply to Wellness Benefits. Overall Wellness Benefit maximums apply to all routine and Wellness Benefits for adults and children.



TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	yourFamily
VISION CARE COVER	100%	100%
Maximum per 24-month period Six month waiting period applies to Vision Care Cover but waits are waived for policies that are paid annually. Not subject to deductible.	\$300 €275 £225	\$300 €275 £225
EMERGENCY EVACUATION, REPATRIATION AND AMBULANCE SERVICES		
Medical evacuation and assistance	100%	100%
24/7 Emergency medical assistance hotline	YES	YES
Repatriation of mortal remains	100%	100%
Family emergency travel	N/A	N/A
Repatriation accompaniment	N/A	100% \$2,500 €1,750 £1,500
Repatriation family accompaniment	N/A	N/A

SAND (SECURITY AND NATURAL DISASTER)

Access to our specialist representatives who provide a 24/7 international emergency response in events such as security crises, political unrest and natural disasters. The services include assistance in arranging evacuation, contingency planning, remote medical abilities, crisis management and tracking services. Any costs incurred are the responsibility of the insured person, and must be paid by you to the service provider.

MEDICAL CONCIERGE SERVICES		
Best possible outcome programme	N/A	N/A

A dedicated diagnosis verification and treatment planning care management programme. In the event that you are diagnosed with a specified critical illness, the programme provides access to an appropriate specialist who will remotely review your medical reports to confirm your diagnosis and advise, in conjunction with your treating physician on your treatment options, to provide the best outcome.

Advanced health screening programme	N/A	N/A
Ages 40-50 one high level physical examination every three years	N/A	N/A
Ages 50+ one high level physical examination every three years	N/A	N/A
eHealth records account	YES	YES



TABLE OF BENEFITS	YOUR HEALTH	
	yourLife	your Family
MENTAL HEALTH BENEFITS	90%	90%
Lifetime maximum for mental health benefits (inpatient and outpatient)	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000
Policy year mental illness, maximum 15 visits (outpatient treatment)	\$2,500 €2,000 £1,500 per policy year	\$2,500 €2,000 £1,500 per policy year
Lifetime mental illness, maximum per insured (in-hospital)	60 days	60 days
Lifetime maximum for mental health benefits (outpatient treatment)	80 visits	80 visits

Mental health benefits do not count towards out of pocket maximum.

EXPATRIATE ASSISTANCE PROGRAMME	YES	YES	

Operated by Morneau Shepell, provides assistance with the following types of issues often faced by expatriates: how to cope with isolation and loneliness, adapt across cultures, identify and cope with culture shock, address the personal impact of the relocation, strengthen relationships, improve communication, work towards life goals, deal with stress, anxiety and depression, address alcohol and drug misuse, resolve marital and relationship difficulties, find solutions for work-related issues, access crisis and trauma support while on assignment, discover ways to improve your nutrition in your new environment, focus on your health with natural healing strategies.

ACCIDENTAL DEATH AND DISMEMBERMENT Also available as an optional benefit on all plans.	N/A	N/A
HIV/AIDS TREATMENT	YES	YES
Lifetime maximum	\$25,000 €20,000 £15,000	\$25,000 €20,000 £15,000
DURABLE MEDICAL EQUIPMENT	YES	YES
Lifetime maximum	\$15,000 €12,000 £10,000	\$15,000 €12,000 £10,000
CHRONIC CONDITIONS	YES	YES

Chronic conditions are treated like any other condition under the policy.



TABLE OF BENEFITS	Yo	
	yourLife	yourFamily
LIFE COVER (ADULTS ONLY)		
Lump sum in case of death (all causes)	\$5000 €5000 £5000	\$5000 €5000 £5000
DEDUCTIBLE OPTIONS		
Individual deductible Family deductible	YES NO	NO YES
Deductible options are:		\$1,000, \$5,000 €750, €4,000 650, £3,000
OUT OF POCKET MAXIMUM	\$1,000 €750	\$1,000 €750

An out of pocket maximum is protection for you against high medical costs from your benefits which are listed at 90%. The 10% that you pay yourself is your out of pocket expenses. Once your out of pocket costs equal the maximum indicated, your benefits that were at 90% are switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

£650

£650

		\$3,000	\$3,000
0	OUT OF POCKET MAXIMUM	€2,250	€2,250
F.	AMILY	£2,000	£2,000

Functions just like the individual out of pocket except this is protection for the entire family. If the family out of pocket maximum is reached regardless of whether the individual out of pocket limit is reached the entire family under cover has their 90% benefits switched to 100% for the remainder of the policy year (unless where indicated). For Premier Plans out of pocket while technically possible is not practical due to the 100%. The only area where a maximum out of pocket could be reached is in the US prescriptions for brand name drugs. All other qualified benefits are at 100%.

GEOGRAPHICAL COVER REGION OPTIONS

INDIVIDUAL

Cover Region 1 - Worldwide including US and Canada and their territories.

For Cover Region 1 - please note that benefits listed above are only applicable when using our Preferred Provider Network. Benefits outside of network are reduced to 70% and co-insurance does not count toward out of pocket max.

Please note that Cover Region 1 is limited to 180 days in the US in any 12-month period.

Cover Region 2 - Worldwide but excluding US and Canada and their territories.

Cover Region 2 - does not include any cover for US and Canada and their territories.



ELECTED NETWORK TIER OPTIONS

CHINA, HONG KONG, MACAU, SINGAPORE

The following only applies to residents of China, Hong Kong, Macau and Singapore.

You will be insured on your choice of one of three tiered provider network options: Platinum, Gold, or Silver.

Your Elected Network Tier is stated on your Certificate of Insurance.

You will be provided with an extensive list of healthcare providers (hospitals/physicians) in each of the three tiers.

You can choose to use any recognised healthcare provider however, it is important that prior to visiting a healthcare provider, you check which network tier the provider is in.

The categorisation of healthcare providers reflects the standard of accommodation available, and the level of charges made, not the standard of medical treatment or level of medical facilities that can be expected. It is your responsibility to ensure that the network tier which you elect, and the healthcare providers which you choose to use, afford adequate cover for your healthcare needs.

IMPORTANT

If you choose to be treated at a healthcare provider which is in a higher network tier than you have elected, the following **Network Coinsurance** will apply:

NETWORK COINSURANCE	NETWORK PROVIDER USED		
Elected Network Tier	Platinum	Gold	Silver
Platinum	0%	0%	0%
Gold	25%	0%	0%
Silver	50%	15%	0%

For example: if your elected network tier is Gold, and you choose to be treated at a healthcare provider in the Platinum network, you will have to pay additional **Network Coinsurance** of 25% of the charges yourself.

Our Silver tier covers you for 100% at the local departments of public or government providers, with the flexibility to pay a higher contribution to use providers in the other network tiers. You may visit the local (but not VIP or international) departments of any public or government hospital and clinic and submit a claim on a "pay and claim" basis.

Note: the Network Coinsurance is in addition to any outpatient coinsurance applicable to your plan.

If you are unsure of this, and to avoid incurring any unnecessary or unexpected shortfalls, please call our members helpline, to check your level of cover.



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\$50 €40 £30 \$150 €125 £100 100%	\$50 €40 £30 \$150 €125 £100 100%	
€40 £30 \$150 €125 £100	€40 £30 \$150 €125 £100	
€40 £30 \$150 €125 £100	€40 £30 \$150 €125 £100	
€125 £100 100%	€125 £100	
80%	80%	
50%	50%	
Orthodontic and Class III services are available after six months of continuous enrollment in the Dental Plan. Orthodontic services are only available for children under 18 years of age.		
\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000	
\$1,500 €1,200 £1,000	\$1,500 €1,200 £1,000	
	\$1,500 €1,200 £1,500 €1,200	

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) OPTION

In the event of an accidental death or dismemberment of the primary insured the insurer pays a lump sum benefit equal to the principal sum subject to a maximum benefit multiplied by a percentage as shown below.

Loss of life	100%	100%
Loss of sight of both eyes	100%	100%
Loss of both hands or arms	100%	100%
Loss of both feet or both legs	100%	100%
Loss of one arm and one leg	100%	100%
Loss of sight of one eye	50%	50%
Loss of one foot or one leg	50%	50%
Loss of one hand or arm	50%	50%

N.B. Benefits cannot exceed two times annual salary. See rate sheet for benefit sums available.

Your health covered

We're Integra Global: a different breed of health plan provider. Smaller, more flexible. Intelligent and personal. We create tailored insurance plans for expats, and for others with unique insurance needs.

Our insurance partner

Your Integra Global health plan is underwritten by MGEN, SIREN number 775 685 399, regulated by the provisions of Tome II of the French mutual insurance companies code - 3-7 square Max Hymans, 75748 PARIS Codex 15

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